

The National Overprescribing Review for England - another step forward?

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“Overprescribing must stop...”, “Ministers call for crackdown...”, ran the headlines in late September, reporting the publication of the National Overprescribing Review,¹⁻³. Behind these over-simplifications lies a thorough and considered report aiming to stimulate long-term change across the health system to address this major problem. Commissioned in 2018 by the then Health and Social Care Secretary, Matt Hancock and led by Keith Ridge, the Chief Pharmaceutical Officer for England, it describes a “once in a generation opportunity to reset prescribing in a new, patient-centred way”. Developed via a wide consultation process involving hundreds of patients, clinicians and policy makers, it draws together much work of the last two decades on medicines optimisation.³

Overprescribing is defined broadly here as the prescription of medication which the patient doesn’t want or need, or where medication harms exceed benefits.³ The report summary leads with an estimate that “at least 10% of the total number of prescription items in primary care need not have been issued”. Though this rings true, the evidence behind the claim is not described other than to say it is limited. An important observation that prescribing rates are higher in those from more deprived or minority ethnic backgrounds is highlighted. The recognised harms of overprescribing are described: side effects including hospitalisation, medication burden, waste and the environmental footprint of pharmaceuticals.

The causes of overprescribing will be familiar to readers of *DTB*, and are described in the report with an insightful separation into systemic and cultural factors.³ Systemic factors include: practical issues such as un-joined-up care records, inadequate information transfer between healthcare settings, limitations of clinical guidelines and their evidence base, repeat prescribing mechanisms and poor access to non-pharmacological interventions. In

addition, there are long-standing concerns over the influence of the pharmaceutical industry through sponsorship of professional education and groups representing patients. Cultural factors address more nuanced problems such as power imbalance between patients and clinicians, challenges of sharing knowledge and preferences, and tacit assumptions about the effectiveness of medicines. The views of clinicians and patients are congruent, all unhappy with the status quo with shared frustrations and desires for a better way of doing things.

Some solutions to overprescribing are proposed, most already well identified and partially implemented: the ongoing work of medicines optimisation driven by organisations in the NHS from local teams to national strategies, structured medication reviews including deprescribing, shared decision-making, and the use of data analytics to identify areas for improvement.³ However, the suggestion that the pharmaceutical industry should be involved in generating “information and insights that support deprescribing” seems naïve and unrealistic. A more helpful recommendation would be to reduce the NHS’s reliance on sponsorship from the pharmaceutical industry.

Will this report make a difference? One cause for optimism is the establishment of a significant political commitment. Some solutions are already supported by the NHS Long Term Plan of 2024⁴: ambitious goals to recruit pharmacists to work in Primary Care Networks and an intention to have offered social prescribing interventions to 900,000 people by 2024. There are existing commitments to personalised care⁵, and ambitions to reduce the prescribing of antimicrobials, dependency forming medicines, high-carbon inhalers and medicines of low national priority. However, the work of medicines optimisation is famously challenging and best supported by relationship-based care with adequate time to address complexity and detail. Whether this is possible in the current environment of extreme challenge for the NHS remains to be seen, but this well-described and politically supported plan of action is a welcome start.

References

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