

2.6 Deputy R.G. Le Hérissier of the Minister for Health and Social Services regarding measures to prevent the over prescription of medicine:

What procedures, if any, are in place to prevent the over prescribing of medicine and how effective are they?

The Bailiff:

The Constable of St. Peter will be answering this.

Connétable J.M. Refault of St. Peter (Assistant Minister for Health and Social Services - rapporteur):

Medicines can be prescribed by clinicians within the Health and Social Services Department and by general practitioners and general dental practitioners in primary care. All prescriptions generated in the hospital are reviewed by a pharmacist to confirm that they are safe and appropriate. Where the pharmacist has a concern, they will contact the prescriber to clarify their intentions. In the unlikely event that a particular prescriber is identified as having been prescribing excessively or inappropriately, this will be addressed within the well-established clinical governance processes within the department. In relation to prescribing by general practitioners and general dental practitioners, I understand that Social Security, in managing the Health Insurance Fund, monitors prescribing habits and expenditure. With the recent appointment of the Primary Care Governance Scheme any incidents where there are concerns about clinical governance and patient safety will be investigated by the Medical Director for Primary Care and his team, working in liaison with the Prescribing Adviser for the Social Security Department.

2.6.1 Deputy R.G. Le Hérissier:

This was a question that appeared to fall between 2 stools. Could the Assistant Minister confirm that his department receives information if, for example, a G.P. is over prescribing in the case of, for example, depression when other therapies might have been more applicable in that situation. What would the department do having received such a report?

The Connétable of St. Peter:

The hospital - the Health and Social Services part of it - does not receive reports on what the G.P.'s (General Practitioners) are prescribing, however, if it came to our notice, obviously we would refer that through to Social Security for their governance to look at that. I think one of the issues that the Deputy may be concerned with, which is of a great concern, is that there are a number of patients who get prescribed drugs and go and collect them because they do not cost anything but never take them and then they return for another visit to their G.P.s and get another prescription and then collect them again. There is evidence occasionally - and I have had one in my own Parish - where somebody has passed away and we have found large hoards of drugs and that is because they have been prescribed, collected them because they do not pay for them, and just kept them within their premises. I am not sure if that is what the Deputy is concerned about as well.

2.6.2 Deputy R.G. Le Hérissier:

I thank the Assistant Minister and while I appreciate his concerns about the unusage of prescriptions, I still have this concern. Can he tell me if somebody is being, according to certain sources, overprescribed drugs for a condition such as depression as opposed to other alternatives being followed, who should we go to in order that this attention can be drawn to the authorities and proper action can be taken?

The Connétable of St. Peter:

Thank you for that clarity, Deputy. If it is to do with a G.P., then the complaint needs to be focused through Social Security. They will investigate the General Practitioner. If it is within

the hospital, a clinician within the hospital, then the complaint must come to the hospital and either way we will thoroughly investigate any opportunities for people to get overprescribed. There is work going on in the background between the G.P. system, the primary care, and the hospitals as secondary care and we are aiming towards a linking up of the patient record so if they come into the hospital, we can see what they have already been prescribed within the primary care system. That is our aim to achieve that, that is work in progress but we are not quite there yet.

2.6.3 Deputy M.R. Higgins:

Can the Assistant Minister tell us whether the department, as part of its monitoring, monitors the expenditure of each doctor on medicines, in other words, the number of prescriptions they issue and the value?

The Connétable of St. Peter:

No, it is a clinical judgment. We do not give them a budget for drugs.

2.6.4 Deputy G.C.L. Baudains:

Some drugs, as we know, can be very expensive. Up to £100 per prescription. Could the Assistant Minister advise if any measures are being pursued to make use of drugs which have been returned? Some drugs, I know, have never left the pharmacy. The patient has looked at the contraindications in the packet and handed them straight back to the pharmacist who then puts it in the dustbin because it is not possible to be reused. Surely even third world countries would benefit from the use of these? Is there any work being undertaken in that regard?

The Connétable of St. Peter:

The short answer is no there is not. Unfortunately, once prescriptions leave the control of the pharmacy, we cannot bring them back into use because we do not know whether they have been tampered with or not. I do share Deputy Baudains' concerns that they could be perhaps be reused in another environment but also at the same time I have concerns that if they are not good enough for us, should they be good enough for somebody else?

2.6.5 Deputy R.G. Le Hérisier:

Would the Assistant Minister acknowledge that given what he has stated as Social Security's role and his department's role, there is a real gap in the system here and a real question mark as to whether Social Security should, in a sense, be doing Health's job. That they should be interfering or have the capability to interfere with medical decisions. This should be the role of the Health and Social Services Department, who need to be much more assertive in this area.

The Connétable of St. Peter:

I am not quite sure if I understood the Deputy correctly. If he is saying should Health be intervening more with prescriptions overall, including primary care, I do see there is some opportunity there to ensure that there is no overprescribing going on between the 2. Rather tongue in cheek, but perhaps if the Health Insurance Fund was transferred to Health then we could cover the payments for all the G.P.s and primary care and all the medication, perhaps we would have the appropriate controls at that stage. I am sure that may come back to the Chamber to decide at some time in the future.