

From the Chief Medical Officer  
**Professor Sir Michael McBride**



**HSS(MD) 25/2026**

**FOR ACTION**

Chief Executives, Public Health Agency/HSC  
Trusts/NIAS  
Chief Operating Officer, SPPG  
GP Medical Advisers, SPPG  
All General Practitioners and GP Locums (*for  
onward distribution to practice staff*)  
OOH Medical Managers (*for onward distribution to  
staff*)

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Your Ref:  
Our Ref: HSS(MD) 25/2026  
Date: 2 July 2026

Dear Colleague

**VALUING MEDICINES: ACTIONS TO SUPPORT THE SUSTAINABLE USE OF  
MEDICINES AND REDUCE HEALTH AND SOCIAL CARE MEDICINES  
EXPENDITURE IN NORTHERN IRELAND**

We are writing to seek your support in strengthening cost-effective prescribing across the Health and Social Care (HSC) system in Northern Ireland (NI). This is essential in the context of growing financial pressures and rising demand, and the need to ensure that medicines are used in a way that delivers maximum value and benefit for patients and the wider HSC system.

Medicine costs in NI are increasing annually and have reached an all-time high of over £870 million per year. Despite efforts across HSC to improve the efficient use of medicines in NI, our prescribing rates and costs per person remain consistently higher than in other countries within the United Kingdom. Without change, the HSC service will struggle to continue funding expensive new medicines and technologies and keep up with the demand of an increasing and aging population.

This letter highlights some key strands of work being taken forward by the Department to address concerns regarding our current medicines expenditure, as detailed in the Department's [Valuing Medicines: A Strategy for the Sustainable Use of Medicines in Northern Ireland \(NI\)](#). The strategy sets out a clear framework to drive system-wide improvements in the use of medicines, ensuring they add value to health, are cost-effective, and are used sustainably.

While this work progresses, there is also an immediate need for collective action and leadership across the HSC service - involving all those with direct or indirect

influence on prescribing decisions - to support change. Patients should also be involved in this process and be made aware of the need for change. Support for the sustainable use of medicines across the HSC service is essential to ensure that all patients in NI can continue to access the treatments they need, including self-care and non-prescription treatments where clinically appropriate.

### **Limited Evidence List and Stop List**

Last year in NI, over £7 million was spent on prescriptions for items on the '[Limited Evidence list](#)' and '[Stop list](#)', in addition to the costs associated with producing prescriptions such as GP and practice staff time. Products are added to these lists if there is insufficient evidence of effectiveness. The Department does not support the prescribing of such products by those operating under General Medical Services (GMS) contractual arrangements, as expenditure on these products may be considered a poor use of scarce resources that could be better spent on evidence-based treatments. However, 'Limited Evidence list' and 'Stop List' guidance for prescribers does not preclude clinically appropriate prescribing in specific circumstances, for example the prescribing of high fluoride toothpaste by a dentist operating within HSC arrangements.

Communications have previously been issued to service providers across Primary Care highlighting the need to review all patients prescribed these medicines. The prescribing rate for these products has reduced but our current spend remains too high. There is a clear ask of **both HSC Primary and Secondary Care** providers to support immediate change, as detailed in the recommended actions section below. The Department is also taking forward the following steps to drive further progress in this area:

- Position Statements

The Strategic Planning and Performance Group (SPPG) will be issuing 'Position Statements' which will provide the Department's expectation on the prescribing practice of some medicines across the HSC service. These Position Statements will be issued to all HSC service providers involved in the prescribing and dispensing of medicines, and they will have the support of the Department's Chief Professional Officers. HSC service providers should follow the advice and guidance contained within these statements and adjust their practice accordingly.

- Consultation on Limited Evidence and Stop List

The Department is currently drafting a consultation which will consider options to reduce the spend of medicines on the 'Limited Evidence List' and 'Stop List'. The consultation will include an option for legislative change to GMS Contract Regulations, which would restrict the prescribing of these items by prescribers operating within GMS contractual arrangements. HSC providers will be encouraged to share their views when the consultation is launched.

### **Unlicensed Medicines- 'Specials' and Imports**

When a licensed medicine is not available, clinicians may consider the use of an unlicensed medicine, known as a 'Special', to meet their patient's unmet clinical

need. Clinicians may also prescribe and authorise the use of medicines from other markets, known as unlicensed imports, to meet their patients' clinical needs. The use of unlicensed imports may also be recommended when licensed medicines are experiencing supply disruptions to meet overall population demand.

Although the number of items prescribed per year across HSC Primary Care has reduced over the past 5 years, the average cost of these medicines has increased. There is a request for everyone involved in the prescribing and dispensing of these medicines to support an immediate change, as detailed in the recommended actions section below, to address the increasing costs of these medicines. The Department is also considering the following:

- Consultation on NI Drug Tariff Arrangements for Unlicensed Medicines

NI remains the only part of the UK without a section in its Drug Tariff that lists prices for commonly used unlicensed medicines. The Department is currently drafting a consultation which will consider the current situation in NI, compare it to other regions across the UK and consider a number of options that may lead to change in the way unlicensed medicines are approved, reimbursed and remunerated in NI.

## **Recommended Actions for HSC Providers**

Given the current financial position, and wider pressures facing the health service, as highlighted above, it is essential that all parts of the HSC system work collectively to ensure that medicines resources are used as effectively, consistently and sustainably as possible. Your leadership and support in driving this agenda forward will be critical.

In this context, you are asked to:

- review and strengthen local prescribing practices to ensure alignment with evidence-based guidance and cost-effective prescribing policies, including the adoption of an evidence-based approach to polypharmacy medication reviews as recommended in [HSS\(MD\) 14/2026](#);
- reduce the prescribing of low priority medicines and items that offer limited clinical value;
- support patients to access appropriate alternatives, including self-care and non-prescription treatment where clinically appropriate;
- play an active role in reducing medicines waste and unnecessary expenditure;
- regularly review the need for an unlicensed medicine and consider prescribing a licensed alternative, where available and appropriate;
- if an unlicensed import has been prescribed to cover a medicine shortage, pharmacy teams should inform the prescriber when a licensed product becomes available; and
- pharmacies should source unlicensed medicines from authorised suppliers at a cost-effective, competitive price.

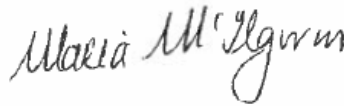
Further updates on the actions described above will be provided in due course. We would like to thank you for your continued support in strengthening cost-effective

prescribing practices and embedding a culture of valuing medicines within our population and the HSC.

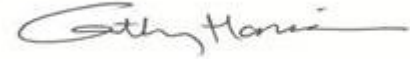
Yours sincerely



**Professor Sir Michael McBride**  
Chief Medical Officer



**Ms Maria McIlgorm**  
Chief Nursing Officer



**Professor Cathy Harrison**  
Chief Pharmaceutical Officer



**Prof Michelle Tennyson**  
Chief Allied Health  
Professions Officer



**Caroline Lappin**  
Chief Dental Officer



**Caroline Keown**  
Chief Midwifery Officer

### **Circulation List**

Director of Public Health/Medical Director, Public Health Agency (*for onward distribution to all relevant health protection staff*)

Assistant Director Public Health (Health Protection), Public Health Agency

Director of Nursing, Public Health Agency

Assistant Director of Pharmacy and Medicines Management, SPPG (*for onward distribution to SPPG Pharmacy and Medicines Management Team and community pharmacists*)

Directors of Pharmacy HSC Trusts

Director of Social Care and Children, SPPG

Family Practitioner Service Leads, SPPG (*for cascade to GP Out of Hours services*)

Medical Directors, HSC Trusts (*for onward distribution to all Consultants, Occupational Health Physicians and School Medical Leads*)

Nursing Directors, HSC Trusts (*for onward distribution to all Community Nurses, and Midwives*)

Directors of Children's Services, HSC Trusts

RQIA (*for onward transmission to all independent providers including independent hospitals*)

Regional Medicines Information Service, Belfast HSC Trust

Regional Pharmaceutical Procurement Service, Northern HSC Trust

Professor Kenda Crozier, Head of School of Nursing and Midwifery QUB

Andrea Shepherd, Head of School of Nursing, Ulster University

Heather Finlay, Head of HSC Clinical Education Centre

Stephanie Foster, Open University

Professor Paul McCarron, Head of School of Pharmacy and Pharmaceutical Sciences, Ulster University

Professor Gavin Andrews, Head of School, School of Pharmacy, QUB

