General practitioners' attitudes towards the limited list

ANNE REILLY, MSc, MPS

ROSS J. TAYLOR, MD, FRCGP

JOHN WEBSTER, MD, MRCP

SUMMARY. From a one in 10 randomly selected sample of Scottish general practitioners 260 (85%) responded to a series of attitude statements concerned with limitation of NHS prescribing which was introduced in April 1985. Although a majority of respondents were against the current limited list scheme, two-fifths were in favour of it and many of the objectors were in favour of the principle of limitation but not the way in which it had been implemented.

Introduction

A STUDY carried out during the first month of operation of the new restrictions on NHS prescribing (introduced on 1 April 1985) showed that a real pharmacological change in prescribing habits (as opposed to substitution of a generic name) was required in only about 4% of patient contacts[1] and that, despite opposition from the medical profession, individual doctors appeared to conform responsibly to the new regulations.

The aim of the present survey was to examine general practitioners' attitudes towards: (1) the general principles underlying the new restrictions; (2) the implementation of the 'limited list'; and (3) alternative means of rationalizing prescribing.

Method

With advice from general practitioners, pharmacists and clinical pharmacologists, a series of attitude statements about the limited list was prepared from which 18 were finally selected for inclusion in the questionnaire. The order of appearance of statements within the questionnaire was determined by random selection; a final question was added asking for a direct vote for or against the scheme and inviting free comment.

In June 1985 the questionnaire was posted to a one in 10 sample (312 out of 3123) of general practitioners randomly selected from the general medical lists of each of the Scottish regional health board areas. The replies were anonymous but non-respondents were identified by using a prepaid coded card which was returned separately by each respondent. Non-respondents were reminded after 10 days. Of the 312 doctors selected, five had died or were no longer in active practice. Of the 307 assumed to be contactable 260 doctors (85%) returned a completed questionnaire.

Results

Underlying principles

There was overwhelming agreement among the general practitioners that NHS prescribing costs could be reduced and that a suitable restricted list could result in more informed prescribing (Table 1). The limitations imposed on only selected therapeutic groups, however, were widely considered to be illogical. A statement about fixed-ratio combination drugs was included in the questionnaire because these drugs are often the subject of criticism and indeed the present limited list does not favour them. Most of our respondents, however, agreed that the advantages of these drugs often outweighed the disadvantages. Few respondents thought that the new limitations on NHS prescribing would encourage more patients to participate in private health care schemes but many thought that there would be an adverse effect on the development of new drugs.

Ann Reilly, Postgraduate Student, Department of Therapeutics and Clinical Pharmacology; Ross Taylor, Senior Lecturer, Department of General Practice; John Webster, Senior Lecturer, Department of Therapeutics and Clinical Pharmacology, University of Aberdeen.

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Table 1. General practitioners' attitudes towards some underlying principles of the 'limited list' scheme.

Statement	Percentage of replies (*n* = 260) Agree	Disagree	Uncertain	No response
Too much NHS money wasted on unnecessary drugs	*83*	*6*	*9*	*2*
Restricted drug list means GPs have more knowledge about limitations and uses	*76*	*5*	*12*	*7*
No logic in limiting some therapeutic categories and not others	*66*	*17*	*10*	*7*
Limited list will have adverse effect on drug development and research	*61*	*13*	*19*	*7*
Limited list will encourage more patients to use private schemes	*11*	*54*	*29*	*6*
Advantages of fixed ratio combination drugs outweigh disadvantages	*55*	*15*	*29*	*1*

n = number of respondents.

Implementation

The majority of respondents agreed that there had been insufficient consultation with doctors about the implementation of a scheme which restricted their clinical freedom (Table 2). Opinion on the adequacy of the range of available NHS drugs was divided. Most respondents agreed that it was too early to assess the impact of the limited list scheme. In the final vote those against the limited list scheme outweighed those in favour of it: 48% were against, 39% were in favour ('don't know' (7%), no response (6%)).

Table 2. General practitioners' attitudes towards the implementation of the limited list scheme.

Statement	Percentage of replies (n=260)			
	Agree	Disagree	Uncertain	No response
Greater consultation with doctors would have led to more acceptable scheme	87	3	9	1
Limited list will not interfere with clinical freedom as drugs can still be prescribed privately	20	65	9	6
Limited list curtails clinical freedom	61	22	16	1
Limited list has wide enough range of drugs	39	45	15	1
Too early to assess impact of limited list	62	24	8	6

n = number of respondents.

Alternative measures

Half of the respondents felt that the main savings from the limited list scheme would result from the enforcement of generic prescribing (Table 3). Fifty-two per cent of respondents favoured generic prescribing (that is, they disagreed that the disadvantages outweighed the advantages), yet when this idea was worded more strongly 63% felt that there could be reasons for prescribing drugs by proprietary name. Less than a quarter of the respondents were in favour of fixing limits for the quantity which can be prescribed on a single NHS prescription. A majority agreed that there was insufficient postgraduate teaching in therapeutics for general practitioners, that there should be greater involvement of general practitioners in the activities of district drug and therapeutics committees and that locally-produced formularies could lead to more economic prescribing.

Selected comments

Doctors in favour of the current limited list scheme said that it was 'easier for the Government to limit prescribing than for individual doctors' and that 'the limited list will have little effect on good "prescribing-wise" doctors but it is perhaps the only way to control the haphazard and expensive prescribing of "poor" doctors'. Some doctors were in favour of a limited list in principle but were against the current scheme. One doctor thought it had been 'imposed on basically financial grounds and arbitrarily so'. Other comments included: 'If we had been properly consulted, then a limited list is an excellent idea, but not the limited list that has been foisted on us, apparently by the "bent-pin and blindfold" method' and 'I am for a limited list, but to be drawn up by practising doctors, for example, a local health area scheme'.

Doctors who were against limiting prescribing on principle were 'against statutory control for non-clinical reasons, however much the potential savings' and said that 'many patients find certain drug preparations better than others for no clear-cut pharmacological reason, therefore a good range of drugs to choose from is necessary'. One doctor thought that 'necessary treatment should be supplied for all patients and not under a two-tier system'.

Alternative measures suggested were to do away with exemptions or to have local limited lists. Another doctor said that 'generic prescribing is acceptable as long as generic drugs have acceptable standards compared to proprietary drugs, for example, solubility, absorption and side-effects'.

Table 3. General practitioners' attitudes towards some alternative measures for reducing prescribing costs.

Statement	Percentage of replies (n=260)			
	Agree	Disagree	Uncertain	No response
Disadvantages of generic prescribing outweigh advantages	21	52	26	1
There are no good reasons to prescribe drugs by proprietary name	18	63	18	1
Main savings from limited list will be from enforced generic prescribing	50	17	26	7
Not enough therapeutics taught in continuing education for GPs[a]	58	18	22	2
More participation of GPs in district drugs and therapeutics committees would encourage better prescribing[a]	66	4	24	6
Local GP formularies could give financial savings[a]	64	12	23	1
Limits should be set on amount prescribed on single NHS prescription[a]	22	64	13	1

[a]Aspects mentioned in the Greenfield report on effective prescribing.[2]

Discussion

The high response rate from our randomly selected sample means that the results are a good representation of the views of general practitioners in Scotland. The survey indicates that their attitudes towards rationalization of prescribing are highly responsible and constructive. The majority view was that the new restrictions would have undesirable effects (for example, on clinical freedom and on the development of new drugs), that they had been introduced with insufficient prior consultation and that they were illogically based. Nevertheless, two-fifths of respondents were, on balance, in favour of the scheme as it stands and a much larger number seemed prepared to accept the principle of limitation if it were satisfactorily implemented.

References

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Address for correspondence

Dr R.J. Taylor, University Department of General Practice, Foresterhill Health Centre, Westburn Road, Aberdeen AB9 2AY.