The second interim report of the Joint Committee on Prescribing.

MINISTRY OF HEALTH

DEPARTMENT OF HEALTH FOR SCOTLAND

CENTRAL HEALTH SERVICES COUNCIL

SCOTTISH HEALTH SERVICES COUNCIL

The Second Interim Report of the Joint Committee on Prescribing

LONDON: HIS MAJESTY'S STATIONERY OFFICE

1950

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CENTRAL AND SCOTTISH HEALTH SERVICES COUNCILS

JOINT COMMITTEE ON PRESCRIBING

SECOND INTERIM REPORT*

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INTRODUCTION

1. We were appointed in July, 1949, by the Central and Scottish Health Services Councils

> " to consider and report from time to time whether it is desirable and practicable to restrict or discourage the prescribing by practitioners giving general medical services under the National Health Service Acts of 1946 and 1947, of
>
> (1) drugs and medicines of doubtful value or of unethical character;
> (2) unnecessarily expensive brands of standard drugs."

2. We have held four meetings and have decided to present a second interim report of our recommendations and progress.

3. A practitioner providing general medical services in the National Health Service is required by his terms of service to order on Form E.C.10 " such drugs and prescribed appliances as are requisite for the treatment of any patient." The practitioner is therefore free to prescribe whatever drugs he considers necessary. When, however, it appears to the Minister after an investigation of the orders for drugs and appliances given by a practitioner that there is a *prima facie* case for considering that by reason of the character or quantity of the drugs or appliances the cost is in excess of what was reasonably necessary for proper treatment, the Minister may refer the matter to the Local Medical Committee for their consideration in accordance with Regulation 12 of the National Health Service (Service Committees and Tribunal) Regulations, 1948. The practitioner is then required to explain his action. The Regulation provides that if this explanation is unsatisfactory he may in consequence have a sum withheld from his remuneration by the Executive Council. In Scotland the National Health Service (Medical and Pharmaceutical Service Committees and Tribunal) (Scotland) Regulations, 1948, make similar provisions except that the initiative for investigation rests with the Local Medical Committee.

4. **From the outset we were agreed that wherever our discussions might lead us there should be no absolute restriction on the prescribing by a general**

* This Report was submitted to the Central Health Services Council. The Council advised the Minister of Health, under Section 2 (1) of the National Health Service Act, 1946, in accordance with the terms of this Report.

This Report was also submitted to the Scottish Health Services Council, who advised the Secretary of State for Scotland in accordance with the terms of this Report.

practitioner of any drug which in his opinion was necessary for the treatment of his patients. This meant that if we were to recommend that certain drugs should not be prescribed by a practitioner, he would still be at liberty to prescribe them; or if a list of " approved " drugs were drawn up the practitioner could still prescribe drugs not on this list. In either case, however, he might have to justify his action before his colleagues on the Local Medical Committee. This freedom of prescription was a fundamental assumption throughout our discussions.

METHOD OF APPROACH: LETTER TO DOCTORS

5. The Departments provided us with a list of several hundred proprietary preparations which were amongst those being prescribed on Form E.C.10. The majority of these preparations consisted of drugs singly or in combination which did not differ materially from the drugs and preparations included in the British Pharmacopœia, the British Pharmaceutical Codex or the National Formulary. Such proprietary preparations are usually more expensive—often very much more expensive—than standard drugs or preparations of reputed analogous therapeutic effect. There is no medical advantage in prescribing an expensive proprietary brand of a standard drug or preparation, but equally no objection to such prescriptions can be taken on purely medical grounds.

6. We were not unanimous in our views on the desirability of drawing up at this stage lists of proprietary preparations and other drugs which a doctor could or could not prescribe without risk of his having to justify his action. A minority thought that a list of any sort would be resented by general practitioners and that the existence of any form of restriction would create a bad effect on the public in fostering a belief that some drugs, however essential they might be for the treatment of a patient, could not be obtained in the National Health Service. The majority, however, thought that the issue of a list would be welcomed by practitioners, for they then would know what they could prescribe in reasonable quantity without risk of having to justify their action, and they would be in a stronger position to resist the requests of unreasonable patients.

7. We were, however, agreed that the co-operation of doctors should be sought before any attempt was made to impose positive restrictions. We therefore recommended to the Health Services Councils in a first interim report dated December, 1949, that a letter should be sent to all practitioners stating that the Committee was reluctant to recommend any restrictions on the drugs which could be prescribed in the Health Service but was disturbed at the high cost of the pharmaceutical services, particularly where caused by the prescription of expensive brands of proprietary drugs, and asking for the co-operation of the profession to prevent excessive prescribing. We also recommended that because a patient was often supplied with a proprietary brand of drug at hospital and then was recommended to continue with the same brand, the letter should be sent to hospital staffs as well as to general practitioners. A letter was accordingly drafted by the Departments and its terms in general approved by us.

COMPILATION OF A LIST OF DRUGS

8. Although we decided that no attempt should be made to impose positive restrictions until the effect of the letter to doctors had been determined—even though this might mean a delay of some months—we also decided (by a

majority) that the preparation of a list of drugs should start at once. There are two ways in which lists of preparations could be compiled to inform practitioners of the preparations which they could or could not prescribe without risk of having to justify their action. First, a list could be drawn up of drugs of doubtful value or unnecessarily expensive brands of standard drugs. The difficulties of compiling such a list were, however, clearly formidable. It would be necessary to compile an exhaustive list so that no unnecessarily expensive brand of a standard drug should by its omission be regarded as " approved "; it would be necessary to add to the list at very frequent intervals as new drugs or new preparations came on to the market. The second and more practicable method would be to compile a list of " approved " drugs which a practitioner would know he could prescribe, in reasonable quantity, without question.

PREPARATIONS ADVERTISED DIRECT TO THE PUBLIC

9. We were in doubt about the meaning of drugs of " unethical character " referred to in our terms of reference. We understand that in the pharmaceutical industry this phrase is applied to preparations which are advertised direct to the public as a means of increasing their sale. While there are many preparations which fall within this definition, some of them are advertised also in the medical press and not all of them are essentially different in character from preparations which are advertised exclusively to the medical profession in journals or by other means. We have not, therefore, attempted to allocate preparations into the categories suggested in our terms of reference but have adopted a more suitable classification (see paragraph 11). **Since, however, the responsibility for prescribing should rest solely with the practitioner, the Committee (with one dissentient) regards it as undesirable that medicinal preparations advertised direct to the public should be prescribable on Form E.C.10.**

PRESCRIBING OF STANDARD DRUGS

10. **We agreed that all drugs and preparations described in the British Pharmacopœia, the British Pharmaceutical Codex and the National Formulary should be freely prescribable (except those classified as foods, toilet preparations, or not drugs for N.H.S. purposes, by the Definition of Drugs Joint Sub-Committee).** These drugs and preparations are referred to as " standard " or " official."

PRESCRIBING OF PROPRIETARY PREPARATIONS

11. At our request the Departments provided us with samples and full details of some 50 proprietary preparations. A study of these suggested that proprietary preparations could for our purposes be conveniently arranged under the following six categories:—

(1) New drugs of proved value not yet standard.
(2) Proprietary brands of standard drugs, singly or in combination.
(3) Standard preparations, and new remedies of proved value, in elegant form or vehicle.
(4) Qualitative and/or quantitative modifications in the composition or combination of standard preparations, or new remedies of proved value, which are not accepted as therapeutically superior to preparations included either alone or in combination in the British Pharmacopœia, the British Pharmaceutical Codex or the National Formulary.

(5) Preparations not in the British Pharmacopœia, British Pharmaceutical Codex or National Formulary, which in the Committee's view have not been proved of therapeutic value.

(6) Preparations which are a combination of (4) and (5).

12. Apart from preparations in categories (5) and (6) of the previous paragraph (which consist of, or contain, drugs of doubtful value) we have no reason for suggesting on medical grounds that these proprietary preparations should not be freely prescribable in the National Health Service, except when advertised direct to the public. The objection to many of them is that a standard drug of reputed analogous therapeutic effect can be prescribed at less cost but we do not feel that we are a competent body to advise on this question of cost. **We therefore recommend that proprietary preparations in category (1) should be freely prescribable, and that preparations in categories (2), (3) and (4), which we regard as not therapeutically superior to standard preparations, should be prescribable subject to (i) their not being designated as foods, toilet preparations, or not drugs for N.H.S. purposes by the Definition of Drugs Joint Sub-Committee, (ii) their not being advertised direct to the public*, and (iii) satisfactory arrangements for price being made between the Health Departments and the manufacturers.**

13. We are prepared, if the Councils so wish, to continue our work on classifying such proprietary preparations as are referred to us into these six categories. This will be a long process because there are many thousands of such preparations and a therapeutic assessment involves the collection of all relevant information and a study of each preparation individually.

HENRY COHEN
(*Chairman*).

* There was one dissentient to this part of the recommendation.

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1950

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PRINTED IN GREAT BRITAIN

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