It is inevitable that a limited list will be laid before parliament before 1 April, so we should change our tactics and persuade the Secretary of State to make the list a recommended list. This would be a tactical withdrawal to a position which the media and our members of parliament would recognise as an attempt to protect the NHS patient's freedom to have occasional access to medicines that would otherwise be blacklisted. It is likely that the Secretary of State would agree to this compromise only if the medical profession resolved to try to make savings of the order of £100m by normally prescribing drugs on the recommended list. Rather the carrot than the stick. May I recommend the idea to our negotiators.

M G F CROWE

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SIR,—We are the consulting obstetricians working in a hospital which has used a limited prescribing list for many years. The patients we look after do not notice any deprivation, money is saved, and we have full clinical satisfaction. This position derives from two local factors: firstly, the limited list was drawn up after careful consideration with many clinicians; secondly, senior staff can prescribe drugs outside this list for certain patients on consultation with the chairman of the guiding committee. It seems to us that the proposals from the DHSS suffer from the lack of both of these factors.

May we suggest that the DHSS reconsiders what has been done at speed to allow proper consultation. After fuller consultations with a wider group of working doctors, which should include a psychiatrist, the department should produce a fuller and better considered list. This should then be promulgated, and from it family practitioner committees and hospital pharmacy committees should generate their own local limited lists produced in line with the DHSS guidelines but allowing for the local needs of the population they serve. Further, these two more local steering committees should be able to allow established practitioners and consultants to prescribe outside their local lists when the occasional clinical need arose. By this method, money would certainly be saved, patients would be better served, and the profession would have been used for its proper function to consult on clinical needs.

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SIR,—It may be useful to those wise men advising the minister of health to know that the proposed NHS limited drugs list is already having an effect with regard to the benzodiazepine group. Some general practitioners and their patients are clearly anticipating the published restrictions. In the last few weeks I have been referred five patients who have had medication withdrawn (lorazepam in four cases, bromazepam in one) with adverse effects. Although all patients had been taking their medication for longer than the recommended four to six weeks, none was known to have exceeded the recommended dose. Two patients required a brief admission to hospital after abrupt self withdrawal from lorazepam; the three others were restabilised as outpatients.

The guidelines to be followed in benzodiazepine use should be generally well known by the medical profession, but patients may be tempted to withdraw their own treatment and we should therefore be alert for an appreciable increase in numbers of patients attending surgeries and outpatient departments if some drugs, especially lorazepam, are rapidly withdrawn in certain susceptible individuals.

Manifestations of withdrawal are protean, and the withdrawal syndrome may easily be missed by inexperienced general practitioners. I am also concerned that, in their effort to wean patients from medication due to be removed from the list of NHS approved drugs, practitioners may be unmindful that a small but significant number of patients with chronic intractable anxiety may need long term maintenance medication.

British medicine has a reputation for excellence. In the last two weeks when treating two foreign patients who require modification to their benzodiazepine regimen I had cause to reflect on the clear double standard in medical care which could result from proposed restrictions on prescribing for NHS patients.

JOHN BONN

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SIR,—As a medical student attached to the department of geriatric medicine, University of Birmingham Medical School, I conducted a research project to find out the effects of the proposed restricted list of prescribable drugs on old people in the South Birmingham health district. Twenty one people, both inpatients and outpatients, answered a simple questionnaire at Selly Oak Hospital. Of the 21 patients:

—6 knew of the proposal to limit the number of drugs on prescription,
—19 had a prescription for a drug in one of the categories included on the proposed limited list,
—5 were taking a drug on the list,
—11 had tried equivalent drugs from the proposed list (9 had not; 1 did not know),
—3 of the 11 who had tried equivalent drugs had found them suitable (7 had not; 1 did not know),
—21 were exempt from prescription charges,
—none knew how much their drugs would cost if they had to buy them from a pharmacist.

The results of this survey quite clearly show that the introduction of a limited list of prescribable drugs will cause severe hardship to old people both medically and financially.

S T MASTERSON

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SIR,—The limited list may be introduced into hospital practice and will certainly affect outpatient prescribing. The prescriptions made in a week by a general surgical firm with a specialist interest in colorectal and gastrointestinal disease were analysed. In all 65 prescriptions were made, of which 20 were excluded by the published list of proscribed drugs; of these 20 there were five for which there was no alternative and another six for which the alternatives were inadequate.

It appears therefore that the DHSS's proposals would have affected the prescription in 31% of these cases, and in 17% the patients would have had to purchase their treatment or would have been advised to purchase it. With Picolax and alternatives banned particular problems would arise in patients requiring bowel preparations for both barium enema and colonic surgery. And with Gaviscon, Asilone, and alternatives banned the treatment of reflux oesophagitis would also be difficult.

The limited list will affect hospital prescribing and certainly patients will have to pay for some treatments which are essential.

R F DALE

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SIR,—In the light of the recent furore over the limited list I feel it is worth presenting some information that I have collected on my own repeat prescription system. Having transferred my repeat prescription system on to a computer (Department of Industry micros for GPs offer), I am now able to make certain analyses.

The total number of different drugs used in the repeat prescription system is 376, broken down into 18 therapeutic groups. The 376 drugs are split even further into 1392 different preparations. The cost of this original list was £8655·15 (priced by the Prescription Pricing Authority in Newcastle), the estimated annual cost being £68 947·67. I then converted the list wherever possible to the generic equivalent, and this list was again priced by the PPA. Generic conversion produced an initial saving of £545·64 and an estimated annual saving of £4050·75. Of the 376 drugs I found that the saving arose from the conversion of only 27 of them, involving 211 of the 1392 preparations. This indicates that the generic conversion of my repeat prescription system involves a saving to the National Health Service of only 6%. A saving of 6% hardly justifies the complex changes which must assail the transaction between a doctor prescribing for a patient. Before moving further I would hope that much more investigation into the real figures should take place

R N CARTER

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SIR,—Mr Kenneth Clarke has claimed in a radio interview that something like half the profession is in favour of his proposals for a statutorily limited list of drugs for some therapeutic groups used in the NHS. He has claimed support from the royal colleges of physicians, surgeons, and pathologists. He has also implied that it is the association's leadership which is against him and not the profession. It is now time for the council of the association to call a special representative meeting so that the profession can clearly and emphatically express its opinion to its leaders and the public.

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**We have received several more letters on the DHSS's proposed limited list. Those that we have not published make points that have already been covered in our correspondence columns (8 December, p 1615; 5 January, p 70; 19 January, p 244).—ED, *BMJ*.