



**Medicines and Medical Devices Bill:
new clause about prescribing rights tabled by
Lady Thornton, Lord Hunt of King’s Heath, Lord Ramsbotham & Lord Bradley**

**Briefing from:
the British Dietetic Association, the Royal College of Occupational Therapists,
the British and Irish Orthoptic Society, the Society of Radiographers
and the Royal College of Speech and Language Therapists**

October 2020

Introduction

1. We welcome and very warmly support this amendment and are grateful to peers for raising the issue of prescribing responsibilities during the Second Reading of the Bill.
2. We welcome the Minister saying during Second Reading that ‘NHS England and NHS Improvement are considering across all non-medical groups, influenced by learning from the Covid-19 pandemic, where there is a need to consider undertaking formal consultation on potential amendments to prescribing responsibilities for several professional groups.’ We are in discussions with officials on this and look forward to continuing to work with them.
3. Similar previous scoping exercises (in 2009 and 2016) recommended that some form of prescribing responsibilities be extended to us.
4. The time to begin that process is now – we recognise, accept and welcome that a rigorous process will be needed for that extension to happen. By definition, this will be lengthy. That is why it is important to start it as soon as possible.
5. We are confident in our case. It has been strengthened since 2016 and especially since the start of the COVID-19 pandemic.

Why is the case stronger now than it was in 2016?

The case for extending prescribing responsibilities to us where it is safe and appropriate to do so has strengthened since 2016.

- **Our roles have developed** since then in areas where prescribing responsibilities would help deliver safer, better and more timely patient care.
 - Dietitians have expanded their roles in diabetes treatment, gastroenterology, bariatrics, metabolic conditions and oncology.

- Orthoptists have seen their roles expand in areas of stroke and neuro rehabilitation, neuro ophthalmology and, in particular children, with SEN and paediatric ophthalmology.
- Diagnostic radiographers are increasingly performing routine interventional procedures under imaging control e.g. joint injections or biopsies. Service change is delayed by the time consuming need to develop a Patient Group Direction (PGD) for any medicines used.
- Speech and language therapists' roles have developed in respiratory care, ear, nose and throat services, critical care and end of life care.
- Occupational therapists have increased in advanced practitioner roles and are demonstrating impact across all areas of the NHS. A particular area of future growth has been in primary care. Pilot data has shown an increased role of for occupational therapists that could be enhanced by greater prescribing responsibilities.
- The **volume of patients** we support has **increased** since 2016.
 - For dietitians, growing numbers of patients with type 2 diabetes, IBS and severe obesity require their support.
 - For orthoptists, ophthalmology is now the busiest outpatient speciality, with recognised capacity issues. This is predicted to increase by a further 40% over the next twenty years, including areas such as glaucoma and medical retina.
 - For diagnostic radiographers, the demand for CT and MR scans is increasing. NHSE predict that 100% more scans will be performed in 5 years' time to diagnose cancer at an earlier stage. Patients need contrast agents administering for the vast majority of scans.
 - Speech and language therapists have seen an increase in patients with head and neck cancer, including those with HPV.
 - Occupational therapists continue to expand in settings across the NHS, and have noted an increase in complexity and comorbidities in the people that they treating.
- There are ever **increasing pressures on all health professionals**. If we had prescribing responsibilities, we could help share the burden, saving time and avoiding duplication of effort. This would help deliver a 'one-stop shop' approach, reducing the need for multiple appointments with different healthcare professionals.
- There has been a **growth in allied health professionals operating at advanced levels** of practice since 2016. Prescribing responsibilities would help widen the scope of our practice. This would support the workforce transformation ambitions in the NHS Long Term Plan and the NHS People Plan.

At the same time as these positive developments, our members are reporting that their current ability to administer medicines and support patients through Patient Group Directions (PGDs) and/or Patient Specific Directions (PSDs) is becoming increasingly difficult. PGDs and PSDs are either taking longer to secure or becoming more restrictive to the detriment of patient care and safety.

In addition, we know of NHS Trusts that want us to have prescribing responsibilities because they have identified a service need for them. But we are legally barred from undertaking the training.

What has been the impact of COVID-19?

The case for us to have prescribing responsibilities has also been strengthened as a result of the COVID-19 pandemic.

- Our **members have worked in new ways**. This is likely to continue both throughout the pandemic and beyond. We have readily adapted to the changing healthcare

landscape and the inclusion of prescribing responsibilities will allow us to continue to contribute to the workforce transformation agenda.

- We also have a key role in **supporting priority non-COVID-19 patients**, for example those with cancer. If we had prescribing responsibilities, we would be able to support these patients in a more appropriate, timely and safer way reducing the risk of their treatment being even further delayed while their medications are signed-off by other professionals.
- In addition, prescribing responsibilities could help us better to **support vulnerable groups of patients** who need to minimise contact with healthcare professionals.

Why will this benefit the NHS and our members?

In addition to the benefits to patients, detailed in the attached Second Reading briefing, there would also be benefits to the NHS overall and to us as practising healthcare professionals.

- The extension of prescribing responsibilities would **increase capacity within the NHS**, enable us to play a greater role in multi-disciplinary teams and maximise our contribution to system transformation and service redesign.
- It would also support the **ambitions of the NHS Long Term Plan & NHS People Plan** in relation to the future of the NHS workforce. Prescribing responsibilities would support our professional development, enabling us to use more fully our unique clinical experience and expertise, allowing us to operate as true advanced clinical practitioners - for the benefit of our patients, our colleagues, the services we work in and the overall health and social care system.
- **Without prescribing responsibilities that may not be possible.** Members tell us that when applying to be Advanced Clinical Practitioners they are asked if they are able to prescribe medications as non-medical prescribers. If that becomes a requirement of Advanced Clinical Practitioner training, we would be legally barred from pursuing those roles and therefore, in effect, legally barred from supporting our patients in as safe and timely a way as we could.

Medicines and Medical Devices Bill
Second Reading briefing from:
the British Dietetic Association, the Royal College of Occupational Therapists,
the British and Irish Orthoptic Society, the Society of Radiographers
and the Royal College of Speech and Language Therapists
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Executive summary

- As healthcare professionals regulated by the Health and Care Professions Council, we welcome the Bill, in particular the power it proposes to give to the Government to extend prescribing responsibilities to new professional groups where it is safe and appropriate to do so.^{1, 2}
- While the Bill does not specify to which professional groups the Government plans to extend prescribing rights, we are collectively calling on the Government to use the opportunity of the Bill to extend:
 - supplementary prescribing rights training for occupational therapists; and
 - independent prescribing rights training for dietitians, occupational therapists, orthoptists, diagnostic radiographers and speech and language therapists.
- If this is not possible under the terms of the Bill, we are calling on the Government to give an indication of when it proposes to extend these prescribing rights to us.
- This would help to deliver better support and more timely care for patients, improved patient safety, reduced pressure on other professionals, increased system efficiency and maximise our ability to respond to the COVID-19 pandemic now and in the predicted post-pandemic surge on our services.
- This extension would also build on the ground work already undertaken by NHS England's scoping exercise over the last few years on extending prescribing rights to our members and other professionals.
- Dietitians, occupational therapists, orthoptists, diagnostic radiographers and speech and language therapists are allied health professionals. They support people of all ages and stages of their life, improving their diagnosis, treatment and care and supporting them to have a better quality of life to achieve the outcomes they want. They work in a range of settings, including acute and community health services.
- All of these professions currently hold some level of legal entitlement for supply and administration of medicines to patients.
- Occupational therapists, orthoptists and speech and language therapists are legally barred from training to be either supplementary or independent prescribers. Diagnostic radiographers and dietitians are legally barred from training as independent prescribers.

1 Speech and Language Therapy: Prescriptions: Written question – 18438, 21 February 2020, <https://bit.ly/3fQtpYP>

2 Jo Churchill MP, Public Bill Committee, 8 June 2020: <https://bit.ly/3dwlQoB>

Key questions for the Government

- To which professional groups is the Government proposing to extend prescribing responsibilities where it is safe and appropriate to do so?
- Will the Government use the opportunity of the Bill to extend:
 - supplementary prescribing responsibilities training for occupational therapists; and
 - independent prescribing responsibilities training for dietitians, occupational therapists, orthoptists, diagnostic radiographers and speech and language therapists.
- If this is not possible under the terms of the Bill, when will the Government extend prescribing responsibilities to these professional groups?

What are the benefits of extending prescribing responsibilities?

Extending prescribing responsibilities to additional healthcare professionals would help deliver:

- better support and more timely care for the patients they work with, including enabling them to have more equitable access to treatment;
- improved patient safety as we, as allied health professionals (AHPs), with appropriate expertise would be able to make decisions, rather than relying on junior clinicians signing off Clinical Management Plans (CMP);
- decrease the number of Patient Group Directions needed, reducing time spent in developing, using and training for them;
- bring prescribing expertise closer to the patient;
- reduced pressure on other stretched professionals, including GPs; and
- improved system efficiency, including through reducing the duplication of work amongst health professionals, potentially resulting in significant time and resource savings.

Extending prescribing responsibilities to these professions will make a significant positive difference to those professionals' and the wider health system's ability to respond as swiftly and efficiently as possible to the predicted post-COVID-19 surge in demand on health services, including the rehabilitation and recovery of COVID-19 patients.

In addition, it would help support the many people in community settings with continuing, or newly diagnosed, conditions, not related to COVID-19. Many of these people may have lacked the support they need for weeks or months so there will be further significant demand on health services as they attempt to catch-up both in terms of diagnosis and treatment.

Why is this extension in prescribing responsibilities needed?

Our members report to us that not having relevant prescribing responsibilities currently results in less timely and poorer patient care, increased pressure on other professionals, including GPs, and inefficiencies in the use of time and precious resources, including financial ones.

Therefore, in addition to the positive benefits highlighted in the previous section, extending prescribing responsibilities to dietitians, occupational therapists, orthoptists, diagnostic radiographers and speech and language therapists would help address some of the negative issues currently faced by them, their patients and the wider system.

Examples reported to us include:

- **Dietitians**

Lacking independent prescribing rights, dietitians and clinicians are spending time developing Clinical Management Plans (CMP). Developing, continuously reviewing and ensuring CMPs are signed by both parties is a significant administrative time burden and costly as other clinicians' unit costs are significantly higher than those of dietitians. It also delays patients' access to treatment when clinicians are not available to sign these off.

- **Occupational therapists**

Without supplementary and independent prescribing rights, occupational therapists currently have to pass their patients to other clinicians for the prescribing of medicines. Occupational therapists can then supply and administer that medicine. This duplicates work and is more time consuming and delays patients' access to treatment.

- **Orthoptists**

Ophthalmology is the largest speciality in terms of outpatient attendances, resulting in recognised capacity issues. Orthoptists are ideally placed to address this, as they already have the skills and knowledge to work within extended practice in this area. However, they are limited by not having independent prescribing rights, prolonging the patient journey and adding pressure to the ophthalmologists and GPs required to prescribe the necessary medicines.

- **Diagnostic radiographers**

Consultant diagnostic radiographers and advanced practitioner radiographers deliver an increasing number of independent interventions to patients. They rely heavily on Patient Group Directions (PGD) as they cannot currently independently prescribe medicines. Best practice supports medicines being prescribed as the safest way for patients to receive medicines. If no prescriber is available, where patients fall outside of a PGD, the patient may be rebooked or face significant delay. This increases the administrative burden and delays diagnosis or treatment for the patient.

- **Speech and language therapists**

Without independent prescribing rights, speech and language therapists have to 'hand-off' a prescription to a different prescriber, for example a GP. A conservative estimate if the speech and language therapist is on-site with the clinician suggests that this action adds 10 minutes to the prescribing process. If this happens daily to one speech and language therapist, this equates to 50 minutes per week per therapist, as well as the time to the prescriber with the patient taking longer to receive treatment. If the other clinician is off-site, for example a GP, it can sometimes take days. In addition, for those patients with eating and drinking difficulties (dysphagia), the current situation increases risks to their safety, including adverse effects such as aspiration pneumonia or reflux and the risk of increased hospital admissions.

Which medicines would extending prescribing responsibilities enable us to prescribe?

Extending prescribing responsibilities to us would enable us to provide our patients with a range of medicines or interventions which currently have to be prescribed by other professionals.

- **Dietitians**

Medicines and interventions that dietitians with supplementary prescribing are currently prescribing include, but are not limited to, phosphate binders, diabetes medication, pancreatic enzyme replacement therapy, parenteral nutrition, Proton Pump Inhibitors, laxatives and antiemetics.

- **Occupational therapists**

If occupational therapists had independent prescribing rights, the medicines they would be able to prescribe would include botulinum toxin, anti-inflammatory, pain relief, steroid injections and anti-depressants.

- **Orthoptists**

Independent prescribing rights would enable orthoptists to prescribe medicines for a range of ocular conditions, including in the treatment of glaucoma and patients presenting in emergency eye clinics.

- **Diagnostic radiographers**

With independent prescribing rights, appropriately educated and trained diagnostic radiographers, would prescribe according to their scope of practice. This would include amongst other medicines intravenous or oral contrast agents for diagnostic examinations, local anaesthesia for interventional procedures such as biopsies, steroids for intra articular joint injections and beta blockers for cardiac examinations.

- **Speech and language therapists**

With independent prescribing rights, the medicines speech and language therapists would be able to prescribe include medication for swallowing difficulties (dysphagia) and reflux management – for example, Omeprazole, anti-fungal medication in laryngectomy, medication for pain, creams for on-treatment radiotherapy skin, medication for mouth or gut soreness and inflammation (mucositis) which is a common side effect of chemotherapy and radiotherapy and prescription items such as Therabite – a hand held device to stretch a user's jaw.

Who has prescribing responsibilities now?

Supplementary prescribing is a voluntary prescribing partnership between the independent prescriber and the supplementary prescriber, and in order to implement, requires a patient specific Clinical Management Plan with the patient's agreement. Supplementary prescribers are required to take the same masters-level education as independent prescribers.

Currently, dietitians and diagnostic radiographers are able to train to be supplementary prescribers.

An independent prescriber is a health professional responsible and accountable for the assessment of patients with undiagnosed and diagnosed conditions and for decisions about clinical management, including the prescription of medicines.

Currently, the following professionals are able to train to be independent prescribers: nurses, pharmacists, optometrists, physiotherapists, podiatrists, therapeutic radiographers and paramedics.

Some health professionals have supply and administration rights through the Patient Specific Direction (PSD/PGD) and/or the Patient Group Direction process. These include occupational therapists, orthoptists, diagnostic radiographers, dietitians and speech and language therapists who are able to supply and administer a medicine or intervention prescribed by another clinician. These offer extremely limited scope, for example, no medication can be dose-adjusted under a PSD/PGD.

Which people will be better able to support with prescribing responsibilities?

As allied health professionals, we have the expertise and experience of working with people of all ages and with a range of conditions. Having prescribing responsibilities will enable safer, more efficient patient care. This table highlights our role and some of the care pathways we work in.

Dietitians

- Dietitians advise people and help them make informed and practical choices about their food and nutrition. They assess, diagnose and treat dietary and nutritional problems. They also teach and inform the public and health professionals about diet and nutrition.
- Relevant key pathways that dietitians are involved in include diabetes, cystic fibrosis, gastrointestinal disorders, renal disease and cancer.

Occupational therapists

- Occupational therapists work with people who have difficulties carrying out daily activities because of disability, illness, trauma, ageing, and a range of long-term conditions.
- Relevant key pathways that occupational therapists are involved in include stroke, mental health, progressive neurological conditions (such as dementia, motor neurone disease, multiple sclerosis and Parkinson's disease) and musculoskeletal pain.

Orthoptists

- Orthoptists investigate, diagnose and treat defects of binocular vision and abnormalities of eye movement.
- Relevant key pathways that orthoptists are involved in include paediatric ophthalmology, neuro ophthalmology, oculoplastics, cataract, glaucoma, emergency medical retina and vitreo-retinal and low vision, stroke, neurological or endocrine impairment or patients who frail and/or at risk from falls.

Diagnostic Radiographers

- Diagnostic radiographers use the latest technology to look inside the body in different ways to work out what disease or condition is causing a patient's illness. Advanced and Consultant radiographers may provide minimally invasive interventions. They work across all body systems, patient demographics and care pathways.
- Relevant key pathways that diagnostic radiographers are involved in include breast screening, assessment, diagnosis and follow up including biopsies, cardiac CT diagnostic services, minimally invasive procedures including line insertions and vascular access devices, intra articular joint injections under Ultrasound control, CT and MRI examinations using intravascular and oral contrast agents for cancer and other pathways.

Speech and language therapists

- Speech and language therapists provide life-changing treatment, support and care for children and adults who have difficulties with communication, or with eating, drinking and swallowing.
- Relevant key pathways that speech and language therapists are involved in include cancer, particularly head and neck cancer, voice, Ear, Nose and Throat, learning disability, brain injury, stroke, and progressive neurological conditions (such as dementia, motor neurone disease, multiple sclerosis and Parkinson's disease).