



**STRATEGIES TO ACHIEVE  
COST-EFFECTIVE  
PRESCRIBING:**

***GUIDANCE FOR PRIMARY CARE TRUSTS  
AND CLINICAL COMMISSIONING  
GROUPS***

# STRATEGIES TO ACHIEVE COST-EFFECTIVE PRESCRIBING

## *Guidance for Primary Care Trusts and Clinical Commissioning Groups*

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## **Introduction**

1. This guidance has been produced to assist Primary Care Trusts (PCTs) and clinical commissioning groups in implementing the Quality, Innovation, Productivity and Prevention (QIPP) agenda. The achievement of cost-effective prescribing, helping to obtain value for money from NHS resources, is in the interests of all patients. Strategies to achieve those ends can free up resources to improve patient care and to treat more patients. The guidance contains some specific advice - paragraph 7 - on the principles to be adopted in framing and administering a prescribing incentive scheme where a PCT decides to use this mechanism to encourage cost-effective prescribing by their GP practices. This guidance replaces the interim document issued in June 2007.

2. PCTs should ensure that their strategies to achieve cost-effective prescribing satisfy the following criteria:

- they are safe for patients;
- they meet the clinical needs of patients; and
- they secure best value for money from NHS resources.

These principles are particularly important where PCTs and their local GP practices consider that resources may be released through so-called “therapeutic switching” strategies, ie, the substitution of a lower cost treatment of equal benefit in the same (or similar) therapeutic class for existing treatment at higher cost.

3. Professional guidance on standards of practice states that it is the responsibility of every prescriber to make efficient use of the resources available (e.g. GMC Good Medical Practice). The General Medical Council advises doctors that they have a responsibility to consider the impact of their actions, such as prescribing, on resources available to other patients; it also states that doctors must not deliberately withhold appropriate treatment.

## **Principles to underpin local strategies**

4. The following principles should apply:

- i. The decision to initiate treatment or change a patient’s treatment regime should be based on up-to-date best clinical evidence or guidance, eg, from the National Institute for Health and Clinical Excellence (NICE) or other authoritative sources (see para 5);
- ii. Health professionals should base their prescribing decisions on individual assessments of their patients’ clinical circumstances, eg, patients whose clinical history suggests they need a particular treatment should continue to receive it;
- iii. The individual patient (and their guardian or carer where appropriate) should be informed about the action being taken and suitable arrangements should be made to involve the patient, ensuring they have an opportunity to discuss a proposed switch of medicines, and to monitor the patient following any switch;
- iv. Prescribers should be able to make their choice of medicinal products on the basis of clinical suitability, risk assessment and value for money;
- v. Schemes should be reviewed whenever relevant NICE or alternative guidance are updated.
- vi. Scheme terms, including details of relevant therapeutic evaluations underpinning the scheme, should be published on the PCT’s website.

5. Local PCT guidelines should be drawn up in a transparent manner and be clearly related to objective considerations of clinical effectiveness as well as value for money. Local guidelines should be consistent with national guidance, e.g. NICE, where this is available. Guidelines may recommend a single named medicine to treat a particular condition where this recommendation is based on considerations of clinical and cost effectiveness. The National Prescribing Centre (NPC) produces a range of material to support the development of local guidelines and the appropriate evidence base.

### **Standard Operating Procedures**

6. As a matter of good practice it is recommended that PCTs and/or GP practices have standard operating procedures (SOPs) or protocols which describe the responsibilities and the procedures, including audit, which are needed to safeguard patient safety and uphold the principle of patient consent. The NPC has prepared a range of materials which can be used as the basis for local SOPs.

### **Prescribing Incentive Schemes**

7. PCTs and clinical commissioning groups operating prescribing incentive schemes to support the implementation of switching strategies should follow some additional principles about the payments made under such a scheme:

i. PCT Boards or Professional Executive Committees should be made aware in advance of any incentive arrangements supporting a switching scheme. Details of the incentive arrangements, including success criteria and underpinning therapeutic evaluations, should be published on the PCT's website;

ii. All payments under a scheme should go into practice funds and not to individuals. The scheme rules should specify that payments must be used for the benefit of patients, and, for audit purposes, practices should keep written records of expenditure;

iii. Incentives should not conflict with or duplicate other funding rules, eg, QOF. Payments or any other inducements to good practice must not reward prescribers or their practices simply for blanket prescribing of particular named medicines (ie, without consideration of the individual circumstances of patients).

### **Complaints and disputes**

8. PCTs should use established procedures to consider any complaints or disputes about the implementation of the principles in this guidance.

### **Further advice**

9. Further advice on this guidance can be obtained from Natalie Cullen, Medicines, Pharmacy & Industry Group, Room 5W12, Quarry House, Leeds (Tel 0113 254 6313 e-mail: [natalie.cullen@dh.gsi.gov.uk](mailto:natalie.cullen@dh.gsi.gov.uk))