

4.2 Deputy R.G. Le Hérissier of St. Saviour of the Minister for Social Security regarding steps to prevent over-prescribing by G.P.s:

What steps, if any, are in place to prevent over-prescribing by G.P.s (General Practitioners) and how many such cases have been identified by the department in the last 5 years?

Senator F. du H. Le Gresley (The Minister for Social Security):

I can confirm that the general principles that apply to hospital-prescribed medicines also apply to G.P. prescriptions and that community pharmacists check all prescriptions to confirm they are safe and appropriate before they are dispensed. In addition, the Health Insurance Law includes statutory limits on the number of days of supply that can be provided on a single prescription. The Social Security Department provides a Medicines Management Team which works very closely with local G.P.s. All prescribing data is analysed and a number of key prescribing indicators are published quarterly. The team provides regular educational sessions for G.P.s and pharmacists and has recently organised a software system for G.P. practices which provides guidance to the G.P. at the time the prescription is written. A report of all prescriptions issued by each G.P. is discussed at an annual meeting with a member of the Medicines Management Team and this now forms part of the evidence for the G.P.'s annual appraisal. With the recent appointment of a Primary Care Medical Director and the ongoing changes to health legislation, a much more robust local governance system is being established and any concerns regarding the prescribing habits of G.P.s, including over-prescribing, will be investigated by the Primary Care Medical Director working with the prescribing adviser. Prior to these recent changes, the only formal route in respect of G.P. governance was through the U.K. General Medical Council and 2 cases in respect of prescribing issues have been referred to the G.M.C. (General Medical Council) since November 2006.

4.2.1 Deputy R.G. Le Hérissier:

I infer that the situation was not satisfactory until very recently. I wonder if the Minister could tell me, in cases like alleged over-prescribing for depression where there is the possibility of other therapies being available, to what extent has this issue come to his attention and what steps have been taken to examine whether current procedures are working?

Senator F. du H. Le Gresley:

I officially refute what the Deputy inferred, that we have only just improved. In fact, I have had a number of emails from G.P.s and the primary care body expressing great satisfaction with the systems in place and saying it is a model which other communities might want to follow, so I am very pleased with what we are doing. However, in response to the matter of prescribing drugs for depression, this is one of the business cases that the Health and Social Services Department is pursuing known as the Improved Access for Psychological Therapies and, in fact, the department will be participating in that and it is all about using other therapies as opposed to drug treatment.