



Consultation on proposals to allow orthoptists to sell, supply & administer medicines under exemptions within the Human Medicines Regulations (2012) across the United Kingdom

Reply Form (hard copy)

This response form accompanies the main consultation document which is available on the NHS England consultation hub website at: www.engage.england.nhs.uk

Guidance

Thank you for downloading or requesting a copy of our consultation response form.

Please note that this response form accompanies the main consultation document which should be read in full before completing. The main consultation document can be accessed on the NHS England consultation hub website here.

If you have downloaded this document, please print a copy and complete before returning to us at the address below.

If you would prefer to complete the consultation online please go straight to the online survey <u>here.</u>

How to respond:

Please post your responses to:

Address: George Hilton

AHP Medicines Project Team

NHS England

5W20, Quarry House

Leeds LS2 7UE

Closing date:

Please send your responses to arrive no later than 24 April 2015

Please tell us your:

Name*:

E-mail:

Organisation (if appropriate):

* Required

Questions

There are a total of 21 questions to answer.

There are 10 consultation questions and a further 11 questions regarding information about you or your organisation.

Please tick one box only per question.

If you require more space than provided for your comments, please continue on a separate sheet, clearly referencing the question number.

Consultation questions (1-10)

Question 1: Should amendments to legislation be made to allow orthoptists to sell, supply and administer particular medicines under exemption within the Human Medicines Regulations (2012)?
☐ Yes ☐ No
Reasons/comments:
Question 2: Do you agree with the proposed list of medicines that orthoptists would be able to sell, supply and administer under exemptions within the Human Medicines Regulations (2012)?
☐ Yes☐ No☐ Partly (please explain why)
Reasons/comments:
Question 3: Do you agree that the two antibiotics (chloramphenicol and fusid acid) should be included in the list of medicines that orthoptists would be able to sell, supply and administer under exemptions within the Human Medicines Regulations (2012)?
☐ Yes☐ No☐ Partly (please explain why)

Reasons/comments:
Question 4: Do you have any additional information on any aspects not already considered as to why the proposal to allow orthoptists to sell, supply and administer particular medicines under exemptions within the Human Medicines Regulations (2012) SHOULD go forward?
☐ Yes ☐ No
□ NO
Additional information/comments:
/ tagitional information, comments.
Question 5: Do you have any additional information on any aspects not already considered as to why the proposal to allow orthoptists to sell, supply and administer particular medicines under exemptions within the Human Medicines Regulations (2012) SHOULD NOT go forward?
□ Yes
□ No
Additional information/comments:

indication of the likely costs, benefits and risks of the propose	
□ Yes	
□ No	
☐ Partly (please explain why)	
Reasons/comments:	
Question 7: Do you have any comments on the proposed practice guida orthoptists supplying and administering medicines under exemptions?	nce for
□ Yes	
□ No	
Comments:	
Question 8: Do you have any comments on the 'Draft Outline Curriculum Framework for Education Programmes to Prepare Orthoptist Exemptions'?	
□ Yes	
□ No	
Comments:	

Questio		Do you have any comments on how this proposal may impact either positively or negatively on specific equality characteristics, particularly concerning: disability, ethnicity, gender, sexual orientation, age, religion or belief, and human rights?
	Yes No	
Comm	ents:	
Questio	on 10:	Do you have any comments on how this proposal may impact either positively or negatively on any specific groups, e.g. students travellers, immigrants, children, offenders?
	Yes No	
Comm	nents:	

Information about you -Questions 11-21

Questio	n 11: Are you responding:
	as a patient * as a carer * as a member of the public * as a health or social care professional** on behalf of an organisation ***
directly t ** If you question	are responding on behalf of an organisation, please only complete
Questio	n 12: Please indicate if you are a:
	Dietitian Orthoptist Paramedic Radiographer Other Allied Health Professional Doctor Nurse/Health Visitor Pharmacist Other Health and Social Care Professional
If you se	lected 'Other Health & Social Care Professional', please specify.
Questio	n 13: If you are responding as a health or social care professional, or on behalf of an organisation, please indicate your primary area of work or the nature of the organisation you represent.
	NHS Acute NHS Community Social Care Private Health Third Sector Regulatory Body Professional Body

☐ Education ☐ Trade Union ☐ Local Authority ☐ Independent Contractor to NHS ☐ Manufacturer ☐ Supplier ☐ Other If you selected 'Other', please give details.
Question 14: Do you live in:
☐ England
☐ Scotland
☐ Wales
☐ Northern Ireland
If you do not live in the United Kingdom, in which country do you live?
Question 15: How old are you?
☐ Under 18
□ 18 – 24
□ 25 – 34
□ 35 – 54
□ Over 55
☐ Prefer not to say
Question 16: What is your sex?
☐ Male
☐ Female
☐ Prefer not to say
Question 17: Do you consider yourself as a person with a disability?
□ Yes
□ No
☐ Prefer not to say

friends, neighbours or others because of either long-term physical or mental ill-health/disability or problems related to old age?
☐ Yes
□ No
☐ Prefer not to say
Question 19: What is your ethnic group?
☐ British
☐ Irish
☐ White and Black Caribbean
☐ White and Black African
☐ White and Asian
☐ Indian
☐ Pakistani
☐ Bangladeshi
☐ Caribbean
☐ African
☐ Chinese
☐ Other
☐ Do not wish to disclose
If you selected 'Other', please specify
Question 20: What is your religion or belief?
□ None
☐ Christian
☐ Buddhist
☐ Hindu
☐ Jewish
☐ Muslim
☐ Sikh
☐ Other
☐ Prefer not to say
If you selected 'Other', please specify

Question 21: Which of the following best describes your sexual orientation?

Only answer this question if you are aged 16 years or over.				
☐ Heterosexual / Straight				
☐ Lesbian / Gay Woman				
☐ Gay Man				
☐ Bisexual				
☐ Prefer not to say				

THANK YOU FOR PARTICIPATING IN THIS CONSULTATION

Please post your responses to:

George Hilton
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Responses to arrive no later than 24 April 2015