Prescription Pricing Authority's information services

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The Prescription Pricing Authority (PPA) will extend its information services when the present pilot study ends this month. The DHSS has approved the retention on hire of the existing computer equipment for extending the self-audit facility to interested doctors and to facilitate phase 2 of the Heriot-Watt University's research into the effect of providing prescribing information and the form in which it can most usefully be provided. So information services can now be extended to doctors other than those in the four family practitioner committee (FPC) areas participating in the study.

The Tricker inquiry into the PPA's functions, organisation, and constitution, which was published in 1977, resulted in a new authority being set up in 1978.[1] Its constitution was extended to include members with academic research interests, the DHSS, community health councils, and increased representation from the medical and pharmaceutical professions. The main function is to price prescriptions speedily and accurately. No less important is the provision of information services. Professor Tricker recommended that computerisation should be introduced immediately, and a feasibility study showed that data from an FP10 form could be captured, stored, and analysed. To ensure confidentiality the PPA decided that patients' names and addresses should not be held on the computer. In January 1980 GPs in four FPC areas were offered detailed analysis of their prescribing in a controlled study conducted by the Heriot-Watt University and sponsored by the DHSS. Over 60% of GPs responded; half were denied information and were assigned as a control group. Retail pharmacists routinely send prescriptions written in January to the PPA for pricing in February. So early in April doctors in the first of the four areas received information on their prescribing; the other three areas in May, June, and July. This cycle has been repeated three times.

The analysis is divided into two main sections. The first compares some of the general characteristics of prescribing in the practice with the average in the FPC area. This is an expansion of the present PD2 exercise in which each GP receives annually details of a (random) month's prescribing. Many of the parameters are calculated "per 1000 patients." This arbitrary but convenient figure is used to ease the comparison between the practice and the average for the FPC area and avoids the small fractions with per patient figures. The cost referred to in the analysis is the net ingredient cost —that is, the cost to the Health Service of the ingredient(s) only. Other moneys, such as dispensing fees and container allowances, etc, would add about 25% to this cost. The second section lists all items prescribed. These are given alphabetically in therapeutic groups, each drug being expressed either as an approved or as a proprietary name, depending on how it is prescribed. This enables the doctor to compare the range of products issued for similar conditions, the relative costs of therapeutically similar preparations, and the quantity and frequency of each item prescribed.

Future developments

The format of the information services is still being discussed. Comments will be invited from present users and it is hoped to arrange group meetings of interested doctors to discuss future developments. The authority believes strongly "that information provided to general practitioners must be what general practitioners require." When these limited resources are available first priority will be given to those doctors who expressed an interest in the pilot study and were assigned to the control group. The PPA hopes to offer trainers and trainees separate returns by using a "manual" technique of signature sorting, as opposed to doctor stamp sorting, in the fully computerised programme. Some doctors may wish to have "feedback" for self-assessment. Group practices or small groups may see the service as a catalyst to start the formation of a peer group.

A leading article in the *BMJ* stated that in medical practice medical audit was a self-monitoring procedure carried out by doctors on their own work and reported only to the participants.[2] Dr David Williams is reported as saying that there must be better feedback: "To assess prescribing we need far more information about our individual prescribing habits. Better informed services are an essential prerequisite of self-audit."[3] The PPA aims to supply this information when computerisation is complete.

Meanwhile, with the limited facilities currently available, these information services can be made once a year to selected doctors in the priority groups. Nearer the time, interested doctors will be invited to apply for their prescribing analysis.

References

[1] Department of Health and Social Security. Inquiry into the Prescription Pricing Authority. *Report*. London: HMSO, 1977.
[2] Anonymous. Audit in general practice. *Br Med J* 1980;**281**:1375.
[3] Anonymous. *Br Med J* 1981;**282**:1440.

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Co-operation between NHS and private medical sector

The DHSS is encouraging health authorities to co-operate with the private medical sector. Health Circular HC(81)1 provides guidance on contractual arrangements for treating NHS patients in hospital, nursing homes, and other establishments outside the NHS. (It does not deal with the use of private contractors to provide other services for the NHS.) The Minister of Health hopes that independent facilities will be used to overcome temporary difficulties—caused, for example, by rebuilding—and to tackle long waiting lists. The circular points out that the Secretary of State is "keen . . . for co-operation between the NHS and the independent sector to go beyond contacts made under the regulatory legislation." It also deals with other forms of co-operation—for example, use by the private sector of NHS facilities on a contractual basis to avoid wasteful duplication of services and the desirability of joint managerial schemes between the NHS and the private sector. Authorities with proposals should submit them to the DHSS for advice.