Chief Professions Officers' Medicines Mechanisms (CPOMM) Programme consultation

Royal Pharmaceutical Society response

The RPS' comments on the four areas of consultation are outlined below.

1**. Enabling dental hygienists and dental therapists to supply and administer specific medicines under exemptions within medicines legislation**

In this proposal it states that dental hygienists and therapists will be able to supply the following medicines directly to the patient:

Medicines for supply: • sodium fluoride (dental paste) • nystatin oral suspension

In addition, the supply of all general sales list (GSL) and pharmacy (P) medicines licensed in the UK, within the dental hygienists and dental therapists' scope of practice.

We are aware that they already supply both sodium fluoride and nystatin oral suspension under a PGD and therefore, enabling them to supply via a less bureaucratic route would be helpful and we support this. As Nystatin is an antifungal medicine there needs to be assurances that this will be closely monitored due to the potential for increased resistance to this medicine and the difficulty in recognising differential diagnosis.

But we have concerns in terms of dental hygienists and therapists supplying any GSL or P medicine directly to a patient. The "supply" definition in the glossary could be interpreted as supplying medicines directly to patients without going through the pharmacy supply chain. Pharmacists steward the medicines supply chain effectively and efficiently. It would be useful to see any evidence that suggests there is insufficient access to P and GSL medicines via pharmacies for the public which would support dental hygienists and dental therapists being able to supply them. Pharmacists work within a robust community pharmacy network where the pharmacist's skills and knowledge of medicines can ensure they are supplied safely.

Clarity is needed to ensure what provisions will be included for other healthcare professionals to manage the supply of medicines, for example, will they be able to "dispense" prescriptions, will they hold wholesalers licenses and how will they ensure the quality of medicines they supply? In addition, following Brexit, the UK will be outside of the Falsified Medicines Directive which means there is an increased risk of fake medicines entering the supply chain and professionals new to the supply of medicines may be more at risk.

This risk is highlighted in section 5 as *There may be an increase in the use of medicines with increased associated costs to the system.* The stated mitigation is that *The list of proposed medicines for dental hygienists and dental therapists to administer or supply includes only those that would otherwise be prescribed by a dentist or already administered / supplied by dental hygienists and dental therapists using a PSD or PGD. • Being available under exemption for dental hygienists and dental therapists will not increase the prevalence of use, just the mechanism by which patients receive some medicines will change.* The risk highlighted does not consider the case for supplying GSL and P medicines.

The risks, as we see them, are twofold.

- Firstly, there could be an increased use of P/GSL medicines if dental hygienists and dental therapists can supply them and this is not covered by the mitigation suggested above which only covers the medicines usually prescribed or supplied under a PSD/PGD. We are concerned that the supply of any GSL or P medicine by a dental hygienists or therapists may increase the risk to patient safety. These medicines cover a broad range of indications, side effects and contraindications. In order to supply these safely pharmacy teams undergo extensive training any every supply of a P medicine is under the supervision of a pharmacist.
- Secondly, we are aware that in England, there is a direction of travel to ensure GSL and P medicines are not supplied at cost to the NHS, but rather at cost to the individual. A change to the mechanism by which patients receive these medicines may be contrary to this principle. If

dental hygienists and therapists are able to supply any GSL or P medicine to the patient in needs to be clarified whether it is at cost to the patient or the NHS.

2. Amending the current lists of controlled drugs that podiatrist and physiotherapist independent prescribers are legally able to prescribe

In terms of amending the current lists of controlled drugs that podiatrist and physiotherapist independent prescribers are legally able to prescribe we have some concerns that the medicines proposed for inclusion are codeine, morphine and tramadol at a time when opioid dependence poses a significant public health risk and the NHS is trying to improve the appropriate prescribing of opioids and reduce the amount of codeine and opiate based pain killers being given to patients. Other medicines to be included are gabapentin and pregabalin which also have significant misuse issues associated with them. This potentially opens up another channel for patients to access these meds, which may increase their use and also the potential for abuse (e.g., the patients who go to every GP in the practice plus Emergency Departments to maximise the amount of prescribed meds they get) or diversion.

Also, there are some differences between the two professions in terms of prescribing of controlled drugs. Podiatrists independent prescribers can only currently prescribe dihydrocodeine whereas physiotherapist independent prescribers are already able to prescribe strong opioids such as morphine, fentanyl and oxycodone. Therefore, opening up prescribing rights for tramadol and codeine may be more suited to physiotherapists and will potentially provide them with an option to prescribe a weaker opioid, such as codeine, in certain circumstances.

There would need to be sufficient training and education provided to ensure a good knowledge base around these medicines to make sure that there is a continued effort to reduce the inappropriate prescribing of these medicines. The GP must be informed and involved in the prescribing decision and ongoing care. There also needs to be robust clinical governance processes in place around the prescribing of these medicines.

3. Enabling biomedical scientists, clinical scientists and operating department practitioners to supply and administer medicines using patient group directions

We have concerns about changes to legislation to enable enabling biomedical scientists, clinical scientists and operating department practitioners to supply and administer medicines using patient group directions. If these clinicians are to supply and administer medicines under a PGD then they will need to undergo significant training in terms of patient consultations based around personalised care and shared decision making.

4. amending the list of medicines that paramedics can administer in emergency situations using exemptions within medicines legislation

We are supportive of amending the list of medicines that paramedics can administer in emergency situations using exemptions within medicines legislation. They work in a unique, time critical way and should have access to what they need to save lives in an emergency.



Claire Anderson — Chair, English Pharmacy Board

Jonathan Burton — Chair, Scottish Pharmacy Board

Suzanne Scott-Thomas — Chair, Welsh Pharmacy Board