**PHP 13**

INFLUENCING PRESCRIBING IN ENGLISH PRIMARY CARE: FINDINGS FROM THE MANMED SURVEY

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OBJECTIVES: Over the last 3 decades, expenditure on medicines in the UK has increased in real terms by almost 5-fold and currently forms about 12% of all NHS expenditure. The MANMED (MANagement of MEDicines) survey was designed to explore how medicines are currently managed in the NHS in England. METHODS: In May 2001, a postal survey was sent to prescribing advisers and prescribing leads in 332 Primary Care Organisations (PCO) and to chief pharmacists at 275 NHS hospital Trusts (NHSTs). RESULTS: Sixty-six percent of PCOs and 57% of NHSTs responded to the MANMED survey. Most PCOs report quality of prescribing as their top priority, followed by budget adherence at both practice and PCO levels. Prescribing advisers offer an average of 6.6 forms of support (range: 3–9), including the review of prescribing patterns (95% of respondents), practice visits (95%), visits to individual GPs (92%), indicators of prescribing performance (92%) and prescribing newsletters (88%). PCOs are pursuing a wide range of prescribing initiatives, covering an average of 7 different therapeutic areas, including proton pump inhibitors (82%), antibacterials (76%), generics (76%) and statins (62%). National targets are the main driver for prescribing initiatives, but other key influences include inappropriate prescribing and clinical governance. Prescribing incentive schemes commonly include generics targets (81%), audits (64%) and reviews of repeat prescribing (58%). PCO involvement with secondary care varies: one third of PCO prescribing committees include a hospital pharmacist, and just 7% include a hospital consultant. However, evidence from the MANMED (NHST) survey suggests that most PCOs are represented on their local NHST Drug and Therapeutics committee. CONCLUSIONS: It would appear that while cost considerations are important, quality is perceived as the overriding principle on which PCO prescribing strategy is based. Multifaceted prescribing support is widespread and national targets are the main factor influencing choice of therapeutic area for prescribing initiatives.

**PHP 14**

MANAGING THERAPEUTICS NOVELTIES USING A SCIENTIFIC EVIDENCE-BASED METHOD

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OBJECTIVES: At primary care, few new drugs (ND) add value to Spanish drug formulary. Here we define a global strategy focused to improve the general practitioner’s (GPs) ND prescription habit. METHODS: Our strategy is composed by two interventions and is focused on GP. The interventions are: Generalised Intervention (GI) and Specific Intervention (SI). A New Drugs Evaluation Committee (NDEC) guided by an evidence-based standardised procedure, compared every ND in terms of efficacy, safety, posology (pharmacology??) and cost versus the best pharmaceutical option for the same indication. By means of a decision-making algorithm, ND were categorised as important, modest or null therapeutic improvement. NDEC has external peer review. The NDEC prepared an extensive evaluation and a reduced evaluation. They were posted at the institution’s web and the reduced evaluation was sent to GPs by post. The Specific Intervention (SI) was activated when a ND was negatively evaluated and the ND had a persistent high market share. SI is an academic visit (face-to-face) between a pharmaceutical adviser and each GP, who is a constant prescriber of the ND. We monitored the consumption of ND for two years (2000–2001), using the same information from the Madrid community (out of Catalonian) as a reference. RESULTS: 85% of the 16 ND evaluated are in the “little or null therapeutic improvement” category. The Catalonian GPs had a lower ND utilisation rate than the Madrid GPs (57% vs. 120%) and the reduction of the utilisation tendency observed along 2001 was higher (15% vs. 10%) in a biannual rate. On September 2001 the SI was activated for two drugs, ROFECOXIB and CELECOXIB (1,7% market share of pharmaceutical sales). We interviewed 1000GPs and obtained a 35% reduction in their prescribing. CONCLUSIONS: It’s possible to change the use of ND using evidence-based drug information and a combined diffusion strategy of generalised and one-on-one interventions.

**PHP 15**

THE USE OF PATHOLOGY-RELATED PARAMETERS IN EXPLAINING THE VARIATION OF PUBLIC EXPENDITURES ON MEDICAL IMAGING

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OBJECTIVES: In order to allocate public resources on health care more efficiently, lump sum based payment systems are introduced in the Belgian hospital sector. This study investigates the influence of pathology-related parameters on the consumption of medical imaging. A regression based method (ANCOVA) is used to define an explanatory model for the expenditure on medical imaging. METHODS: A representative sample of 30 hospitals was withdrawn from the national data. This sample contains 277,321 inpatient stays (19% of total), all of which related to data on utilisation of resources as well as data concerning the pathology. The pathology-related