
CONTROVERSY

One way of reducing prescribing costs

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The prescribing bill seems to be of increasing concern and there have been many suggestions for reducing its cost. Some of these are difficult for the general practitioner to influence directly, but repeat prescribing, which forms a significant part of the overall drug bill, is much more tangible.

REPEAT prescribing varies from less than ten to over two hundred prescriptions per doctor per week—the average is 22 per doctor. Much of this is initiated by hospital prescribing. A recent analysis of my own prescriptions showed that the largest amount of the expensive items was started in this way.

Many of the drugs prescribed by hospital colleagues are newly available or are being evaluated. They are therefore very expensive, for example danazol, cimetidine, ranitidine and some beta blockers. Hospital initiated prescriptions are difficult to control. There is the impression that the consultant makes on the patient, whom it is difficult to convince, after he has undergone thorough and technical investigation, that his hospital initiated prescription should not be perpetuated *ad infinitum*. Even worse are outpatient appointments, particularly follow-up clinics by hospital junior staff, where the tendency is to even less discriminatory prescribing.

Our branch of the NHS is of excellent and increasing value—in the last decade expenditure on general medical services fell from 10 per cent to 6 per cent of total NHS costs and though the number of prescriptions rose from 224 million in 1949 to 374 million in 1980,¹ the cost of prescribing as a proportion of total NHS costs fell from 10.2 per cent in 1959 to 9.4 per cent in 1980. But no matter how we try to reduce the cost of our self-initiated prescriptions, our efforts

are undermined by the obligation to repeat those initiated in hospital. How can prescribing for this particular group of patients be improved?

A Collaborative Prescribing Committee

A collaborative prescribing committee might be one way of achieving this. Its membership would include representatives from hospital consultants and general practitioners as well as the hospital pharmacist. The hospital pharmacist can control hospital prescribing and can influence the choice of drugs by identifying cheaper alternatives to hospital staff. The committee would agree an acceptable drug list as a guide to consultants for inpatient prescribing.

Outpatient prescribing should be reduced to a minimum, and wherever possible should be replaced by a letter of advice to the general practitioner, leaving to him the decision whether or not to prescribe. The committee would review from time to time the use of particular drugs, so that consultants and general practitioners could be kept fully informed of their prescribing.

Such work is admirably suitable for initiation by local College faculties.

Reference

1. Office of Health Economics. *Compendium of Health Statistics, 4th Edition*. London: OHE, 1981.

ASPECTS OF PRACTICE

Prestel for the general practitioner

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In the three years that MEDITEL has been an information provider on PRESTEL the number of general practitioners who have PRESTEL sets in their practices has grown from a handful to over 1,500. In addition many postgraduate medical centres, hospitals and medical schools have PRESTEL terminals. The number of PRESTEL sets is growing all the time and the range and sophistication of services offered by PRESTEL has increased by leaps and bounds. Increasingly, MEDITEL is asked questions about PRESTEL—What is it? What can it do? How do you go about getting and using it?

What is PRESTEL?

PRESTEL is British Telecom's viewdata system. Using an adapted television set or a microcomputer, it is possible to access a large database of over 250,000 frames of information, via your telephone line. PRESTEL also offers an

electronic mail service and the possibility of access to other external computers via PRESTEL Gateway.

Information on PRESTEL

The information on PRESTEL covers just about every imag-

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Royal College of General
Practitioners

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inable area from travel to stocks and shares. Specifically in the medical area you can expect to find information about a number of subjects, including fees, conference and training diaries, practice computing, locum and partnership vacancies, social welfare and health education. There is a limited amount of drug information, a large directory of medical organizations, a medical news service and much much more.

Currently MEDITEL estimates that the medical database contains well over 5,000 pages, with many thousands more pages of social welfare information. Many organizations in the medical field are represented on PRESTEL, including the Royal College of General Practitioners (see figures) on page 56727, the General Medical Services Committee of the BMA on page 57642 and, of course, a number of pharmaceutical companies notably Stuart Pharmaceuticals, ICI Pharmaceuticals, Wyeth Laboratories, Boehringer Ingelheim, E. R. Squibb & Son, Glaxo Laboratories and Merck Sharp & Dohme.

Mailbox messages to other users

As well as providing an information source, PRESTEL also offers an electronic mail service, known as PRESTEL Mailbox. Using Mailbox, PRESTEL users are able to send messages to other PRESTEL users. The service is fast, cheap and easy to use. Currently, mailbox is only available to PRESTEL users in the London area, but a national service is due to be launched later this year. Although no date has yet been announced, we expect it to be towards the end of the summer.

Using Mailbox, you can send pre-formatted messages, which range from 'I love you' to 'Drop dead'. Experiments are also being conducted into the possibilities of using PRESTEL Mailbox as a way of transmitting laboratory test results, notifications of infectious diseases and as an additional way of notifying adverse drug reactions.

These experimental medical Mailbox applications can be seen on page 651342020.

Telesoftware—computer programmes via PRESTEL

One particularly exciting feature of PRESTEL is telesoftware. Telesoftware is the transmission of computer programmes via PRESTEL. With a suitably adapted microcomputer it is possible to take computer programmes directly from PRESTEL and then use them in your own microcomputer system.

MEDITEL is actively pursuing telesoftware as a means of distributing computer-aided learning packages in the medi-

cal field. MEDITEL also believes that it will eventually be used as a means of updating practice management software over the telephone line. We are still in the early days as far as the development of telesoftware is concerned. However, we do have a telesoftware section on page 56750, which has one or two medical programmes for the BBC microcomputer.

PRESTEL Gateway

PRESTEL Gateway allows you to use your PRESTEL terminal to link into external computers. At the moment, there are no Gateway applications in the medical area, but plans are well under way to provide a drug information database which can be accessed through it.

An exciting new project called HOMELINK will also use PRESTEL Gateway to provide users with a comprehensive electronic banking service.

Getting PRESTEL

In order to get PRESTEL you need to acquire a suitable terminal and also make the necessary arrangements with PRESTEL to become a subscriber.

There are many different types of terminal. You can either buy a PRESTEL terminal complete with screen, or you can buy an adaptor which will convert a standard domestic television set or indeed a microcomputer. MEDITEL would strongly advise anyone buying a PRESTEL terminal to choose equipment that has a full alphanumeric keyboard, as this is vital for certain future applications. PRESTEL adaptors with alphanumeric keyboards are available for £225, and an adaptor for a microcomputer can cost as little as £50. MEDITEL produces detailed information to help you choose the right terminal for your particular needs, and this is available on request.

In order to become a PRESTEL subscriber, you need to contact your PRESTEL centre. This will issue your customer identity and if necessary will arrange the installation of a PRESTEL jack socket on your telephone line. Your PRESTEL centre can be reached by dialling the operator and asking for Freefone 2043.

Registration with PRESTEL and the installation of a jack socket line normally takes less than two weeks. As a subscriber to PRESTEL you will be charged a subscription of £5 per quarter for PRESTEL service on a residential line, or £15 per quarter on a business line. In addition you will have to pay for the telephone call to PRESTEL and for frame and time charges (if any). Typically, the total cost of PRESTEL, including subscription and usage charges for an average three person practice can be expected to be about £30 per

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BOOKS
From the RCGP

- 1 The Measurement of the Quality of General Practitioner Care
- 2 A Survey of Primary Care in London
- 3 Health & Prevention in Primary Care
- 4 Prevention of Arterial Disease in General Practice
- 5 Selected Papers from The Eighth World Conference on Family Medicine

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quarter. Full details of the PRESTEL tariffs are available from your PRESTEL centre.

HOMELINK and MICRONET

A home banking service is being launched on PRESTEL called HOMELINK. This service is a joint venture between the Nottingham Building Society and the Bank of Scotland. From June users of the system who maintain a minimum balance of £1,000 with the Nottingham Building Society will, in addition to receiving the usual interest payments, be lent an alphanumeric PRESTEL adaptor, free of charge. This adaptor can be used to access most of the PRESTEL database as well as the HOMELINK. MEDITEL believes that the HOMELINK project offers an excellent way for the

general practitioner to acquire PRESTEL.

Another project called MICRONET, which is aimed at the microcomputer user, also offers a means of obtaining PRESTEL equipment at reduced cost. This project may be a suitable way of obtaining PRESTEL for the doctor who is a keen microcomputer enthusiast.

More information and help

Information about PRESTEL generally is available from your local PRESTEL centre. Dial 100 and ask for Freefone 2043. MEDITEL is happy to provide information to existing and potential medical PRESTEL users. Our address is MEDITEL Ltd, 309 High Street, West Bromwich, West Midlands B70 8ND. (Tel: 021 553-4864), and, of course, information is available via PRESTEL, see page 5671.

An assault on the nostrils can open the eyes! House odours and the general practitioner

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Connoisseurs of tele-advertising will be familiar with the media's recent attempts to cast house odour ('HO') in the role of the latest threat to self respect and clean living. Yet smell is an integral part of every household, contributing to the individuality of each.

The farm cottage, in which live a couple now in their 80s, remains much as it was, though long since swallowed by encroaching suburban sprawl. There at the rear, still intact, is the dairy complete with cow stalls. On the kitchen stove, a continuously boiling stockpot and its attendant aroma adds to the illusion of *rus in urbe*. But the significance of this aroma goes beyond the aesthetic—the doctor need have no worries about the nutrition of these octogenarians, and may be alert to the possibility of accidents in this home.

During their initial hospital-based training, students and doctors, cocooned in an antiseptic atmosphere, have little opportunity to savour household smells, learn their possible significance in medical care, or, indeed, make full use of the nose in diagnosis. This paper illustrates the theme by

examples drawn from home visiting in everyday general practice.

Damp

The musty smell of the damp house is easily recognized and may even be associated with mildew on shoes and clothing. Condensation may be blamed, but in the past such an explanation has made it all too easy to shift full responsibility, possibly unfairly, to the occupiers, in terms of their failure to maintain adequate heating and ventilation. The possible role of other factors, including design, building materials and climate, is now gaining wider recognition. Whatever the aetiology, those who live in damp houses are