SUPPLY AND POTENTIAL FUTURE PRESCRIBING OF MEDICINES BY ALLIED HEALTH PROFESSIONALS (AHPs)

Patient Specific Directions

All Allied Health Professionals (AHPs) and optometrists can supply or administer a medicine to a patient under a patient-specific direction (see definition below).

A patient-specific direction is a written instruction from a doctor or dentist for a medicine or appliance to be supplied or administered to a named patient. In primary care, this might be a simple instruction in the patient's notes. Examples in secondary care include instructions on a patient's ward drug chart. Where a patient-specific direction exists, there is no need for a Patient Group Direction.

Patient Group Directions

Many registered AHPs and optometrists can also supply or administer a medicine or appliance under a Patient Group Direction (see definition below):

Definition
A Patient Group Direction (PGD) is a written instruction for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. It is not a form of prescribing and there is no specific training that health professionals must undertake before they are able to work under a PGD. However, certain requirements apply to the use of PGDs and these are outlined below.

Guidance on the use of PGDs was issued to the NHS in Health Service Circular 2000/026 (see Annex). The National Prescribing Centre plans to publish a guide before the end of 2003.

Patient Group Directions can **currently** be used for the supply or administration of medicines by:

- chiropodists
- orthoptists
- physiotherapists
- radiographers
- ambulance paramedics.
- optometrists

as well as

- nurses
- midwives
- health visitors
- pharmacists

Four more registered Allied Health Professions are proposed to be added in 2004 (see below).

These health professionals may only do so as named individuals.

The Department of Health has made it clear that the majority of clinical care should still be provided on an individual, patient-specific basis. PGDs should be reserved for those limited situations where there is an advantage for patient care, without compromising patient safety.

PGDs should be drawn up by a multidisciplinary group and must be signed by a senior doctor and senior pharmacist, both of whom should have been involved in the group.

The multidisciplinary group should include a representative of any professional group expected to supply or administer medicines under the PGD. A senior person in each professional group should be designated, with the responsibility of ensuring that only fully competent, qualified and trained professionals operate within PGDs. In addition the PGD must be authorised by the NHS Trust or PCT.

Some examples of PGDs are available at www.druginfozone.nhs.uk and www.groupprotocols.org.uk

Other Arrangements for Supply and Administration of Medicines by AHPs (Exemptions)

Under medicines legislation, the general rule is that Prescription Only Medicines may only be sold or supplied through pharmacies against a doctor's prescription. There are exemptions from this restriction in defined circumstances and in relation to specific medicines for optometrists, as well as for midwives and occupational health nurses.

The law also allows chiropodists and ambulance paramedics to administer specified parenteral medicines on their own initiative without the directions of a doctor. This also applies to midwives and occupational health nurses. These exemptions are set out in Schedule 5 of the Prescription Only Medicine (Human Use) Order 1997 No 1830 and can be seen at www.hmso.gov.uk

The Future

Patient Group Directions (PGDs)

The Medicines and Healthcare products Regulatory Agency (MHRA) undertook public consultation between July and September 2003 on proposals to add dieticians, occupational therapists, speech and language therapists, and prosthetists and orthotists to the list of professions authorised to supply and administer medicines under PGDs. The Committee on Safety of Medicines will consider the comments received during the consultation in December. The CSM will then make recommendations to Ministers. Subject to the decision of Ministers and the agreement of Parliament, the MHRA hopes to make the necessary changes to regulations by April 2004.

Supplementary Prescribing

Definition
Supplementary Prescribing is defined as a voluntary partnership between an independent prescriber (a doctor or dentist) and a supplementary prescriber, to implement an agreed patient-specific Clinical Management Plan with the patient's agreement.

For some of AHP groups, who work closely with doctors in a team setting, supplementary prescribing might be a sensible solution to improve NHS services to patients. DH is considering with AHPs which health professions would be candidates for supplementary prescribing and in what circumstances.

Public consultation for a 12-week period will then follow. Following consultation, the CSM will consider responses and make recommendations to Ministers.

Nurse Supplementary Prescribing and Pharmacist Supplementary Prescribing

Amendments to the Prescription Only Medicines Order and NHS Regulations to permit supplementary prescribing by nurses and pharmacists came into effect on 4 April 2003. There are no legal restrictions on the medical conditions that may be treated under supplementary prescribing. It is a mechanism that will normally be most useful for the management of chronic medical conditions & health needs.

There is no specific formulary or list of medicines for supplementary prescribing. Provided medicines are prescribable by a doctor (or dentist) at NHS expense, and that they are referred to in the patient's Clinical Management Plan, supplementary prescribers will be able to prescribe:

- All General Sales List (GSL) medicines and all Pharmacy (P) medicines
- Appliances and devices prescribable by GPs
- Foods and other borderline substances approved by the Advisory Committee on Borderline Substances
- All Prescription Only Medicines, with the current exception of Controlled Drugs. The Home Office consulted on proposals to allow the inclusion of Controlled Drugs in a Clinical Management Plan between July and September 2003. Changes to regulations under the Home Office's Misuse of Drugs Act are likely to follow.
- Medicines for use outside their licensed indications (i.e. 'off label' prescribing), 'black triangle' drugs, and drugs marked 'less suitable for prescribing' in the British National Formulary.
- Unlicensed drugs that are part of a clinical trial that has a clinical trial certificate or exemption

Supplementary prescribing training for nurses began in January 2003. The first nurses qualified as supplementary prescribers in April 2003.

Supplementary prescribing training for pharmacists began in September 2003, and the first pharmacists are expected to qualify as supplementary prescribers by early 2004 .

More detailed information on supplementary prescribing can be found on the Department's website: www.doh.gov.uk/supplementaryprescribing

Independent Prescribing

Definition
Independent Prescribing means that the prescriber takes responsibility for the clinical assessment of the patient, establishing a diagnosis and the clinical management required, as well as prescribing where necessary and the appropriateness of any prescription. Currently, only doctors, dentists and some nurses are independent prescribers.

Further information on independent prescribing by nurses can be found on www.doh.gov.uk/nurseprescribing.

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