

The Department of Health, Social Services and Public Safety (DHSSPS), Northern Ireland, United Kingdom

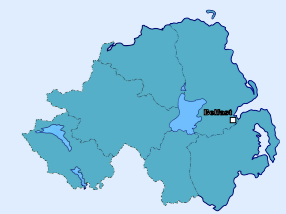
Dr Norman Morrow, Chief Pharmaceutical Officer, Northern Ireland. Dr Mark Timoney, Deputy Chief Pharmaceutical Officer, Northern Ireland. Dr Michael Scott, Head of Pharmacy & Medicines Management, NHSCT

Aim

To continuously improve patient health gains and realize cash-releasing efficiencies (£55 million) through the implementation of a Pharmaceutical Clinical Effectiveness programme across the Health and Social Care (HSC) service in Northern Ireland.

Sampling Methods

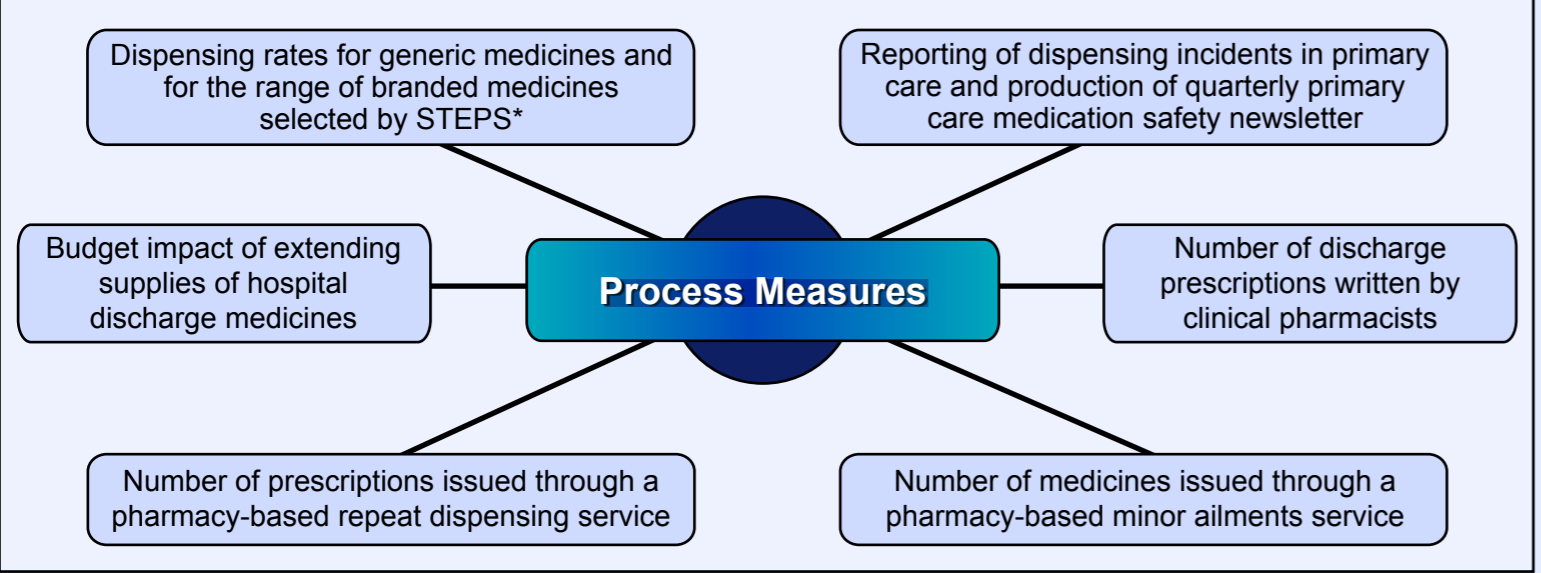
Centralised prescribing statistics were gathered and compared on a monthly basis between April 2005 (pre-intervention) and March 2008 (post-intervention).



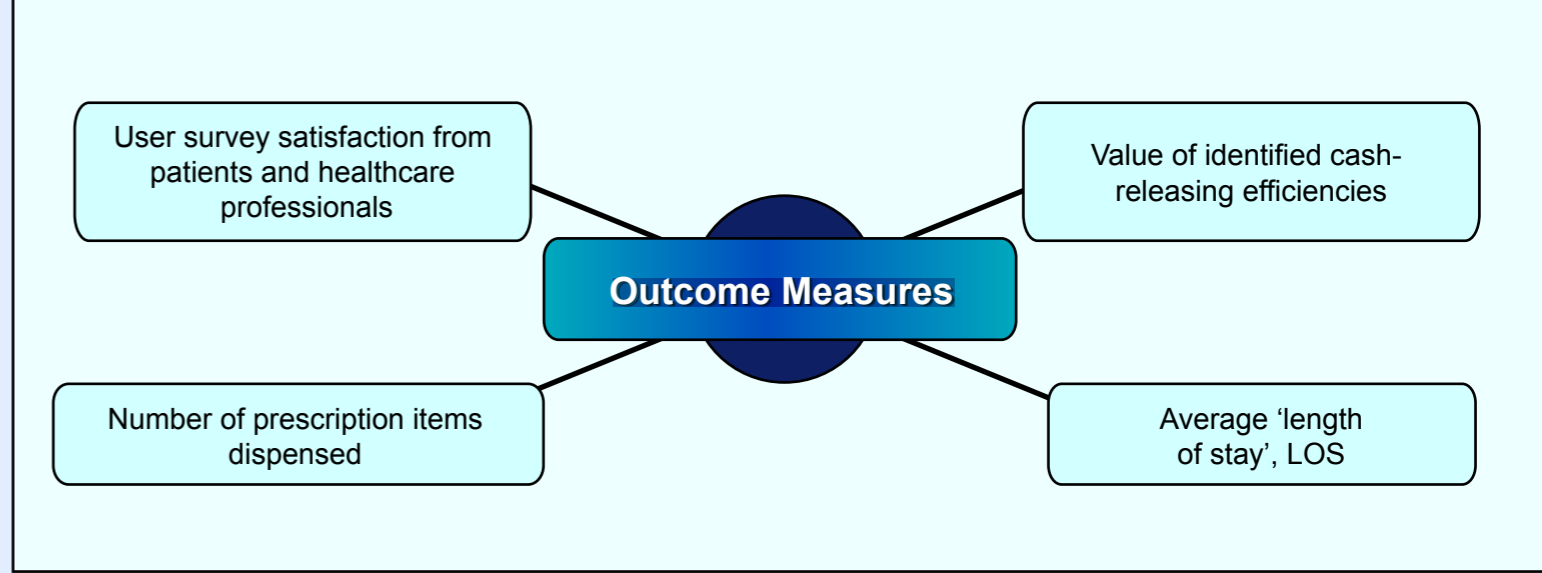
PCE programme initiatives

- Generic Prescribing and Generic Substitution
- Repeat Dispensing
- Minor Ailments
- Medicines Governance in Primary Care
- Clinical Procurement
- 28 Day Dispensing
- Integrated Medicines Management (IMM)
- Pharmaceutical Clinical Technology

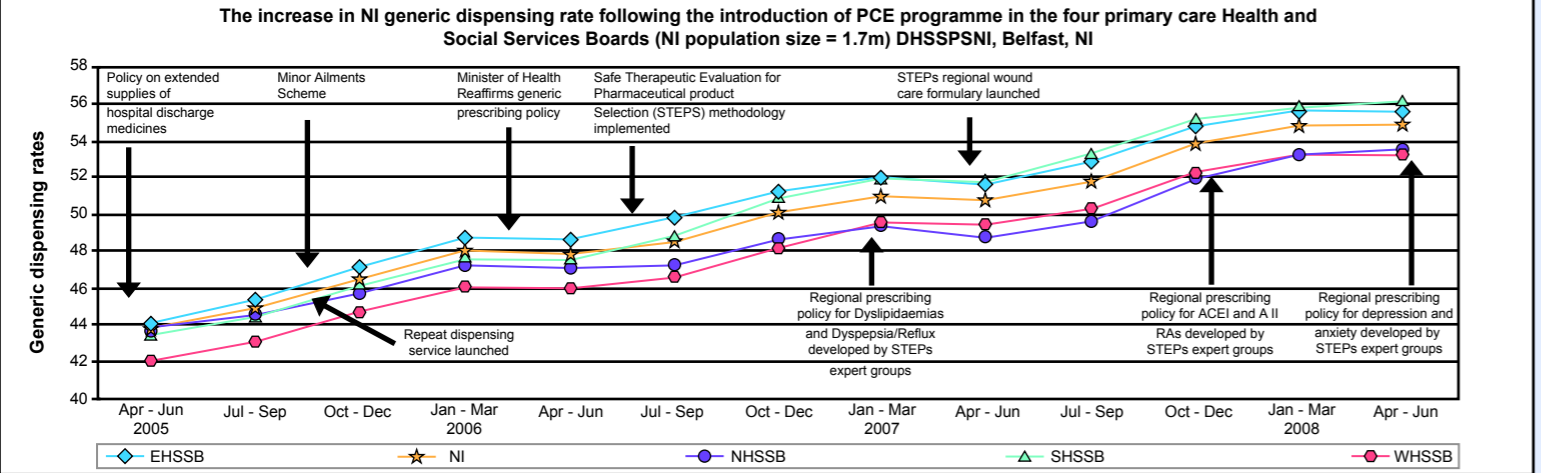
Process Measures



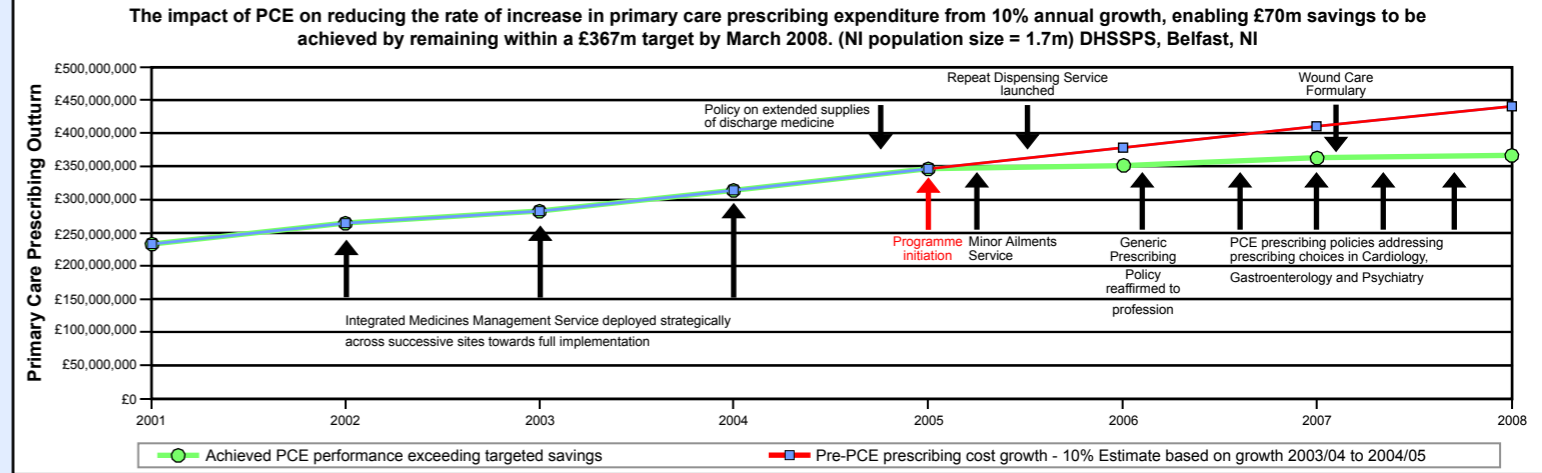
Outcome Measures



Generic dispensing rate



Rate of increase in primary care prescribing expenditure



Details on the changes made

- Launch of a reaffirmed generic prescribing policy and attendant publicity campaign in primary and secondary care
- The production of integrated prescribing policies and guidelines by a number of established expert groups across a range of therapeutic areas
- Implementation of regional repeat dispensing service
- Initiation of a regional Community Pharmacy minor ailments service across a range of therapy areas
- Expansion of a team of medicines governance pharmacists from secondary to primary care.
- Introduction of a policy to increase hospital discharge medicines from 3 to 28 day supplies
- Expansion of the IMM service regionally to 11 new sites**
- The delivery of a regional wound care product formulary covering primary and secondary care and readjustment of NI Drug Tariff Prices
- £55m savings annually were removed from the HSC baselines in the first instance and the service required to operate within the re-profiled allocations