

DHSC - Enabling pharmacist flexibilities when dispensing medicines

Consultation questions

About you

In what capacity are you responding to this survey?

- An individual sharing my personal views and experiences
- An individual sharing my professional views
- On behalf of an organisation

Question for professionals and organisations

Which of the following best describes your area of work? (Optional)

- NHS or health service delivery
- Other public sector
- Charity or voluntary sector
- Private sector
- Other, please specify – Professional Leadership body

Questions for organisations

What is the name of your organisation? (Optional) Royal Pharmaceutical Society

Where does your organisation operate or provide services? (Optional, select all that apply)

- England
- Wales
- Scotland
- Northern Ireland
- The whole of the UK



Patron:
His Majesty King Charles III
Chief Executive:
Paul Bennett FRPharmS

President:
Prof. Claire Anderson FRPharmS
England Board Chair:
Tase Oputu FRPharmS MFRPSII
Scotland Board Chair:
Jonathan Burton MBE FRPharmS
Wales Board Chair:
Dr. Geraldine McCaffrey MRPharmS

- Outside the UK

Which of the following best describes the work of your organisation? (Optional)

- An organisation representing pharmacy professionals
- An organisation representing other healthcare professionals
- An organisation representing patients, the public and carers
- A provider of goods or services to the NHS
- Other, please specify

An organisation representing pharmacists and pharmaceutical scientists

Confidentiality

As part of our assessment of consultation responses, we may name responses from significant stakeholders such as trade bodies. If you do not want to be named, you'll be given the chance to opt out in the online survey.

Questions on the proposals

We propose to enable pharmacist flexibilities, allowing pharmacists to use their professional judgement to supply an alternative strength or formulation (which may mean a different quantity) of the same medicine originally prescribed, without getting another prescription from the prescriber, but only under restricted circumstances.

To what extent do you agree or disagree with this proposal?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

To what extent do you agree or disagree that increasing pharmacist flexibilities would offer better patient-centred care?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree



- Don't know

We propose to increase pharmacist flexibilities, but only under restricted circumstances where the pharmacist considers that:

- there is an 'urgent need'
- it would be impracticable to obtain the product to meet the patient's needs without undue delay
- any alternative will enable the patient to have the same medicine at the same dose, dosage regimen and treatment cycle as prescribed

This flexibility would not apply if there was a known serious shortage of a medicine prescribed or the alternative to be supplied, subject to an easement relating to the messaging systems which are used where there are shortages which would allow those messaging systems to recommend continued use of the flexibilities during a shortage. This is to mitigate risks to patient safety, conflict of interest and the medicine supply chain.

To what extent do you agree or disagree with our proposal that increased pharmacist flexibilities should have these restrictions in place?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

We have outlined some of the considerations around patient safety, medicine supply chain and conflict of interest as part of these proposals.

If there are any other factors you think we should consider, please include them here. (Optional, maximum 250 words)

At the RPS we warmly welcome these proposals, having previously called for these changes to be enacted for a number of years, including in our recent [medicines shortages report](#).

We acknowledge there must be safeguards in place to not worsen supply chain resilience during times of medicines shortages, however we feel that these proposals appear too restrictive.

Pharmacists, as autonomous clinicians, should be enabled to exercise flexibilities as the standard approach, and then necessary restrictions should be included in a MSN or CAS, where flexibilities may inadvertently exacerbate shortages of medicines. There is an inherent risk of adding in too many barriers to this enabling legislation, in terms of adding to confusion, and frustration for both pharmacists and prescribers, with a risk that pharmacists may not fully engage with the proposals.



Whilst we support the restrictions on 'therapeutic substitution', we note that 'generic substitution' is specified as not being covered or enabled as part of this consultation. We feel this is a missed opportunity for patient care and fully utilising the skills of pharmacists. In the case of 'branded generics', where medicines shortages are known to occur and prescribers themselves will routinely amend prescriptions to a generic alternative to maintain continuity of supply for patients, community pharmacists should be enabled to exercise flexibilities, after a consultation with a patient.

Pharmacists are experts in medicines; this practice routinely happens in a secondary care settings and community pharmacists as autonomous professionals should similarly not be restricted.

Do not provide personal data in your response. Any personal data included will be removed prior to analysis and will therefore not be considered in the consultation outcome.

We propose that pharmacist flexibilities would not apply for controlled drugs in schedules 2 to 4.

To what extent do you agree or disagree with this proposal?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

What impact, if any, would introducing pharmacist flexibilities have on patient health? (Optional, maximum 250 words)

Whilst we recognise the additional safeguards that naturally need to be in place around controlled drugs, particularly those classified as schedule 2 and schedule 3, consideration needs to be given to easing the restrictions on those medicines classified as schedule 4.

The legislation should be enabling and support using the skills, judgement and professional autonomy of pharmacists to support patient centred care. The delay of patients receiving medicines classified as schedule 4, due to a lack of enabled flexibilities, in certain circumstances could have a profound effect on a patients care and wellbeing. We have responded to several 'prevention of future deaths reports' at the RPS in recently where medicines shortages and access to medicines have been highlighted as a contributory factor. Whilst none of these to date have featured schedule 4 controlled drugs, delays to supplies of some medicines in this category could have profound effects on patients.



It is of note, for example, that whilst repeat dispensing arrangements prohibit the prescribing of schedule 2 and schedule 3 controlled drug prescriptions on repeat dispensing prescriptions, schedule 4 controlled drugs are allowed, reflecting their less restrictive classification.

To also consider is the time critical nature of medicines, for example those patients who may be receiving palliative care, where delays to access to medicines has profound impact on the patient and their loved ones.

In terms of the broader impact on patient health, these flexibilities have the potential to improve timely access to medicines for patients, reducing the need for patients to return to a prescriber for minor amendments to prescriptions before a supply can be made.

We would value advice on both the likelihood and size of any health impacts. Do not provide personal data in your response. Any personal data included will be removed prior to analysis and will therefore not be considered in the consultation outcome.

Data gathering

Questions for professionals and organisations

To what extent do you agree or disagree with our assessment that the impact of the proposal around pharmacist flexibilities on NHS medicine costs will either be cost-neutral or marginal?

- **Strongly agree**
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

If you have any case studies, descriptions, analysis and quantification that could be helpful for discussion and/or inclusion in any overall assessment, please include them here. (Optional, maximum 500 words)

There is no evidence to suggest these proposals will lead to a significant increase in costs associated with the prescribing and supply of medicines. These flexibilities are currently enabled in community pharmacies in Scotland, and no comparative increase in prescribing costs has been reported.

To consider, is the associated unseen costs associated with medicines shortages. For healthcare professionals and pharmacy teams in particular, the burden of dealing with medicines shortages is being felt across all settings.

The RPS [Workforce and Wellbeing Survey 2024](#), illustrates that 56% of respondents said their mental health and wellbeing had been impacted by shortages. Further surveys have shown the



increased time community pharmacists, and their teams, are spending dealing with medicines shortages, time that could have been potentially spent with patients on clinical activities.

This aligns with pressures illustrated in our [medicines shortages report](#) across all settings, with a specific illustration of the impact of medicines shortages in community pharmacy (figure 1).

Our [report](#) and research highlights the burden and hidden costs on patients, with patients travelling to multiple pharmacies trying to source medicines, at a time and financial cost to themselves. Patients who may not have readily available access to transport could be even more disadvantaged, potentially exacerbating health inequalities.

Measures which effectively utilise the clinical skills of community pharmacists, coupled with the potential to reduce pressure on community pharmacy teams, other parts of the healthcare system and provide patients with timely access to medicines will naturally provide savings, albeit sometimes unseen.

The current common route to deal with some of these scenarios is for patients to return to the prescriber, to have a prescription amended for a different strength or formulation of a medicine that is in stock. These changes will save unnecessary steps for both practitioners and prescribers, hence there is the time and efficiency savings that will benefit both healthcare providers and patients alike.

Do not provide personal data in your response. Any personal data included will be removed prior to analysis and will therefore not be considered in the consultation outcome.

Where a pharmacist has utilised flexibility to supply an alternative medicine, to what extent do you agree or disagree that the pharmacy should notify the prescriber?

- Strongly agree
- Agree
- Neither agree nor disagree
- **Disagree**
- Strongly disagree
- Don't know

Do you expect pharmacists would need specific training if pharmacist flexibilities were enabled?

- Yes
- **No**
- Don't know

If you answered 'yes', please provide details about the training that would be required. (Optional, maximum 250 words)



Do not provide personal data in your response. Any personal data included will be removed prior to analysis and will therefore not be considered in the consultation outcome.

We propose that if pharmacist flexibilities were enabled, they would not be supervised by pharmacy technicians.

To what extent do you agree or disagree with this?

- Strongly agree
- **Agree**
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

Statutory duties

Do you agree or disagree with DHSC and the Department of Health in Northern Ireland, who do not consider that these policy proposals will create inequalities or adversely impact individuals with protected characteristics?

The protected characteristics under the Equality Act 2010 are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

- **Agree**
- Neither agree nor disagree
- Disagree
- Don't know

If you selected 'disagree', please provide further information. (Optional, maximum 250 words)

Do not provide personal data in your response. Any personal data included will be removed prior to analysis and will therefore not be considered in the consultation outcome.

The Department of Health in Northern Ireland does not consider that these policy proposals will impact people differently with regard to where they live geographically in Northern Ireland.

Do you agree or disagree with this assessment?

- **Agree**
- Neither agree nor disagree
- Disagree



- Don't know

If you selected 'disagree', please provide further information. (Optional, maximum 250 words)

