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Better feedback on prescribing for general practitioners

New PACT reports make the best prescribing data in the world even better

For the past six years general practitioners in Britain have had probably the best feedback data about their prescribing in the world: PACT (prescription analyses and cost) reports in England, and equivalent reports in Scotland, Wales, and Northern Ireland. This month general practitioners in England will find changes in their quarterly PACT reports that make them even more useful.

The changes have been made after lengthy discussions between the Department of Health and the Prescription Pricing Authority and a number of user groups and panels representing the interests of everyone concerned, including general practitioners.

A new "standard report" replaces both the old level 1 report, which gave headline data to all practitioners, and the level 2 report, which showed where the highest costs were being incurred to doctors who requested it or to those who received it automatically when their costs were high compared with the local average. The standard reports will appear quarterly and may be obtained for individual months on request. The old level 3 report, showing all items dispensed for a quarter, is replaced by a "catalogue" that provides essentially the same data laid out better and available on request for periods of one or more months.

The standard reports carry new data: the percentage of costs accounted for by new drugs; the costs of a practice's top 20 drugs, with their percentages of the total expenditure; the costs of its top 40 drug sections (for example, antacids, bronchodilators) compared with local averages; the percentage of items prescribed and dispensed in generic form, down to leading therapeutic group level; and data on costs and items for personally administered drugs and drugs dispensed by the practice. Practices can trace their own trends in prescribing because many of the tables include a column showing changes from the same quarter of the previous year, and there are graphs that show the costs of the leading therapeutic groups over eight quarters. A new feature is a four page centre section, on blue paper, with articles about current issues and individual practice figures relating to one of the articles.

General practitioners who enjoy data should be happy with the new PACT reports; those who have learnt how to convert them into usable information will be better served than before; and those in neither of these camps may have cause to be grateful if (more probably when) their target budgets become real budgets in the next few years. The Department of Health is clearly determined that practices should have no excuse for not being aware of the nature and costs of their prescribing. A pilot study in which some practices are obtaining their data electronically is already under way.

The effects that PACT reports have had can never be

known because so many other factors have been in play over the past six years. The volume of prescribing has gone up relentlessly, though in the first two or three years of the reports the average cost per item probably went down in real terms. A report by the Leeds Prescribing Research Unit to the Department of Health of a survey in one family health services authority two years ago suggested that practices looked at level 1 reports mainly to see if they contained any surprises. Another of the unit's reports showed no evidence that the level 2 reports sent automatically to practices with high costs reduced the likelihood of their receiving automatic reports subsequently. It was, however, difficult to tell whether these practices' costs had really stayed high since high cost was defined in terms of percentage difference from changing local averages.

Many people have worked hard to produce the new PACT reports, but special praise is due to the Prescription Pricing Authority, which has managed this massive project and brought it in on time while simultaneously undergoing the traumas of being market tested. Even so, the need for further development is already clear.

Firstly, prescribing rates cannot properly be compared at the present level of standardisation. Weighting by the crude prescribing unit system (which counts people under the age of 65 as one unit, and everyone else as three units) should be replaced by the more sensitive age and sex weighted system of the ASTRO-PU,¹ and ideally this should be adjusted to reflect the level of morbidity locally. Analogous sets of weightings by age and sex will be required for each of the main therapeutic groups if practices are to be compared on how they use them. Secondly, using number of items prescribed to measure volume is discredited² and has to give way to the defined daily dosage³ or a national variant. Similarly, changes in the structure of the NHS mean that data will need to be aggregated at the level of purchasing agency rather than of family health services authority and regional health authority. Many of these developments are already being considered, and PACT reports will change again. Meanwhile, general practitioners should welcome the new PACT.

CONRAD M HARRIS
Professor of general practice

Academic Unit of General Practice,
University of Leeds School of Medicine,
Leeds LS2 9LN

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