

A carrot not a stick

THE prescriptions written by general practitioners are now attracting increasing attention for two quite separate reasons. First the scientific revolution has placed at the disposal of every practitioner an ever-growing number of drugs. At the stroke of a pen powerful chemicals can be prescribed which will decisively alter a patient's whole metabolism. The indications for the use of such preparations, the rising tide of adverse effects, and the problem of avoiding drug interactions, is placing more and more responsibility on the shoulders of the prescriber.

Secondly, the costs of those prescriptions are rising too, and, in the British system of health care, are borne exclusively by the Government. The number of prescriptions has risen steadily in recent years and now averages more than six separate prescriptions each year for every man, woman, and child in Britain.

The cost of general-practitioner prescribed drugs is rising faster still and in the year 1975 alone increased by as much as a third. In 1975 the average prescription cost the NHS £1.28p (net ingredient cost 94p) and the total cost of general-practitioner prescriptions exceeded the cost of the general practitioners' remuneration plus all their expenses. At £17,000 per doctor per year the total comes to more than eight per cent of the cost of the whole NHS.

These two general principles, the rising complexity and the rising cost of general-practitioner prescriptions, now demand detailed attention from patients, from doctors, and from the Government. Certainly they have not been adequately considered in the past and the colossal failure of some English medical schools to prepare undergraduates for their responsibilities as future prescribers is clear.

Consequently, the way ahead now seems to lie in vocational and continuing education—the two phases of education where general practitioners themselves can determine the principles of good prescribing and analyze and discuss these with their colleagues.

Inquiry into the Prescription Pricing Authority

The recent report by Mr R. I. Tricker (1977), of the Inquiry into the Prescription Pricing Authority, offers some valuable suggestions for reform.

He seizes on the potential for a re-organized pricing

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authority to act as a source of information for prescribers. He urges computerization and proposes that every British general practitioner should be entitled to a regular analysis of his/her prescribing decisions. "As a goal the Prescription Pricing Authority should endeavour to provide information on prescribing practice for each doctor, on a monthly basis available within four weeks of the end of the month in question, giving total prescribing costs by therapeutic drug group and with the facility to produce detailed, prescription level data on request, say twice a year." (para. 73). This welcome idea accepts the evidence of the Royal College of General Practitioners and that of the British Medical Association.

Mr Tricker concludes his single-handed inquiry by proposing an increase in the medical membership of the Pricing Authority by including "three general medical practitioners appointed after consultation with the GMSC and the RCGP". He hopes in this way to meet a criticism that "the predominance of chemists on the (present) Authority has led understandably to a degree of neglect on the part of the Authority of the information providing functions" (para. 179).

Thus Mr Tricker plays down the policing role of the Pricing Authority. He hopes that a new reformed Authority will be seen by the profession as a politically neutral source of useful information both for prescribers and Government, especially about the pharmaceutical categories of the drugs chosen and the financial consequences to the NHS.

This principle must be right. The therapeutic power of the general practitioner's pen is more likely to be harnessed for the good of the public by reasoned persuasion than by petty policing.

The first step is self-audit and careful comparison with colleagues—a theme we hope to develop in this *Journal* soon.

We believe that the key to improving prescribing in general practice lies in education and encouragement rather than in pressure and punishment. A reformed Prescription Pricing Authority could greatly help this trend; such an Authority could become a carrot instead of a stick.

Reference

Tricker, R. I. (1977). *Report of the Inquiry into the Prescription Pricing Authority*. Oxford: Oxford Centre for Management Studies.