Appendix B

CONSULTATION ON PROPOSALS TO INTRODUCE INDEPENDENT PRESCRIBING BY PHYSIOTHERAPISTS

Reply Form
(electronic copy)
(to accompany consultation document)

How to respond:

Please email your completed reply form to:

ahpprescribing@dh.gsi.gov.uk

Before submitting your response please ensure that the document is saved with your name/organisation in the file title e.g. ***Ann X Ample IP Physio Reply.pdf***.
This will make it easier for us to collate responses.

Closing date for responses: 30th December 2011

Name*	Dr Caroline Jones
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Organisation (if appropriate)	Health, Ethics and Law network, University of Southampton.

* Required

Appendix B

Consultation Questions

For questions 1 – 8, please tick one box only per question. Please answer as a minimum Questions 1, 2 & 3.

Question 1. Which is your preferred option for introducing independent prescribing (IP) by physiotherapists?

For information relating to this question refer to 'Consultation on proposals to introduce independent prescribing by physiotherapists' pages 23 & 24

Option 1: IP for any condition from a full formulary	☑
Option 2: IP for specified conditions from a specified formulary	☐
Option 3: IP for any condition from a specified formulary	☐
Option 4: IP for specified conditions from a full formulary	☐
Option 5: No change	☐

Comments/Reasons

When considering the impact of this change to the Medicines Act HEAL (the Health, Ethics and Law network at the University of Southampton) takes the view that option 1 would best offer patients, primarily, the most appropriate opportunities for care.

Option 1 provides good opportunities to ensure and enhance responsiveness to patient need, widen patient choice, and enhance accessibility to medicines in terms of location as well as provider. It will also further support role flexibility and workforce redesign, ensuring better use of GP time and more collaborative inter-professional working. In addition, there is evidence to suggest that independent prescribing by nurses and pharmacists is operating safely and patients are satisfied (Latter et al, 2010; http://eprints.soton.ac.uk/184777/), lending support to the current proposals to extend non-medical prescribing to podiatrists and physiotherapists.

The options for a limited formulary have previously been shown to lack the flexibility and responsiveness required of an effective and modern health care system. Restricted formularies do not allow for access to new medicines, or the replacement of medicines no longer available with viable alternatives, without having to undertake time consuming and costly consultations which would delay delivery of evidence based care. It would require constant revision by the MHRA and CHM, and maintain unnecessary cost pressure on the Department of Health.

To restrict access based on 'condition' would be problematic, as many patients present with complex, mixed health problems which would be difficult to define within a specific area, thus restricting the care the practitioner might otherwise be able to offer. Both podiatrists and physiotherapists work in a variety of specialist areas of

Appendix B

Question 2. Do you agree physiotherapists should be able to prescribe a restricted list of Controlled Drugs (listed in appendix F) with appropriate governance subject to separate amendment of appropriate Regulations?

For information relating to this question refer to 'Consultation on proposals to introduce independent prescribing by physiotherapists' pages 25 & 35-36

Yes	☑
No	☐
Neither agree nor disagree	☐
Partly (please explain below)	☐

Comments/Reasons

The Health, Ethics and Law network would support the lists submitted in the consultation document. It reflects current areas of practice within podiatric and physiotherapy practice specialisms and in multi disciplinary working. In the case of podiatry, one of the four listed medicines is currently already available via profession specific exemption, following successful submission to, and approval by, the Commission on Human Medicines. The ability to utilise a prescribing pathway will further strengthen safe and effective practice by ensuring the formal pharmacy

Question 3. **Do you agree with making amendments to medicines legislation to allow physiotherapists who are independent prescribers to mix medicines prior to administration or direct others to mix?**

For information relating to this question refer to 'Consultation on proposals to introduce independent prescribing by physiotherapists' page 25

Yes	☑
No	☐
Neither agree nor disagree	☐
Partly (please explain below)	☐

Comments/Reasons

The Health, Ethics and Law network would support this option, on the grounds that it is likely to enable more suitable tailoring of medicinal need. For example, the mixing of cortico-steroid and local anaesthetic agents prior to administration is a useful element of both podiatry and physiotherapy practice (in the musculo-skeletal care field). Whilst these medicines may be available in a commercial pre-mix preparation (accessible to podiatrists by exemption) it limits the type of anaesthetic, preventing use where longer acting agents would be preferable. Access to a longer acting agent

Appendix B

Question 4. Do you have any additional information on any aspects NOT already considered that could prevent the proposal for independent prescribing going forward?

Yes ☐ **No** ☑

Please provide any comments/additional information that could prevent the proposal

There are no issues that the Health, Ethics and Law network have identified that would suggest the proposal for Independent Prescribing by podiatrists or physiotherapists should be prevented from proceeding.

Question 5. Do you have any additional information on any aspects NOT already considered that could support the proposal for independent prescribing going forward?

Yes ☑ **No** ☐

Please provide any comments/additional information that could support the proposal

Recent evidence of the effectiveness of NMP prescribing by allied health professionals, including podiatrists and physiotherapists acting as Supplementary Prescribers indicates tangible benefits to both patient experience and service design and provision. The recent NMP Clinical Audit on prescribing in the North West has been demonstrated significant benefit to both patients and services. The results were based on 646 episodes of care of which 486 were podiatry and 160 physiotherapy. One important result was the demonstration of a reduction in GP expenditure (as a true cash releasing product). See also the evidence base generated by Sue Latter et al. 'Evaluation of nurse and pharmacist independent prescribing', 2010, (cited above

Appendix B

Question 6. Does the consultation stage Impact Assessment document give an accurate indication of the likely costs and benefits of the proposal?

For information relating to this question refer to appendix C 'Impact Assessment – Proposals to introduce independent prescribing by physiotherapists'

Yes ☑ **No** ☐ **Partly** ☐

Please provide any comments/reasons/additional information that could help to improve the accuracy of the costs and benefits

The Impact Assessment appears to have been based on the best available evidence and constructed with data supported by, and made available by, the relevant professional bodies. It links the proposed changes to the broader health policy agenda, and reiterates the findings of the engagement exercise undertaken to capture the views of key stakeholders. The benefits are clearly identified and wide consideration is given to the possible impact (economic, social, etc). Relevant evidence, such as the evaluation of nurse and pharmacy IP, has been considered. The key pillars of patient safety, patient experience and effectiveness have been considered. Page 18 does not include the University of Southampton as a current

Question 7. Can you offer any additional information to the consultation stage Equality Analysis document on how these proposals may impact either positively or negatively on specific equality characteristics, particularly concerning; disability, ethnicity, gender, sexual orientation, age, religion or belief, and human rights?

For information relating to this question refer to appendix D 'Consultation Stage Equality Analysis – proposals to introduce independent prescribing by physiotherapists'

Yes ☑ **No** ☐

Please provide any comments/additional information that could help to improve the quality of the Equality Analysis

Independent prescribing would be likely to offer patients more equitable access to care from prescribing podiatrists or physiotherapists as the IP mechanism might enable existing mechanisms, such as the use of PGDs, to be superceded over time. PGDs currently tend to operate inconsistently over different geographical areas and across different PCTs. Independently prescribing professionals such as podiatrists or physiotherapists would also be empowered to provide services and care closer to patients' home, in line with the White Paper on Health & Social Care, saving both time and money, thus enabling a better quality of life for patients.

Appendix B

Question 8. Can you offer any additional information on how these proposals may impact either positively or negatively on any specific groups e.g. students, travellers, asylum seekers, children and young people, homeless and offenders?

For information relating to this question refer to appendix D 'Consultation Stage Equality Analysis – proposals to introduce independent prescribing by physiotherapists'

Yes ☑ **No** ☐

Please provide any comments/additional information that could help to improve the quality of the Equality Analysis

The Health, Ethics and Law network is aware that, for example, the podiatry professional body, The Society of Chiropodists & Podiatrists/College of Podiatrists, has worked to develop provision of services to the homeless population. It is acknowledged that the healthcare podiatry needs among the homeless can be very complex and challenging; improving access to this group would help to address one facet of social exclusion and extend the capacity of the allied health professions to support and provide care to those in need. This would enhance responsiveness and would also involve liaison with the designated primary medical care giver. Homeless individuals may not always have access to a GP, for example, which may in part be addressed through direct access to allied health professionals in the first instance. Whilst we have focused on the homeless population in this section, at least some (if not all) of our observations here could be made in relation to other 'transient' populations.

Appendix B

General Comments

If you have any comments relating to the Outline Curriculum Framework for Education programmes, please add them here

For further information refer to appendix G: draft 'AHP Outline Curriculum Framework for Education Programmes'

The outline curriculum framework appears to provide a robust framework for the provision of training and education for Independent Prescribers, in line with existing frameworks for other NMP prescriber groups. It provides for the necessary extension to the supplementary prescribing framework already used by physiotherapy, podiatry and radiography, with enhanced safe guards and requirements for independent prescribing included

If you have any comments relating to the Outline Curriculum Framework for Conversion Programmes, please add them here

For further information refer to appendix H: draft 'AHP Outline Curriculum Framework for Conversion Programmes'

The Health Ethics and Law network support the conversion programme as this acknowledges the need for further training and education and the additional responsibilities that come with the role of an independent prescriber. It also puts in place the necessary safe guards ensuring continuity in prescribing practice prior to approval and validation.

If you have any comments relating to the Practice Guidance, please add them here

For further information refer to appendix I: 'Final Draft: Practice Guidance – Good Practice in Prescribing and Medicines Management for Physiotherapists'

The Health Ethics and Law network acknowledges that the professional guidance documents for both podiatry and physiotherapy offer clear guidance to both NHS and private practice practitioners, and offers a relevant governance structure for prescribing. It is comparable in the structure and content to other NMP professional and regulatory body guidance documents (such as that provided by the Nursing and Midwifery Council, and the College of Optometrists) for professions currently with

Do you have any other comments you would like to make in relation to this consultation?

Appendix B

Freedom of Information

We manage the information you provide in response to this consultation in accordance with the Department of Health's **Information Charter.**

Information provided in response to this consultation, including personal information, may be published or disclosed in accordance with the access to information regimes. The relevant legislation in this context is the Freedom of Information Act 2000 (FOIA) and the Data Protection Act 1998 (DPA).

If you want the information that you provide to be treated as confidential, please be aware that, under the FOIA, there is a statutory Code of Practice with which public authorities must comply and which deals amongst other things, with obligations of confidence. In view of this, it would be helpful if you could explain to us why you regard the information you have provided as confidential. If we receive a request for disclosure of the information we will take full account of your explanation, but we cannot give an assurance that confidentiality can be maintained in all circumstances. An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded as binding on the Department.

The Department will process your personal data in accordance with the DPA and in most circumstances this will mean that your personal data will not be disclosed to third parties. However, the information you send us may need to be passed on to colleagues within the UK Health Departments and/or published in a summary of responses to this consultation.

If you consider any of the information you have provided to be confidential, please describe below and explain.

Appendix B

Information About You

The answers to the questions in this section will only be used for analytical purposes.

You do not have to complete this section if you prefer not to.

For each of the questions in this section, please tick one box only per question.

1. Are you responding…

as a patient *	☐
as a carer *	☐
as a member of the public *	☐
as a health or social care professional	☐
on behalf of an organisation **	☑

* If you are responding as a **patient**, **carer**, or a **member of the public**, please proceed directly to the next section **Further Information About You**.

** If you are responding **on behalf of an organisation**, please complete only this section (ending questions 4).

2. Please indicate below if you are a

Physiotherapist	☐
Podiatrist	☐
Other Allied Health Professional	☐
Doctor	☐
Nurse/Health Visitor	☐
Pharmacist	☐
Optometrist	☐
Midwife	☐
Other Health & Social Care Professional (please specify)	☐

Appendix B

3. Please indicate if you are a

Supplementary prescriber	☐
Independent prescriber	☐
Non prescriber	☐

4. If you are responding as a health or social care professional, or on behalf of an organisation, please indicate your primary area of work or the nature of the organisation you represent

NHS Acute	☐
NHS Community	☐
Social Care	☐
Private Health	☐
Third Sector	☐
Regulatory Body	☐
Professional Body	☐
Education	☐
Trade Union	☐
Local Authority	☐
Trade Body	☐
Independent Contractor to NHS	☐
Manufacturer	☐
Supplier	☐
Other (please give details below)	✔

HEAL UoS: Health, Ethics and Law, University of Southampton. HEAL is an interdisciplinary group of academics and clinicians who are associated with the University of Southampton. It is not a formal response from the University as an institution, but reflects t

Appendix B

Further Information About You

The information collected in this section is confidential and will only be used to analyse whether the responses we receive represent a balanced cross-section of views from across society.

You do not have to complete this section if you prefer not to.

For each of the questions in this section, please tick one box only per question.

1. In which of the following areas do you live in England

North East	☐
North West	☐
West Midlands	☐
South East	☐
London	☐
Humberside/Yorkshire	☐
East Midlands	☐
East of England	☐
South West	☐
South Central	☐

Do you live in

Scotland ☐

Wales ☐

Northern Ireland ☐

If you do not live in the United Kingdom, in which country do you live?

2. How old are you?

Under 18 ☐

18 – 24 ☐

25 – 34 ☐

35 – 54 ☐

Over 55 ☐

Prefer not to say ☐

3. What is your sex?

Male ☐

Female ☐

Prefer not to say ☐

4. Do you consider yourself as a person with a disability?

Yes ☐
No ☐
Prefer not to say ☐

5. Do you look after, or give any help or support to family members, friends, neighbours or others because of either long-term physical or mental ill-health/disability or problems related to old age?

Yes ☐
No ☐
Prefer not to say ☐

6. What is your ethnic group?

A White

British ☐
Irish ☐
Any other White background, write below

B Mixed

White and Black Caribbean ☐
White and Black African ☐
White and Asian ☐
Any other Mixed background, write below

C Asian, or Asian British

Indian ☐
Pakistani ☐
Bangladeshi ☐
Any other Asian background, write below

D Black, or Black British

Caribbean ☐
African ☐
Any other Black background, write below

E Chinese, or other ethnic group

Chinese ☐
Any other, write below

7. What is your religion or belief?

None	☐
Christian	☐
Buddhist	☐
Hindu	☐
Jewish	☐
Muslim	☐
Sikh	☐
Prefer not to say	☐
Other, write below	

8. Which of the following best describes your sexual orientation?

Only answer this question if you are aged **16** years or over.

Heterosexual / Straight	☐
Lesbian / Gay Woman	☐
Gay Man	☐
Bisexual	☐
Prefer not to say	☐
Other, write below	

Before submitting your response please ensure that the document is saved with your name/organisation in the file title e.g. **Ann X Ample IP Physio Reply.pdf**.
This will make it easier for us to collate responses.

THANK YOU FOR PARTICIPATING IN THIS CONSULTATION

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ahpprescribing@dh.gsi.gov.uk

Submit reply