

Letter from the DDA chairman, Dr Richard West

DDA response to BMJ Open article: [Do doctors in dispensing practices with a financial conflict of interest prescribe more expensive drugs? A cross-sectional analysis of English primary care prescribing data.](#)

Goldacre B et al.



The Dispensing Doctors' Association (DDA), of which I am Chairman, neither encourages, nor condones, the prescribing of costlier medicines. Indeed, the GP contract has provisions which permit the NHS to take action against those who do so. Dispensing doctors are not reimbursed at the full rate. They have a 'claw back' on the cost of the drugs they purchase and this is built into their contractual arrangements.

The study uses one month's data from January 2015. Due to the continually changing reimbursement prices for medicines it is impossible, and disingenuous, to forecast one month's estimated savings into a full year. There are also a number of one-off occurrences that can occur. For instance, in January 2015 there was a shortage of the valsartan generic.

Unlike community pharmacies, dispensing practices cannot use NCSO (no cheaper stock obtainable), and hence will always write a prescription for the brand if a generic medicine is in shortage. This puts a rather different complexion on the month snapshot that was taken in the study. In November 2018 alone, the price concessions for medicines for which there are shortages cost the NHS £23.3 million.

The cost of the medicines in the chosen four therapeutic areas of the study have decreased significantly, in addition to the prescribing of the brand originators, hence the paper really should have chosen more up-to-date data, which would show significantly decreased costs. Dispensing practices, like all practices, look to make efficiencies through increasing generic prescribing. For example, Olmetec prescriptions in 2015 cost £8.6 million, but in 2017 it was £0.78 million. That would have been rather less of a headline.

Dispensing practices receive disproportionately more 'outstanding' ratings from their Care Quality Commission (CQC) inspections, which is indicative of the high-quality service they provide for their patients.

The DDA has been concerned for some time that the system of reimbursement for drugs is not fit for purpose. For the last seven years, we have tried to interest the Department of Health and NHS England to develop a better one. To date, nothing has happened.

We encourage our members to regularly audit their prescribing so that they ensure that they are acting in the best interests of the patient and the NHS.

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