



STRATEGIES TO ACHIEVE COST-EFFECTIVE PRESCRIBING

Interim Guidance for Primary Care Trusts

STRATEGIES TO ACHIEVE COST-EFFECTIVE PRESCRIBING:

Interim Guidance for Primary Care Trusts

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Introduction

1. This interim guidance has been produced to assist Primary Care Trusts (PCTs) in implementing local strategies to achieve cost-effective prescribing and value for money from their use of NHS resources in the interests of all patients. Such activity can free up resources to improve patient care and treat more patients. The guidance applies equally to all such strategies, but contains some specific advice on the principles PCTs should adopt in framing and administering incentive schemes designed to reward cost-effective prescribing by their GP practices. The guidance on prescribing incentive schemes is of an interim nature pending the outcome of the Association of British Pharmaceutical Industry's legal challenge to the lawfulness of such schemes.

2. PCTs should ensure that all such schemes satisfy the following criteria:

- they are safe for patients
- they meet the clinical needs of patients
- they secure best value for money from resources.

These principles apply equally to alternative strategies to secure value for money from prescribing resources. They are particularly important if PCTs and their constituent GP practices consider that resources may be released through so-called 'therapeutic switching' strategies, eg, the substitution of a lower cost treatment of equal benefit in the same (or similar) therapeutic class for existing treatment at higher cost.

3. Professional guidance on standards of practice states that it is the responsibility of every prescriber to make efficient use of the resources available (eg GMC Good Medical Practice). The GMC advises doctors that they have a responsibility to consider the impact of their actions, such as prescribing, on resources available to other patients; it also states that doctors must not deliberately withhold appropriate treatment.

Principles to underpin local strategies

4. The following principles should apply:

- i. The decision to initiate treatment or change a patient's treatment regime should be based on good quality evidence or guidance, eg, from NICE or other authoritative sources;
- ii. Health professionals should base their prescribing decisions on individual assessments of their patients' clinical circumstances, eg, patients whose clinical history suggests they need a particular treatment should continue to receive it;
- iii. The individual patient (and or guardian or carer) should be informed about the action being taken and suitable arrangements should be made to monitor patients following any switch;
- iv. Prescribers should be able to make their choice of medicinal products on the basis of clinical suitability, risk assessment and value for money alone.

5. Guidance may be local e.g. PCT or wider, eg NICE, NPSA. Local PCT guidelines should be drawn up in a transparent manner and be clearly related to objective considerations of clinical effectiveness as well as value for money. Local guidelines should be consistent with national

guidance, eg NICE, where this is available. Guidelines may recommend a single named product where this recommendation is based on considerations of clinical and cost effectiveness. The National Prescribing Centre (NPC) produces a range of material to support the development of local guidelines and the appropriate evidence base.

Standard Operating Procedures

6. As a matter of good practice it is recommended that PCTs and or GP practices have standard operating procedures (SOPs) or protocols which describe the responsibilities and the procedures, including audit, necessary to safeguard patient safety, consent etc within the overall set of processes. The NPC has prepared a template which is recommended for use as the basis for local SOPs. The document is located on the NPC website at http://www.npc.co.uk/nat_campaigns/statins/Statin_18.doc

Prescribing Incentive Schemes

7. PCTs operating prescribing incentive schemes should follow some additional principles about the payments connected with improved performance in line with national or local benchmarks, eg, the Better Care, Better Value indicators published by the NHS Institute for Innovation and Improvement. Prescribing incentive schemes can operate alongside, and should be compatible with, local practice based commissioning incentive schemes.

- i. All payments under a scheme should go into practice funds and not to individuals. It is good practice to specify appropriate use of the money, eg, for the benefit of patients of the practice.
- ii. Payments or any other inducements to good practice must not reward prescribers or their practices simply for blanket prescribing particular named medicines (ie, without consideration of the individual circumstances of patients).

Examples

8. **Example 1:** PCTs may consider offering incentives for the adoption of NICE guidance, including the appropriate use of medicines recommended by NICE.

9. **Example 2:** NICE guidelines on 'Statins for the prevention of cardiovascular events' say 'therapy should usually be initiated with a drug with a low acquisition cost'. Practices may be rewarded for the percentage of initial statin prescriptions that are for 'statins with a low acquisition cost'. They may also be rewarded for increasing that percentage.

If a further PCT review of the clinical and cost effectiveness data concludes that one of these 'low cost statins' offers significant efficacy advantages, then local guidelines based on that review may recommend use of a single named product for initiation of therapy.

The PCT may also draw up and incentivise guidance on recommended maintenance therapies, or therapies for other indications such as dyslipidaemias, based on evidence of clinical and cost effectiveness. Since not all patients may reach treatment goals on a particular initial therapy, evidence-based guidance may also recommend treatment algorithms and alternative therapies

to ensure that as many patients as possible reach treatment goals and may choose whether to incentivise this.

10. Example 3: An incentive scheme may be devised to increase the proportion of generic prescribing. Within this, specific products may be targeted for action by GPs with support in explaining the change to patients. Any rewards may be linked to increases in the overall proportion of generic prescribing or the generic prescribing of specific products or groups of products.

11. Example 4: Alternatively, rather than offering incentives for prescribing the PCT may wish to make payments for the conduct of the individual clinical reviews required to underpin a switching programme.

Further advice

12. Further advice on this guidance can be obtained from:

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