



## **Medicines and Medical Devices Bill Second Reading – 2 March 2020**

### **Executive summary**

- The Medicines and Medical Devices Bill includes in its scope the rights of different health professions to prescribe.
- A number of Allied Health Professionals (AHPs) have been granted the right to prescribe in recent years, and there is an ambition to take this further.
- The Royal College of Speech and Language Therapists (RCSLT) asks that the passage of the Bill is used to extend prescribing rights to speech and language therapists and other health professionals where appropriate.
- This could help deliver timely care, improve patient safety, and make more efficient use of time and resources.

### **Background to supplementary and independent prescribing**

- Supplementary prescribing is a voluntary prescribing partnership between the independent prescriber and the supplementary prescriber, to implement an agreed patient specific clinical management plan with the patient's agreement.
- 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.

### **RCSLT policy asks**

The RCSLT recommends that there is an opportunity to:

- Formally review prescribing rights for speech and language therapists (SLTs);
- Enable SLTs to be added to the list of professionals able to act, where appropriate, as supplementary prescribers;
- Undertake any additional work as required to explore the preferred option of independent prescribing.

To help improve the provision of timely care, patient safety and efficiencies in time and resources across the wider health community, the RCSLT would ideally like to see SLTs able to act as independent prescribers because:

- As autonomous practitioners, SLTs are the practitioners responsible and accountable for the assessment of patients with undiagnosed and diagnosed conditions and for making decisions about clinical management, which would include the prescription of medicines.
- Supplementary prescribing limits the prescriber to implementing an agreed patient specific clinical management plan with the patient's agreement.

### **Benefits of speech and language therapists having supplementary prescribing rights**

In the meantime, we think that SLTs should be given, where appropriate, supplementary prescribing rights to help to deliver:

### **Improved patient outcomes and the effective use of resources:**

- Current provisions are wasteful of time and resources for all the multi-professional team and the health community. There is duplication of effort with the SLT's time being used for administrative duties and following up the prescribing process. The medical prescriber is also impacted. There is waste when SLT recommendations are over-ruled and an inappropriate or less effective medication is prescribed by the medical prescriber.

- The length of time between the SLT making their recommendation and the patient actually receiving the medication required can be detrimental to care.
- From SLT assessment to the start of medical management, shorter waiting times are beneficial to the patient.
- Each occasion a prescription is 'handed-off' to a different prescriber, for example, a GP; a conservative estimate suggests that this action adds 10 minutes to the prescribing process. If this happens daily to one therapist, this equates to 50 minutes per week, per therapist.

#### **Patient safety:**

- The current situation increases risk to patient safety, including adverse effects such as aspiration pneumonia or reflux and the risk of increased hospital admissions.
- Safety for the patient would be increased by prescribing the correct medicine at the correct dose and in a timely manner if the SLT were able to prescribe.
- It is important that the person recommending the medication should hold professional accountability for their decision, and currently this is not the case. The ability to prescribe would enhance holistic and flexible pathways of care, providing seamless, timely and high quality care as a one-stop pathway, where patients did not have a hand-off between hospital and community services.

#### **Case studies**

- SLT working with adults in head & neck and voice: "Waiting for a GP to prescribe a thickener can take days and can put the patient at an increased risk of adverse events – which could be avoided. I have also had difficulty where GPs have refused to prescribe Laryngectomy equipment or Therabites as they 'don't know what they are prescribing' - specialists in the field are better positioned to know what their patients need."
- SLT working with patients with traumatic brain injury: "In some cases prompt prescribing may prevent a hospital admission for reflux aspiration. Often, the time taken to get a prescription via a GP for my outpatients can result in a sicker patient than may have been the case, if prompt medication had been given. There is also a reluctance to see the need by GPs who are, understandably, concerned about cost."
- SLT working with adult acute and adult neuro in the community: "Patients who are unable to access their pharmacy/surgery, or use the telephone, or who are dependent on others wouldn't have to worry about chasing their prescription. It may also reduce hospital admissions/admittance to an intermediate care unit. The patient would not have to make multiple appointments if the same SLT is able to prescribe what the patient requires."

For more information, please contact [peter.just@rcslt.org](mailto:peter.just@rcslt.org)