Valuing Medicines Consultation
Room D4.10
Department of Health
Castle Buildings
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BY EMAIL ONLY

14 October 2026

Dear Sir/Madam

RE: Options to restrict or stop the routine prescribing of selected medicines in primary care

A welcome consultation

1. The Patient and Client Council (PCC) welcomes this consultation and the opportunity to respond to the proposed options to restrict or stop the routine prescribing of selected medicines in primary care.

The role of the PCC

2. The Patient and Client Council (PCC) is a statutory corporate body established in 2009 to ***provide a powerful, independent voice for patients, clients, carers***

and communities on health and social care issues within Northern Ireland[1] through:

- Representing the interests of the public;
- Promoting the involvement of the public;
- Assisting people making, or intending to make, a complaint;
- Promoting the provision by HSC bodies of advice and information to the public about the design, commissioning and delivery of services; and
- Undertaking research into the best methods and practices for consulting and engaging the public[2]

3. The HSC Framework document further outlines that the **PCC has an important independent assurance role for the Minister of Health, based on our statutory functions**. The only other organisation that has such a role is the RQIA. The PCC is directly funded by the Department of Health to safeguard its independence from HSC organisations.

4. Paragraphs 6.40 to 6.42 of the HSC Framework Document (2011) further outlines **the independent challenge function the Department conferred on the PCC and the RQIA.**

5. We recognise the context within which the proposals are being made, that the Valuing Medicines Strategy highlights that some prescribing offers limited or no clinical value, which may expose patients to avoidable harm, and divert finite resources from higher value interventions. In this context we note the potential savings outlined against the options presented in the Consultation Document.

6. It is not the PCC's role to undertake direct engagement on behalf of HSC Bodies, our role is to provide advice on the best methods to engage the public and to promote the involvement of the public within the HSC. We have not undertaken any dedicated engagement on this consultation and are therefore not providing direct feedback on the specific options outlined. Based on PCC's independent

[1] Department of Health (2011) *DHSSPS Framework Document* Available at: DHSSPS Framework Document - Approved version September 2011
[2] Health and Social Care (Reform) Act (Northern Ireland) (2009)) Available at: Health and Social Care (Reform) Act (Northern Ireland) 2009

advocacy support service, we hold relevant evidence based on our engagement with the public, which may influence how the chosen proposal is moved to the implementation stage.

7. Issues focused on medication are regularly in the top five 'areas of concern' within our regional independent advocacy service. Based on the advocacy support we provide to the public, we know that for the general population, and particularly for older people and those with co-morbidities, a change in medicines can often be concerning and confusing. We support the public with multiple issues related to medication, including poor communication about medication change, removal and alteration; the refusal to discuss changes to an individual's medication or to provide a change requested based on their experience such as unwanted side effects. Cases also demonstrate issues for the public with medication being changed or removed without agreement/consultation, due to a clinical decision, or a change in official policy/guidance by regulators. These issues have occurred within GP and Mental Health settings.[3]

8. PCC therefore welcomes the following commitment in the consultation document:

> *Any implementation would be supported by a clear communication plan, appropriate clinical review, shared decision-making and a patient-centred approach to care. Patients would be offered advice on suitable alternative treatments, self-care approaches and support available through community pharmacy services. Where appropriate, deprescribing would be undertaken in a planned and clinically supervised manner to ensure that changes are made safely and with due regard to individual patient needs and circumstances.*

9. The consultation document illustrates the complexity of the contractual, legislative, policy and guidance relationship between the Department, SPPG, primary care and General Practice. We would direct the Department to the evidence PCC provided to the Public Accounts Committee in relation to the need for a systemic approach to listening to and engaging with the public within

[3] PCC (2026) *PCC Annual Report and Accounts 2025-26* pcc-annual-report-and-accounts-2025-2026.pdf

General Practice[4], the recommendations within the Public Accounts Committee's report[5] and the positive work being undertaken by NICON and professional bodies within primary care, in considering how to listen, learn and engage with the public on a more systemic basis. We consider that the implementation of this policy is a clear example of where systemic listening, engaging and learning can assist with successful implementation, review and continuous improvement, within a People as Partners framework. This includes with the public and across relevant stakeholders in primary care and with the Department.

10. People to Partners is about driving cultural change across the HSC and with the public to develop a shift from a system that does things 'to' patients and the public to one which does things 'with' the public. The basis of this cultural shift is building a partnership model between the health and social care system and the public at multiple levels, which recognises that we all, as patient, families and communities, have contributions to make to improving our collective health and shaping, delivering and overseeing the health and social care system.

11. The proposals have clear resonance and relevancy to Sensible Care and Neighbourhood initiatives and how they are seeking to develop a more systemic approach to public participation.

12. The PCC welcome an ongoing conversation with the Department on any aspect of this consultation response.

Yours faithfully

M. Monaghan

Meadhbha Monaghan
Chief Executive

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[4] Northern Ireland Assembly (2025) *Inquiry into Access to General Practice in Northern Ireland: Patient and Client Council*. Official Report (Hansard), Public Accounts Committee, 27 February. Available at: committee-35267.pdf

[5] Northern Ireland Assembly Public Accounts Committee (2025) *Report on Access to General Practice in Northern Ireland*. Belfast: Northern Ireland Assembly. Available at: Public Accounts Committee - Report on Access to General Practice in NI