

News story: Matt Hancock orders review into over-prescribing in the NHS

The review will be led by Chief Pharmaceutical Officer Dr Keith Ridge. It will look at:

- addressing 'problematic polypharmacy' – where a patient is taking multiple medicines unnecessarily
- creating a more efficient handover between primary and secondary care, for example ensuring GPs have the data they need and feel able to challenge and change prescribing made in hospitals
- improving management of non-reviewed repeat prescriptions – including encouraging patients to ask questions about their treatment to ensure they don't remain stuck on repeat prescriptions which are no longer needed.
- the role of digital technologies in reducing overprescribing
- the increased role for other forms of care, including social prescribing

Estimated total NHS spending on medicines in England has grown from £13 billion in 2010 to 2011 to £18.2 billion in 2017 to 2018. This is an average growth of around 5% a year – with 1.1 billion prescription items dispensed in primary care by GPs and pharmacists.

Health Survey England 2016 found that nearly half of over 75-year-olds surveyed were taking 5 or more medicines, with this percentage rising the older people get.

While in the majority of cases patients will be receiving multiple drugs due to specific or complex needs, the review will look at how to ensure treatment remains up to date and appropriate so patients feel as well as possible.

The review will look at how doctors and pharmacists can be supported to review prescriptions and ensure patients are receiving the most appropriate treatment for their needs. It will also look at instances where:

- prescriptions are made for conditions which in individual circumstances may be better helped by other forms of care
- there is potential overlap in patients being prescribed multiple drugs to manage the same condition
- individuals are remaining on repeat prescriptions which roll over – often for many years – without being reviewed

The review will take into consideration individual circumstances where patients may be most at risk of adverse effects from overprescribing. Overprescribing can be particularly dangerous for older people, who are often taking several different medicines to manage complex conditions and may suffer side effects that lead to them falling and being admitted to hospital.

It will consider how new digital systems can assist primary care providers in

creating a better picture of overprescribing in their area to allow more targeted action, ultimately creating better personalised care for patients.

Addressing overprescribing will be an important part of the Department of Health and Social Care's [prevention](#) strategy.

Action is already being taken across the health system to address over-prescribing, including:

- the Medicines Safety Programme, which is co-ordinating work on reducing medication errors
- NHS England's Medicines Value Programme, which is working to reduce variation in prescribing using clinical evidence and the creation of metrics

Health and Social Care Secretary Matt Hancock said:

Recent advances in medicine have led to fantastic developments in managing and treating certain conditions, but poorly managed prescribing can lead to serious issues for patients such as increased admissions to hospital or antibiotic resistance.

As we invest an extra £20.5 billion a year into our NHS we want to empower doctors and pharmacists to use the data available to ensure patients get the medicines they need and stop taking those that no longer benefit them.

We also need to back our GPs to move towards alternatives such as social prescribing, so we can offer more tailored healthcare that focuses on prevention to stop people from becoming ill in the first place – improving care and reducing the burden on the NHS.

Keith Ridge, Chief Pharmaceutical Officer at NHS England, said:

Doctors, pharmacists and patients need to work together to ensure people are on the right medicines, for the right amount of time.

NHS England's recent successes in reducing unnecessary antibiotics and medicines with care homes and GP practices, on polypharmacy, and on beginning to end overmedication for people with learning disabilities, all show what can be – and indeed now is being – done on this important topic.