

Prescribing for Clinical Need

Dr Gwyn Harris, GP Prescribing Lead
Elizabeth Walker, Head of Medicines Quality

January 2017



healthcare
without boundaries

Background

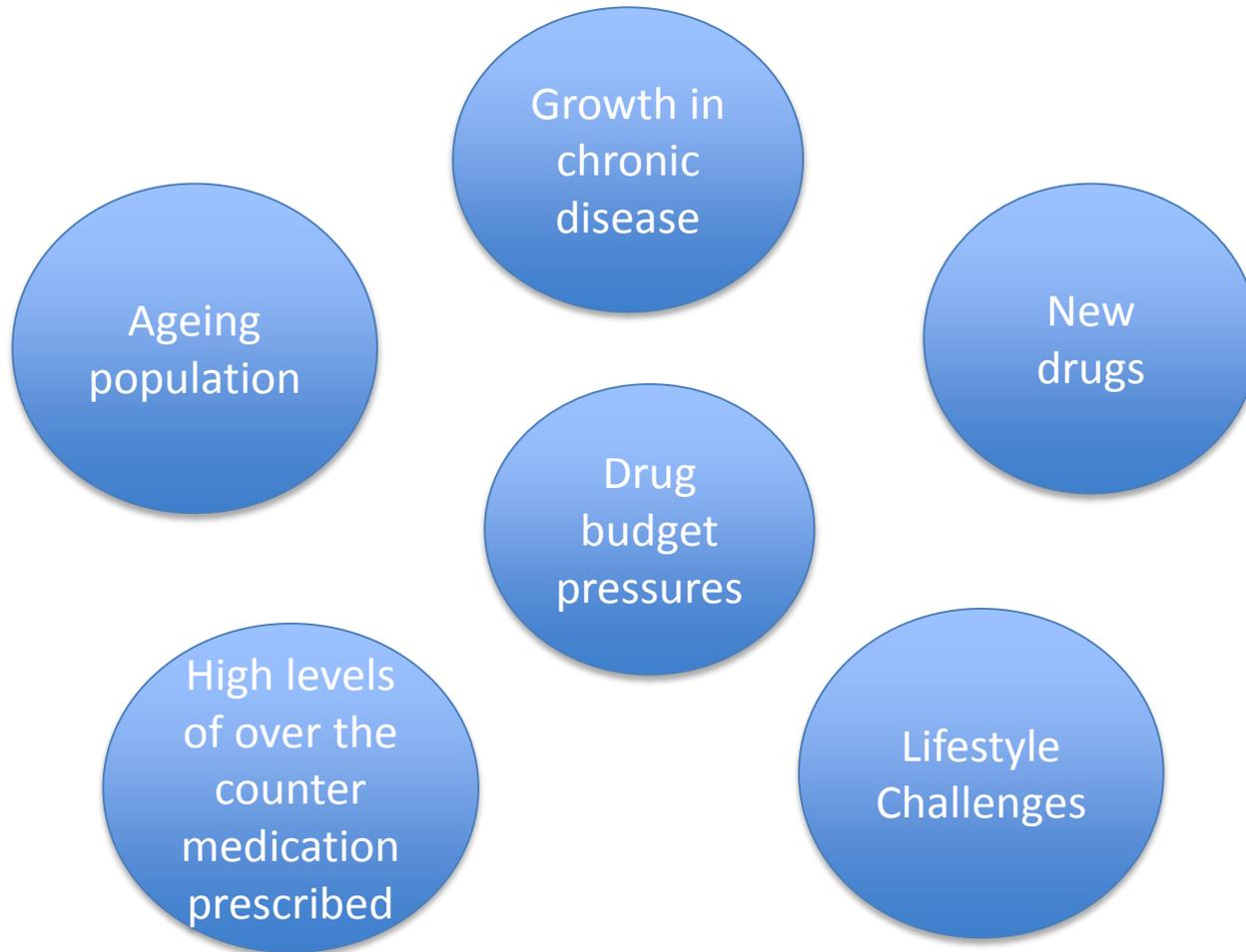
The CCG hold the prescribing budgets for all our member practices.

For 2016-17 this is £83 million

We also hold the budget for non-tariff drugs prescribed in secondary care – usually high cost drugs for complex conditions. Most of these drugs have NICE technology appraisals mandating their use in the NHS



Why do we need to do things differently...



How will we do this..

High priority:

- ✓ Medicines with a NICE Technology Assessment or recommended in NICE guidance or other national guidance
- ✓ Medicines with a strong clinical evidence base
- ✓ Effective medicines to treat long term conditions or acute illnesses unsuitable for self-care.

Lower priority:

- X Medicines which have been considered by NICE but not recommended for NHS use
- X Medicines with no or limited evidence of effectiveness
- X Medicines to treat symptoms of minor ailments or conditions suitable for self-care

Treatments where there is insufficient evidence of clinical benefit or cost-effectiveness

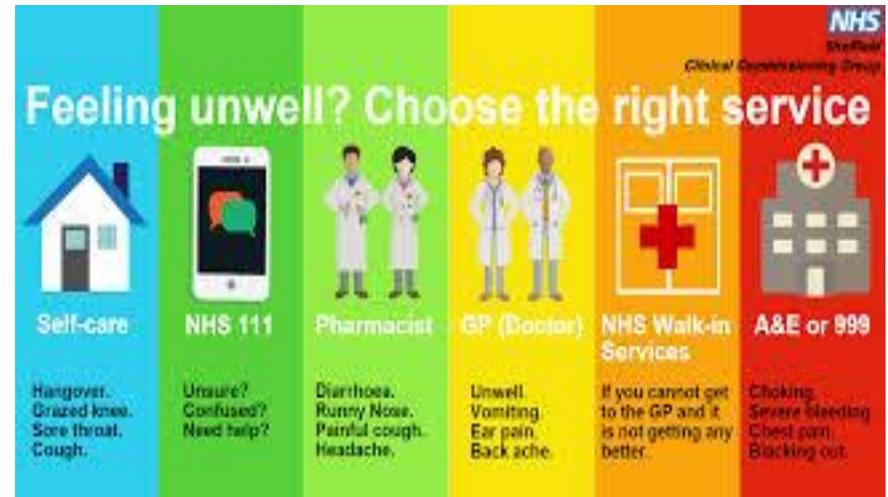


Preparations where there may not be a clinical need to treat..



May be specific clinical situations where prescribing is appropriate

Treatments for minor ailments



- Promote community pharmacy first (including minor ailment scheme which provides some over the counter treatments (OTC) free to patients who do not pay for prescriptions).
- Frees up GP time and eases demand on appointments for conditions suitable for self-care using OTC medicines

Gluten free foods



Next Steps..

- Agree with yourselves the approach to engagement and consultation
- Finalise the EQiA and the wider impact assessment

