

GPs will get ‘bribes’ for taking drugs from elderly

Chris Smyth Health Editor

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Experts believe that vulnerable elderly people often take too many drugs TIMES

GPs will receive half the money saved when they cut the number of drugs given to elderly patients in care homes under a scheme that has been condemned by doctors' leaders.

Bosses in Oxfordshire want to give GP surgeries a “financial incentive to reduce prescribing costs” by sharing savings from giving fewer medicines to the frail elderly. Patient leaders criticised the plan as a “bribe” and doctors said that it was wrong to focus on cost-cutting rather than patient needs.

Many experts believe that vulnerable elderly people often take too many drugs that do little good and may cause side-effects, with an estimated third of the over-75s taking more than four medicines. Last year Keith Ridge, chief pharmacist of NHS England, said that it was a scandal that a fifth of pills taken by elderly patients were pointless, with hundreds of thousands taken to hospital because medicines interacted badly with each other.

Dozens of GP surgeries in Oxfordshire have been asked by their clinical commissioning group to look at using fewer medicines without harming care, with a target of saving £2 per patient. If they achieve that, surgeries will be paid £1 per patient and get half of any further savings. The scheme aims to save at least £1.45 million.

Andrew Green, prescribing lead for the GP committee of the British Medical Association, said: “The danger here is that [bosses] should not approach it from the view to reducing costs. They should approach with a view to getting the right care for the patient.” He told the magazine *Pulse*, which uncovered the plans: “In frail elderly patients in care homes it is highly likely that it is a case of stopping, rather than starting, medication. So it might well be that the result is cutting costs, but that mustn’t be the aim.”

Joyce Robins, of the pressure group Patient Concern, said: “It feels a bit like a bribe. Telling GPs you can be better off financially by prescribing less to patients doesn’t seem like a good idea. You would like to think patient care was their main priority, not cost savings.”

The Berkshire, Buckinghamshire and Oxfordshire local medical committee, which represents GPs in the area, has rejected the scheme and is urging surgeries not to agree.

Paul Roblin, the group’s chief executive, said that it was confusing and bureaucratic. “The scheme may not pass the bottom line test on workload versus reward, especially as those doing the work are not directly rewarded for the time they spend,” he wrote in a message to colleagues.

The scheme comes after controversies over arrangements in which local health chiefs paid GPs to refer fewer patients for tests and scans, including those for cancer. The BMA has criticised such payments for contaminating the doctor-patient relationship by making people question GPs’ motives.

An investigation by the *BMJ* this year found that GPs were being overruled by private companies that were paid by local health chiefs to stop patients being referred to hospital.

NHS England also ran a scheme that paid GPs £55 for each person given a dementia diagnosis. It was condemned as an “ethical travesty” amounting to cash for diagnosis. The number known to have the condition rose by a fifth while it was in operation.

A spokeswoman for Oxfordshire clinical commissioning group said: “The aim of the prescribing incentive scheme is to review medicines and prescribing in care homes and with the frail elderly in order to optimise medication . . . The incentive scheme will encourage practices to audit and review their prescribing in this group of patients to optimise their medicines management.” She promised safeguards against distortion of priorities using “nationally endorsed tools”.

144 comments

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Ralph Naderbolsinmattu

Better headline

GPs are asked to prescribe according to evidence based medicine. Teaching in medical school of pharmacology is terrible and a final part equal in size and importance to medicine and surgery needs to be re instated. This can be done nationally and not controlled by medical schools so the quality of teaching can be assessed.

Also GP exams need to made much more intensive and needs to passed say biannually to maintain a focus.

Simply bad medicine and now needs monitoring to protect patients. The small improvements in antibiotic prescribing need to be built up and magnified.

John black
Vote for me!

I will have all GP's audited, and then fine them for lazy prescriptions, and give them bonuses for exceptional devotion to duty.

I doubt many bonuses will be handed out but what the heck.

Mr Peter Leigh
Perhaps a more appropriate headline for this piece could be:
"Doctors oppose ham-fisted attempt at manipulation by one CCG"?

Lily
I find it surprising that leaflets issued with drugs always recommend you inform your doctor about other prescription drugs you are taking, when surely that information is on your record. I know GPs have only 10 minutes per patient, but when I access my (partial) record online my medication is easily viewable. True, I don't see the doctor's notes, but you'd think the record of medication would be clearly & separately visible from these.

Trevor Allan
You are wise to check the leaflet as doctors do overlook some reactions, though it might be fairer to say that they overlook those which are mild or unusual, though I do think it appropriate that they warn patients. I tend to check the British National Formulary (which is available online) as well, as the leaflets can be quite scary, presumably so the drug companies can cover their backs.

Lily
Yes they can be. I seem to remember 'death' being listed on one drug!

John black

@Trevor Allan Worth checking doses as well. My mother was prescribed 7 times the dosage once, and it had dire consequences.

CarolKK

Amazing how our diabetes rate went up after GP surgeries were incentivised to treat diabetics.

I fear that this plan will have the same affect

Ann Lavery

Often elderly people have been prescribed a drug, say 40 years ago - and then another was added - and then another. often to counteract the effects of previous drugs. Doctors should be reviewing the drugs prescribed to every patient on a fairly regular cycle. This would be good practice.

And of course, GPs with an attached pharmacy collect all of the prescribing costs.

Its the Conservatives again I suppose - managing to turn a good story into a wrong 'un.

I am a long time Conservative voter, but I am rather dismayed by the inept handling of some things. Isn't the Civil Service there to help them with things like this? Or are they all Momentum acolytes too?

John black

@Ann Lavery Thanks to Labour, we have some of the worst GP's in Europe. The Tories have been sorting out the mess left by Labour, however Rome was not built in a day, and the mess left was enormous.

Jeff L

What does it say about GPs and the whole system when doctors have to be financially incentivised to do what's best for their patients. Same can be said for QIF targets or whatever they are called.

Wombledore

The main issue, as we've already been informed, is over pricing by drug companies and the various loopholes they exploit. Surely this should be resolved first? Then any unnecessary medicines stopped, provided they really are unnecessary.

Felicity Graham

The title is either fake/spinning news or otherwise is yet another Tory trap like the dementia tax. Amazingly morals is the low priority of our leaders ... Democracy is loosing very quickly ground. Again if this is true Mrs May should ask herself about her morals. Otherwise is just a sensible process improvement where the incentive clearly can be about less medicine equals money but less medicine equals patient improve equals more money

Watfordman

A few months ago, my doctor changed my asthma medication, explaining to me that the main reason was that the new drug was just as good but much cheaper. I don't know if he was on commission, but I support any way that the NHS costs can be reduced, even if it just means a change of medication.

Dan Ludlow

Presumably there's a mechanism that prevents prescribing expensive medication and then reduces it for cheaper to claim the savings?

Not a well-considered move, from the looks, a rather typical public sector solution, half-baked, costly, partially effective.

Dan Ludlow

Maybe fining Doctors for overprescribing would be a better move? More and more drugs added to cover changes in conditions can have a negative effect, some pills simply

Either a medication is needed or it isn't, that's for a doctor to decide, but if a run through shows some are not needed it's perhaps negligent that this wasn't already spotted isn't it. A cocktail of drugs and medication must risk some clashing or negating the effects of others, old bodies unnecessarily overloaded, one imagines.

If this move produces significant savings, what does that say about GP's?

Chris

I do not understand any of this ...

In what other profession do you get paid extra money to do your job properly ??

Doctors shouldn't be incentivised, they should simply prescribe the correct medicine.

Or is that too much to ask ?

Josephine Field

@Chris Too much to ask.

Shippy understood that.

Wendy MacKenzie

It is true that some over-worked GPs will respond to side-effects caused by drug A by prescribing drug B to counter them ... and so

on down to Z in some cases. I know - it happened to me. But a wide-awake GP then took me off everything and we started again from the beginning. However, bribing GPs to stop medicating the elderly won't give them the time they need to review each patient's medication properly and THAT is what is needed. GPs need time to study and respond to these issues, patient by patient - not simply a bribe to stop medicating!

Lily

Wendy Mackenzie

Unfortunately "wide-awake" GPs are rare creatures; it was such a one who spotted my daughter's coeliac disease after years of her being treated as a hypochondriac.

A few years down the line, she & I were in the waiting room together when we noticed a device for measuring blood pressure. Mine was a bit high as it has been for years, but hers was very low. The results apparently are transmitted to one's record. I forget the reasons we were there, or why it chanced we were there together. So anyway, naturally my daughter mentioned the reading to her GP who agreed it was low but as far as I remember told her there was no treatment for it.

Only later, as we looked into the subject (& found that, indeed, it was responsible for various weaknesses she has been suffering from) - only then did it dawn on us that a drug she had been prescribed for 'anxiety', propranolol, lowers the blood pressure. When next she went to the GP she was, predictably, told to come off it gradually. Something she'd already started doing.

Ironically, I have my own (prior) tale of propranolol, in my case originally prescribed for the high BP, but which conflicted rather alarmingly with my thyroid medication.

GPs overworked? Yes, we tend to think that. But only 1 or 2 at my practice work full time, most only 2 or 3 days.

Bernadette Bowles

@Lily The trouble is that there are so many different medications now, and the interactions between them are not always well-known, many doctors will not know what conflicts with what unless they look it up, and in a 10-minute appointment they may not have the time.

The default for the NHS is to assume anyone suffering from symptoms that don't clear up quickly is imagining it. Took a long time and a lot of polite but firm insistence from me before they accepted that my daughter's sudden numbness and inability to walk was not a symptom of anxiety. It was MS.

Lily

That's dreadful. You must have been very upset & angry. I know they do get a lot of 'imaginary' illnesses to deal with, but you'd hope that they might be alert enough to recommend tests, at least.

Frances

A good idea (cutting prescriptions) is attracting all the wrong attention because of the incentives supplied for carrying it out. An elderly friend of mine is on medications that conflict - the pharmacist says she should not be on them both and she has suffered unpleasant side effects from their interaction. The country is spending money to make her feel worse! NHS computing systems are not up to the job - when a doctor prescribes conflicting medicines it should immediately be flagged up that they should not be used together, and a better combination suggested - or a warning for the doctor to choose which should be prescribed (all problems cannot be equally serious so better to treat the one that causes the patient most distress). There is too much emphasis on making people live as long as possible rather than on making them comfortable.

anthony graham

Which f'n idiot dreamt up this stupid idea....?

Doctors must be free within NICE guidelines to do what they think is best for patients. That's their job.

The morons who have suggested this need new jobs.

Barry

@anthony graham

I watched a documentary on this not long ago. Doctors are put under pressure by patients to prescribe and cave in. Patients then expect repeat prescriptions. Most of the time the drugs don't work. It is all complete madness.

anthony graham

@Barry Patients pressurise to prescribe; the Government pressurises and bribes not to prescribe. Is it any wonder the health service is falling apart and we have to recruit 25%+ of our GP's from outside the UK.

robin bell

I read this article with great sadness and wonder what the stance of the General Medical Council is.

Doctors have a duty of care to their patients and to prescribe safely and effectively. The elderly are a very vulnerable group and often prescribing is complex. I am worried about a financial bung for doing a job properly in addition to the very reasonable income that GPs have. It is like saying to an engineer - you will get this amount for building a bridge. If it doesn't fall down we shall give you more! More prescribing support is needed for GP's at a time when caring for the elderly is becoming more complex, as hospital doctors have in the form of a head pharmacist.

AOT

Foolish beyond permission. Ethical doctors will ignore this measure, and never mind what the others will do.

Josephine Field

An oxymoron

Anne L

How sad!

Sure many patients are on unnecessary meds. But it would be inspiring if Doctors could attend to this as a normal, essential part of their care. It belittles and cheapens Doctors to offer them profit sharing if they reduce medicines.

Raise salaries but don't tip Doctors for doing their job. Or visibly seem to influence their professions decisions.

Come on, think of pride, ethics, morals. Or does this no longer matter in our society?

Brian Vallance (Corfu)

I thought that their usual bribes were the other way, entirely - Bribed for prescribing new drugs, over and over again, and not for failing to do so!

Bernadette Bowles

There should never be any financial incentive associated with actual prescribing. Encourage regular reviews, certainly - that should be done already, and some patients do improve if their drugs can be reduced because of the interactions between them. But to offer an incentive to cut prescribing would mean that

some patients might lose drugs they really do need. The focus must be on getting the prescribing right for every individual.

M Roberts

This is presumably an effort to get GP's to review the cocktail of drugs given to elderly patients more frequently, rather than just adding to them when a new problem arises. Adverse interactions are a risk I don't think many GP's fully understand, given the large numbers of drugs some patients receive.

Another concern is the waste of medication when a prescription or dose is changed. Surely in this age of smart packaging, it would be possible for drugs in unused blister packs to be recovered and used again.

Anne 3

@M Roberts Couldn't agree more. Many 70, 80 or 90 year olds are taking 7 or more drugs a day. How many are actually needed? How many improve quality of life? I think you'll find many geriatricians would agree that the elderly are over medicated to their disadvantage.

Patient compliance in the elderly taking their meds is also an issue and families should have a role to play here. I recently went with my mother to the doctor's surgery and asked them to stop prescribing 2 medicines (which she had built up over a years supply in her drawer). Whilst I was doing this, another lady was there about the same thing for her mother.

Thomas Malthus

If you are going to give a body a state monopoly they have an obligation to serve us well.

Agrumpyoldsod

I agree in principle to GP's being guided to reduce prescription costs -- but not to their being paid any incentive and certainly not 50% of savings. This can only be seen as a self serving policy by the GP run Oxfordshire Clinical Commissioning Group (<http://www.oxfordshireccg.nhs.uk/>) - The so called Bosses in Oxfordshire.

It is and must remain a patient's right to challenge their GP's prescribing choices - AND we must make this much easier to do.
LapsedScientist

This is a terrible incentive, designed by someone who clearly knows nothing about performance management and the law of unintended consequences.

David

This is an example of the NHS prioritising the protection of itself over the protection of patients. Public services were once a noble idea designed to do things *for* us but some areas have morphed into organisations that do things *to* us in order to prevent change and preserve their own existence.

DJA

As somebody in their 80s who out of self interest has studied the matter, I suspect it is true that GPs don't know, but it is not their fault. Very few scientific explorations of the effect of any drug on 80+ people can be done (for that matter on 75+ individuals).

Virtually all the published drug trials have been done on younger age groups and it is then frequently assumed that the same treatment will be suitable for the older ones (just reduce the dose size a bit).

The problem is that if 80+ people are included in a longish trial too large a proportion of them will have died anyway for any survival rates to be significant.

My advice is, if offered a new drug when in your 80s, look at the published possible side effects and consider; are my liver, kidneys, lungs, heart, blood vessels etc. etc. still in the same working order that they were 20 years ago?

DJA

Steve H

@DJA

" ... are my liver, kidneys, lungs, heart, blood vessels etc etc. still in the same working order that they were 20 years ago? "

Quite simply, they won't be. Liver and kidneys, for example, will only be about 40-50% as efficient as they were in youth, while the tissues of all organs will have lost flexibility and the ability to rejuvenate as efficiently as in youth. The trick is to develop highly efficient organs, etc, in youth through diet, exercise, etc, so that the inevitable deterioration starts from a high base. That's why youth obsession with computer games, etc, will be such a problem for that generation when they get older.

DJA

Steve,

That was my point! It is more important for somebody who already has partly 'worn out' organs to consider the possible side effects of a 'new' drug.

LapsedScientist @DJA Quite right, although you would hope your doctor would be knowledgeable enough to make a call around renal issues etc.

We have the same problem with use of prescription drugs during pregnancy. You can't include pregnant women in clinical trials, so doctors have to use whatever collective experience/post-marketing

data exists and be extremely careful to reduce risks to mother and baby.

John wallace

Doctors have been given incentives to prescribe statins. The incentives given to doctors is in the \$100 millions in America. This has been happening in the UK also for years.

Margaret Thatcher brought this to attention of the public when she was prime minister. She pointed out the cost of branded drugs against a generic. Things did change for while.

Those in authority, buyers etc. within the NHS certainly are under a lot of temptation.

It was reported in the Express about statins being pushed by GPs see (www.express.co.uk › Life & Style › Health).

We read constantly about the quantity of drugs that are wasted. But then if they come free then it does not matter. Except nothing is free. The NHS is just too big and is out of control.

John Adsett

Some perspective required, especially on the part of headline writers

GPs should be undertaking regular medicines reviews of all patients on long term medication

I recently prompted my elderly father's gp because he hadn't had a review for years. We managed to halve the number of drugs he was taking with no obvious consequences

Times about to go red top?

Jack Townshend

@John Adsett

I completely agree. My uncle who is 83 and has suffered from mental health problems for the past 40 years, had a daily medicine tray which was simply horrific especially as some of the prescribed drugs worked against each other. I insisted he had a review every 6 months. The result has been much better for him, his family and the NHS. A headline worthy of The Star.

John Adsett

@Jack Townsend

My 96 year old father was on 4 different tablets that "could lower blood pressure" and they wondered why he had falls!

Mrs R.

There was a fee paid to pharmacies for 'Medicine Review' undertaken by the pharmacist, they are probably better placed to achieve a good overview of the need for and possible side effects of combinations of medication.

My mother was prescribed Alzheimer treatment medication which was initially prescribed by the consultant gerontologist-- with the advice to achieve required dosage over a three month period and discontinue if needed (or appeared to be ineffectual) in a similar time scale. Her admission into hospital and subsequent care home resulted in abrupt stoppage to the medication as it was too expensive. Cost over efficacy in old age is the dilemma.

ebee

Agree, totally, although I have a medicines check annually at both the pharmacy and the GP.

Bernadette Bowles

@John Adsett They are supposed to review yearly - or any pharmacist will review and tell you if you need to discuss with the GP.

And pushing doctors to do the reviews is fine. Giving them a financial incentive to reduce drugs is not - while some people may not need all they're taking, others will. It's a decision that must be made for each individual on medical, not financial grounds.

Odin

When I was in hospital a few days ago in Northumberland I saw a notice asking people not to ask for paracetamol from GP's as it can be bought from supermarkets for around 20p and, unbelievably, Northumberland wastes nearly one million pounds per annum on prescriptions for it. It begs the question as to why GP's write out prescriptions for paracetamol and from my observations of many citizens, cash seems available for tattoos, piercings, tobacco and unhealthy food judging by the size of many of them so I'm sure they must have the odd 20p in their pockets. Multiply that by all the health authorities round the country and I think many GP's have a lot to answer for and the spongers requesting it.

Steve H

@Odin

You do have a point, but there are times when a prescription for paracetamol is justified.

There are people like you and me, who might need the occasional short course of paracetamol to alleviate the pain of a pulled muscle or some such, but there are others, such, as my late father, for whom paracetamol is the most effective painkiller for their *chronic* and otherwise incurable pain. These people need daily very high doses of paracetamol for years (possibly until death) and are therefore justifiably entitled to receive paracetamol on

prescription. The cost of some prescription-only medicines (POMs) is often very cheap - check out the costs in the British National Formulary (BNF) - but they can *only* be obtained on prescription because of the *type* of medicine they are and how they might interact with other medicines.

So, yes, it's probably wrong for someone who's cut their finger and had it stitched, for example, to request a prescription for paracetamol because their pain will be short-lived (comparatively) and won't require more than a pack or two of the painkiller.

Others, however, who have a genuine need for long-term use of the drug are as entitled to receive it free as anyone else who needs another drug on a long-term basis for their condition.

Mrs R.

There is evidence that long term analgesia use (such as paracetamol) becomes ineffective. Excessive doses of paracetamol cause liver damage and exceeding the daily dose can be lethal.

Steve H

@Mrs R.

Indeed, but I wasn't advocating either. Maximum dose 4g daily = 8 x 500mg tablets/capsules. Maximum purchase over the counter = 32 tablets/capsules = 4 days' supply. Doctors won't prescribe more than this level of paracetamol, but will, if necessary, move on to paracetamol/codeine mixtures, for example. Thus, the cost of prescribing the maximum allowable 100 paracetamol tablets/capsules is minimal.

Bernadette Bowles

@Steve H @Mrs R. You can buy packets of 96 in the chemist's, and they'll let you have 2 if they know why it's needed. And the cost of administering the prescription would exceed the cost of the drug.

Bernadette Bowles

@Steve H @Odin My husband was on the maximum dosage for a couple of months following a major operation - he was put on it, with other drugs, by the hospital - but Bucks doesn't allow doctors to prescribe any over-the-counter drugs. Annoyingly, while you can buy a week's supply from the chemist's, it costs a lot more than the supermarket - though not as much as driving to one from where I live.

And there is no painkiller that works long-term; but some are more effective than paracetamol. Especially as a high dose would be fatal.

Odin 4

@Steve H @Odin I agree with your points.

Bernadette Bowles

@Odin In Bucks, no over-the-counter drugs have been prescribed for at least the last 7 years, maybe longer; I don't know why it would be different elsewhere.

Odin

@Bernadette Bowles @Odin I would be interested to know the answer.