



31ST May 2011

Prescribing Consultation
Standards and Ethics Team
General Medical Council
Regents Place, 350 Euston Road
London NW1 3JN

Good practice in prescribing and managing medicines and devices

Response from the Guild of Healthcare Pharmacists

Thank you for the opportunity to respond to this consultation. The Guild of Healthcare Pharmacists represents UK wide around 4,000 pharmacists including the majority of hospital pharmacists, pharmacists employed by NHS Primary Care organisations and pharmacists employed by other public bodies such as Prisons and the Care Quality Commission. The Guild is part of the health sector of the union Unite. Our response to each consultation question is as follows:

About this guidance: questions

Q1. Do you think it would be helpful to define 'prescribing' in the guidance?

NOT SURE

Comments:

In a rapidly changing healthcare market, a detailed definition of prescribing is likely to change, so a detailed definition may not be appropriate. However, it is important that doctors understand that prescribing is an Action, Advice or Intervention, and that it could be it written, electronic or verbal. Therefore we accept the point that prescribing extends beyond medicines and, in specific relation to medicines, practitioners may benefit from clarity that the appropriate care and diligence equally extends to all medicine processes including repeat and discharge prescribing for example. All 'prescribing' in whatever format should be documented and this information transferred as appropriate between healthcare professionals inputting to the patient's care.

Q2. Do you have any other comments on the about this guidance section?

NO

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Keeping up to date and prescribing safely: questions

Q3. Do you think it is reasonable, at paragraph 11, to expect those to whom doctors delegate responsibility for dispensing medicines to be registered with or trained to the standard that would be required by the General Pharmaceutical Council?

YES

Comments:

The public would expect that each service provide by every healthcare practitioner or staff under their supervision should be delivered to the minimum standards as defined by the relevant regulator. This would include the education, training and accreditation of staff.

Q4. Do you have any other comments on the Keeping up to date and prescribing safely section?

NO

Need and objectivity: questions

Q5. Do you agree with the advice at paragraph 12 on prescribing to meet patients' identified needs?

YES

Comments:

All healthcare professionals have a public protection role and duty to act in the interests of the patient and the wider society. This gatekeeper role in relation to the prescription of medicines and related advice is needed to ensure appropriate safe and effective prescribing.

Q6. Do you think the guidance at paragraphs 13 to 16 on doctors prescribing for themselves and those close to them is appropriate?

YES

Comments:

For the reasons outlined, it is inappropriate for an individual to prescribe treatment for themselves or those close to them. If there is a requirement to treat oneself or close relative or acquaintance this should be in exceptional circumstances based on clinical need rather than personal convenience. If a decision is taken to prescribe for someone close to them, care should be transferred to another competent professional with appropriate communication and record of the treatment provided as soon as possible.

Q7. Do you have any other comments on the Need and objectivity section?

NO

Consent to prescribe: questions

Q8. Do you think pharmacists and other healthcare professionals are well placed to provide patients with the information, advice and services suggested in paragraph 22?

YES

Comments:

Delivery of healthcare is increasingly a multi-professional process and understanding and utilising the specific skills of each team member is effective and efficient. However to be successful it needs clear communication between team members. We would support referral to the pharmacist by an appropriate referral and communication method that ensures safe care for the patient.

Q9. Do you have any other comments on the Consent to prescribe section?

YES

Comments:

We support the risk based approach outlined in paragraph 23 and see this can be extended to emphasise utilising existing guidance to focus particularly on high risk medicines as outlined by the NPSA in a series of alerts or for unlicensed or off-label utilisation of medication where the Patient Information Leaflet (PIL) may be at variance with the indication for prescribing.

Sharing information with colleagues: questions

Q10. Does the guidance at paragraph 24 accurately describe the information that should be provided with referrals?

NO

If not, what information should be provided with referrals to help ensure safe prescribing by specialists?

Comments:

We would support a more detailed referral to include the indication for the treatment being prescribed or discontinued; an additional response in relation to allergies - ideally the type and severity of reaction - and any monitoring recently undertaken, on-going, planned or proposed. There may also be a need for information on duration. Other information such as requirements for adherence support, for example prompts, compliance aids or packaging, may be suitable. It may also be appropriate for certain medicines to always specify the brand where there are specific bioavailability or formulation issues. Any details of specific information given to the patient or known barriers to appropriate concordance could also be communicated.

Q11. Do you have any other comments on the Sharing information with colleagues section?

YES

Comments:

Para 26: Any changes to medication should be assessed and errors reported to the person/organisation who made the changes.

Prescribing at the recommendation of a professional colleague: questions

Q12. Do you have any comments on the Prescribing at the recommendation of a professional colleague section?

NO

Shared care prescribing: questions

Q13. Do you have any comments on the Shared care prescribing section?

YES

Comments:

This is a much clearer explanation of the guidance in EL(91)127 identifying the problems and ensuring it is a shared responsibility to ensure patient care is maintained. It is to be welcomed.

Raising concerns and reporting adverse incidents: questions

Q14. In addition to those mentioned in paragraph 38, are there other organisations to which reports of medicines-related adverse incidents or near misses should be sent?

NO

Q15. Do you have any other comments on the Raising concerns and reporting adverse incidents section?

YES

Comments:

It may be appropriate to mention linking in with local clinical incident schemes in hospital trusts, Health Boards or similar organisations for example, as this may be a more effective way of analysing errors trends that are reported by local error recording systems. These schemes are based on improving the environment surrounding prescribing and developing effective error traps including effective training. They are often the most effective conduit into schemes like NRLS.

Repeat prescribing and prescribing with repeats: questions

Q16. Do you have any comments on the Repeat prescribing and prescribing with repeats section?

YES

Comments:

We support the emphasis on responsibility for safety, similarity of clinical responsibility to new prescriptions and the principles outlined to deliver a safe and effective repeat prescribing process.

Reviewing medicines: questions

Q17. Do you have any comments on the Reviewing medicines section?

YES

Comments:

A statement is needed to highlight the risk of HIGH RISK drugs e.g. warfarin, methotrexate, etc and the need to ensure more effective monitoring, increased diligence and potentially additional safeguards. The review should also include the ability of the patient to still be able to take the medication.

Remote prescribing via telephone, video-link or online: questions

Q18. Do you think the draft guidance on remote prescribing represents a reasonable balance between patients' autonomy and safety?

YES

Remote prescribing via telephone, video-link or online: questions continued

Q19. Do you think we should give advice on the remote prescription of Botox® and similar treatments?

YES

If yes, please say why and what advice we should give.

Comments:

Although we accept this is good practice guidance on prescribing we agreed with your statement that that guidance on a specific clinical issue is unusual and suggest you may wish to consider separate guidance and therefore we support its exclusion from this broad higher-level document.

Q20. Do you have any other comments on the Remote prescribing via telephone, video-link or online section?

NO

Prescribing off-label and unlicensed medicines

Q21. Do you agree with the draft guidance at paragraph 58 that doctors can prescribe off-label or unlicensed medicines if satisfied, on the basis of authoritative clinical guidance, that it is as safe and effective as an appropriately licensed alternative'?

YES

If not, please say why not and what guidance we should give.

Comments:

It may be useful to refer prescribers to their employer's policy on unlicensed medicines for specific guidance.

Prescribing off-label and unlicensed medicines: questions continued

Q22. Do you agree with the guidance at paragraph 60 that it may not be necessary to draw patients' attention to the licensing status of medicines routinely used off-label and for which there is authoritative clinical guidance?

YES

Comments:

This is important, as the PIL is likely to cause patient concern and potential non-adherence if the rationale, justification and use of the medicine in an off-label situation are not explained and patient agreement sought.

Q23. Do you have any other comments on the Prescribing off-label and unlicensed medicines section?

NO

Conflicts of interest: questions

Q24. Do you think we have identified the main conflicts of interest relevant to doctors' prescribing?

YES

Q25. Do you have any other comments on the Conflicts of interest section?

NO

Comments:

We do not have any comments to make on this question

Sports medicine: questions

Q26. Do you have any comments on the Sports medicine section?

NO

Comments:

We do not have any comments to make on this question

General questions about the guidance

Q27. Do you think the draft guidance contains the right level of detail?

Too detailed About right Not detailed enough

ABOUT RIGHT

Q28. Do you think the guidance is clear?

Very clear Clear Neutral Unclear Very unclear

CLEAR

Comments:

The document is clear, concise and largely conveys the main points.

Q29. Do you think the guidance accurately reflects the law that applies where you live or work (in the UK)?

YES

Q30. Can you point to any other guidance documents, information or resources that it would be useful for us to refer to in the published guidance?

YES

Comments:

You will be aware of the work being undertaken in England on the safe transfer of medication by the medical and nursing royal colleges in conjunction with pharmacy representative bodies including ourselves. This work is led by the Royal Pharmaceutical Society and involves patient representative groups. We have, where appropriate, used some of this work in commenting on the guidelines.

Q31. Can you point to any important inconsistencies between the draft guidance and guidance published by other relevant organisations? These might include, for example, the health departments, the Medicines and Healthcare products Regulatory Agency or the National Prescribing Centre.

NO

Q32. Can you identify any changes to practice that would be needed in order to meet the standards set out in the guidance?

NO

Q33. Do you think that applying the standards in this guidance will have an adverse impact on particular groups of people? For example, will there be an adverse impact on particular groups of patients in any of the equality strands (age, disability gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation)?

NO

Questions about the consultation documents and process

Q34. Do you have any comments on the consultation documents?

NO

Q35. Do you have any comments on the consultation process?

NO

We hope these comments are of assistance. Our reply may be made freely available.

Yours faithfully

Barry Corbett
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Guild of Healthcare Pharmacists

Wasim Baqir
Regional Member – North East
Guild of Healthcare Pharmacists