

**4.4 Deputy A.D. Lewis of St. Helier of the Minister for Social Security regarding drug prescriptions:**

Could the Minister for Social Security confirm whether she will consider issuing a directive to all G.P.s (General Practitioners) and other medical practitioners who issue drug prescriptions, to print the actual value of the drug on all prescriptions so as to better inform the public of the true value of the drugs and to assist in the reduction of waste and the over-prescribing of some pharmaceuticals?

**Deputy S.J. Pinel of St. Clement (The Minister for Social Security):**

G.P.s, and to a less extent dentists, are responsible for the provision of prescription drugs in the community. They must ensure that the drug is appropriate and necessary for the treatment of the individual. Since October 2014 all G.P.s are required to register on a local performers' list and to undertake an annual appraisal which includes an examination of their prescribing habits. Our pharmaceutical adviser meets with G.P.s and reviews their prescribing in a face-to-face meeting. As a standard discussion item this review includes their average prescribing cost and their top 20 list of high cost drugs. Community prescribing in Jersey compares well with the U.K. We have a high use of generic drugs which keeps costs down and the average cost of each item and the number of items purchased prescribed per visit is lower than that in England. However, the issue of medicines waste is an important one and it is useful to be reminded that community prescribed medicines are supplied at a significant cost to the Health Insurance Fund, around £18 million per year and climbing. The average cost of each drug dispensed in 2013 was £6.67. Printing the price of medicines on a prescription slip is an interesting idea but it does come with some risk. There is a danger that vulnerable people would be influenced by the cost of their prescription and that people who really need their medicines will not collect them through fear of becoming a burden on taxpayers. We would also have to consider I.T. (information technology) issues and our ability to link the G.P.s and dentists in with the National Health Service Businesses Services Department in the U.K. who price-out prescriptions. The department will be considering options to reduce the cost of prescriptions this year and will continue to monitor cost and develop initiatives to reduce waste. I have also asked officers to investigate the reintroduction of a prescription charge with appropriate safeguards for those on low incomes.

**4.4.1 Deputy A.D. Lewis:**

I know the Minister clearly said there that the drug cost was about £18 million, there are 1.8 million prescriptions issued so even if the prescription charges were reintroduced it would recover very little of that fund, therefore it is a suggestion that there are some considerably expensive drugs there that are being prescribed on a regular basis albeit I understand a lot are generic. Could she give an indication of what the percentage is between generic drugs and the more expensive variety that are prescribed?

**Deputy S.J. Pinel:**

Prescribers are encouraged to prescribe generic medicines, as the Deputy is aware, rather than branded and this helps to control the cost. In 2013 over 90 per cent of all items prescribed in the community in Jersey were generic.

**4.4.2 Deputy A.D. Lewis:**

Therefore if the average drug price is £6.67, in the U.K. it is about £8, we have got our costs at the moment of £18 million but we have got 1.8 million prescriptions. Is she therefore saying that if she was to introduce a prescription charge she would be looking for full cost recovery or partial cost recovery?

**Deputy S.J. Pinel:**

When comparing Jersey to the U.K. there are differences in the range of medicines that are reimbursed at public expense; different restrictions on the quantity of each medicine that may be dispensed per prescription. Analysis of our data on the N.H.S. (National Health Service) prescription pricing system shows on average the cost, as I mentioned, in Jersey is £6.67 per item compared with £8.37 per item in England. The plans for prescription charges have not been undertaken in any detailed research but it does seem possible that some sort of fee will encourage people to value the medicine they are prescribed and could reduce waste, particularly around repeat prescriptions.

#### **4.4.3 Deputy L.M.C. Doublet:**

Could the Minister - sorry to go off topic - tell me if she is aware about the research showing that an over prescription of antibiotics can be harmful to an individual and also to society as a whole, as bacteria become resistant to it and if anything is being done to reduce the over prescription of antibiotics in Jersey?

#### **Deputy S.J. Pinel:**

I thank the Deputy for the question. Yes, I am aware of that. Regarding the waste situation and possible prescribing, we are tackling that as a department and we ran a D.U.M.P. campaign in 2014, which stands for the Disposal of Unwanted Medicines Properly. Over 2 weeks in June medicines were dropped off to local pharmacists for safe disposal and these dumped medicines filled 120 bags. Over 70 per cent of all medicines prescribed are on a repeat prescription so this would hopefully go some way ... we are running another D.U.M.P. campaign in the next few months.

#### **4.4.4 Deputy M. Tadier:**

There is a lot of information which is very interesting but I am still at a bit of a loss to what the answer is to the actual question, which was: is it possible and is the Minister minded to print the actual value of the drugs on prescriptions? So could I ask that?

#### **Deputy S.J. Pinel:**

Yes, when the Deputy first raised this question with me a few weeks ago it certainly has interesting connotations but, as I mentioned in my first answer, the I.T. system is not linked-up with U.K. and Jersey G.P.s. Even the pharmacists over here are not linked-up. As Boots is the biggest dispensing pharmacy we would have to be linked-up to make the whole thing coherent, which is quite a big step.

#### **4.4.5 Deputy G.P. Southern:**

Supplementary to that last question. Does that last statement about the I.T. capacity of the department indicate a lamentable degree of co-ordination, which is available both on and off the Island in her particular system?

#### **Deputy S.J. Pinel:**

I would not call it "lamentable". It is quite a big issue to link-up pharmacists across the country. It is not just in Jersey. The primary care review is happening at the moment and it is something that will be looked at.

#### **4.4.6 Deputy G.P. Southern:**

Has that in fact not been a target for the last 10 years to co-ordinate information systems across the hospital, G.P.s and pharmacists and can she give an indication at when she might finally find a solution to that?

#### **Deputy S.J. Pinel:**

Progress has been made. G.P.s now operate under a general server and I hope this can be extended to pharmacists.

**4.4.7 Deputy M. Tadier:**

The supplementary I would have asked is that the dispensers, whether they are dentists, Boots, whatever, presumably know exactly what the units cost because they re-charge them to the Minister and it is paid out from the fund, so if they know the cost per unit what is stopping them from simply printing that on the receipt, whether or not they have systems that are linked-up?

**Deputy S.J. Pinel:**

There are several costs per unit inasmuch as the pharmacists will buy in bulk and get discount, so what they pay for the drug is not necessarily what the customer or the Health Insurance Fund will pay. So there will be different prices.

**4.4.8 Deputy M. Tadier:**

Is that not something that should be flagged-up, if in fact that the bulk purchase is not being passed on to the consumer or indeed the department and the department is having to pay over the odds for these things? Is that not something that should be flagged-up?

**Deputy S.J. Pinel:**

It is already being. As I said, the primary care review is being undertaken at the moment and pharmacists constitute a lot of that research.

**4.4.9 Deputy A.D. Lewis:**

I am also curious, does the Minister think that it is desirable for doctors to own or part own pharmacies and if so is she satisfied that sufficient governance exists to avoid any allegation of over-prescribing by owners of such establishments?

**Deputy S.J. Pinel:**

Yes, I am very aware that some G.P. practices own pharmacies or even rent. Pharmacists can rent the space from them. There is no governance in order at the moment over this and it is something that will be looked into.