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DEPARTMENT OF HEALTH AND SOCIAL SECURITY

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From the Minister for Health

24 October 1985

Dear Colleague,

SELECTED LIST: ORAL MUCOLYTICS

In view of the widespread interest in recent months concerning the oral mucolytic group of drugs and the Selected List of Drugs scheme, I thought I should write about the latest position.

As you know, no oral mucolytics have been available for prescription at NHS expense since the selected list scheme came into operation on 1 April. Because of the volume of correspondence from colleagues, doctors, patients and the pharmaceutical industry about these drugs, the Advisory Committee on NHS Drugs was asked to review oral mucolytics as soon as possible. The attached copy of an answer to a Parliamentary Question gives details of the Committee's membership.

After very careful consideration, the Advisory Committee has now completed this review and, at its meeting yesterday, unanimously endorsed the view of the Chief Medical Officer's original group of experts who advised the Secretary of State on the content of the selected list, that oral mucolytics are of no proven therapeutic value in the treatment of respiratory conditions (chronic bronchitis, emphysema etc) or in the treatment of 'glue ear'. The Committee therefore asked that these drugs should remain non-prescribable under the NHS for these conditions.

The Committee went on to advise that, whilst the evidence was not conclusive, they were satisfied that an oral mucolytic agent could be a useful adjunct in the management of the very small number of children with tracheostomies and for patients who have abdominal complications associated with cystic fibrosis. This means that carbocysteine (mucodyne and mucorex) should be available under the NHS for the management of children with tracheostomies. Also that acetycysteine (fabrol) should be made available for patients with abdominal complications associated with cystic fibrosis.

The Secretary of State has accepted the advice of the Committee and, in order to introduce these changes, regulations will be laid before Parliament very shortly.

Barney Hayhoe

BARNEY HAYHOE

Tuesday 9 July 1985
Written Answer
Friday 12 July 1985

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SELECTED LIST PRESCRIBING: ADVISORY COMMITTEE

98 Dr Ian Twinn (C Edmonton): To ask the Secretary of State for Social Services, what progress he has made in setting up a committee to keep the selected list of drugs under review.

MR NORMAN FOWLER

Before the selected list of NHS drugs was introduced last April, I made clear that we would want to keep the contents of the list under regular professional review. The new Advisory Committee on NHS drugs, which we are today establishing, will help us to do that. The Committee has been set up following consultation with the main professional bodies concerned and with the pharmaceutical industry. It contains many of the people who advised on the original selected list but it has been extended to include members from Scotland, Wales and Northern Ireland and from some other branches of the professions suggested to us.

Its terms of reference are

"To advise the United Kingdom Health Ministers about the composition of Schedules 3A and 3B to the National Health Service (General Medical and Pharmaceutical Services) Regulations 1974, and the corresponding schedules in the Regulations in Scotland and Northern Ireland (except those items which are in Schedule 3A because the Advisory Committee on Borderline Substances has advised that they are not considered drugs in the circumstances of general practice) in order that drugs to meet all real clinical needs at the lowest possible cost to the National Health Service are available under the National Health Service in the following categories: mild to moderate painkillers, indigestion remedies, laxatives, cough and cold remedies, vitamins, tonics and benzodiazepine sedatives and tranquillisers."

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Its membership comprises:

Chairman

Dr Edmund Harris

- Deputy Chief Medical Officer
Department of Health and Social
Security

Hospital Consultants

Mr Norman Badham

- Consultant ENT Surgeon,
Leicester Royal Infirmary

Professor Alasdair Breckenridge

- Professor of Clinical Pharmacology,
Liverpool

Dr Duncan Colin Jones

- Consultant Physician (Gastro-
enterology), Portsmouth

Professor Malcolm Hodgkinson

- Professor of Geriatric Medicine,
London

Professor Eric Stroud

- Professor of Child Health, London

Professor Malcolm Lader

- Professor of Psychopharmacology,
London

Dr James Moore

- Consultant Anaesthetist, Belfast

General Practitioners

Dr John Callander

- General Practitioner, Scotland

Dr Stuart Carne

- General Practitioner, London

Dr John Lynch

- General Practitioner, North Wales

Dr David Smith

- General Practitioner, Northallerton

Pharmacists

Dr David Ganderton

- Professor of Pharmaceutics
(designate), King's College,
London

Mr David Coleman

- Retail Pharmacist, Norwich

Dentist

Professor Roderick Cawson

- Head of Oral Medicine and
Pathology, Guy's Hospital,
London

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The Committee will have an important part to play in ensuring that the selected list is kept up to date - by considering new drugs which become available and whether those on the list still represent the best value for money - and in dealing with any concerns which arise about the operating of the list itself. The Committee will have its first meeting on 23 July and among its first priorities will be to look at products, such as mucolytics, on which representations have already been made.

I am grateful to those who have agreed to serve on the Committee for their help in this important task.