



Patient and public summary for:

Consultation on proposals to introduce independent prescribing by paramedics across the United Kingdom

The full consultation document is available on the NHS England consultation hub website [here](#).

Prepared by the Allied Health Professions
Medicines Project Team

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Patient and public summary for consultation on proposals to introduce independent prescribing by paramedics across the United Kingdom

This summary document has been primarily produced for patients and the public to accompany the *Consultation on proposals to introduce independent prescribing for paramedics across the United Kingdom* which can be accessed on the NHS England consultation hub website [here](#). This summary document has been considerably condensed and **does not** contain all the detailed information on this proposal such as patient safety, training and education.

The proposed changes to medicines legislation would apply throughout the United Kingdom. This consultation document has been developed in partnership with; the Northern Ireland Department of Health, Social Services and Public Safety; the Scottish Department of Health and Social Care; the Welsh Department of Health and Social Services; the Department of Health for England; and the Medicines and Healthcare Products Regulatory Agency.



Contents

Contents.....	4
1 Summary	5
2 Introduction.....	5
3 About the consultation	6
4 Background and context.....	6
4.1 The role of paramedics.....	6
4.2 Current use of medicines by paramedics.....	6
4.3 Which paramedics would be able to become independent prescribers of medicines?	6
4.4 Arrangements for introducing independent prescribing by paramedics	7
4.5 The benefits of independent prescribing by paramedics	7
5 Proposals.....	8
5.1 Options for the introduction of independent prescribing by paramedics	8
5.1.1 Option 1: No change.....	8
5.1.2 Option 2: Independent prescribing for any condition from a full formulary	8
5.1.3 Option 3: Independent prescribing for specified conditions from a specified formulary	9
5.1.4 Option 4: Independent prescribing for any condition from a specified formulary	9
5.1.5 Option 5: Independent prescribing for specified conditions from a full formulary	9
5.2 Controlled drugs	10
5.3 Mixing of medicines	10
5.4 Additional information	10
5.5 Supporting documents: impact assessment, practice guidance and education curriculum framework.....	11
5.5.1 Impact assessment.....	11
5.5.2 Practice guidance	11
5.5.3 Education curriculum framework	12
5.6 Equality.....	12
6 How to respond to this consultation.....	13
7 Next steps.....	13
8 Glossary	14

1 Summary

The NHS is consulting on proposals to enable paramedics working at an advanced level and who have undertaken appropriate training, to prescribe medicines independently for the patients they treat, when appropriate.

Paramedics respond to emergency calls and also work in a variety of healthcare settings including walk in centres and GP surgeries. They can carry out all aspects of pre-hospital emergency care, ranging from acute problems such as cardiac arrest and major trauma to urgent problems such as minor illnesses and injuries.

Independent prescribing is the prescribing of medicines by an appropriately trained practitioner responsible for the assessment of patients and for decisions about the clinical management required, including any prescribing.

There are five different options for how independent prescribing by paramedics could be introduced. These are set out below along with a number of questions to which we are seeking responses. Everyone is welcome to respond to the consultation.

The consultation will run for 12 weeks and closes on **22 May 2015**

This document is a summary of the main consultation document which is available on the NHS England consultation hub website [here](#).

A glossary of terms is included at the end of this document.

2 Introduction

In recent years, the NHS has enabled a wider range of health professions to prescribe or supply and/or administer medicines to patients. This makes it easier for patients to get access to the medicines that they need in a timely manner so they gain maximum benefit.

The NHS is now consulting on proposals for four separate groups of allied health professions across the United Kingdom to have wider access to medicines for their patients. These proposals cover:

- Independent prescribing by radiographers
- Independent prescribing by paramedics
- Supplementary prescribing by dietitians
- Use of exemptions within Human Medicines Regulations (2012) by orthoptists

The proposed changes will allow these health professions to better use their skills to care for their patients. This will mean that patients will be able to access medicines as part of their treatment at the most appropriate time and place.

This document is a summary of the consultation on proposals to introduce independent prescribing for paramedics across the United Kingdom.

3 About the consultation

This consultation has been prepared by NHS England with support from the College of Paramedics, Medicines and Healthcare products Regulatory Agency (MHRA), the Department of Health, the Northern Ireland Department of Health, Social Services and Public Safety, the Scottish Department of Health and Social Care and the Welsh Department of Health and Social Services.

The proposed changes to medicines legislation would apply throughout the United Kingdom, in any setting in which paramedics work including the NHS, independent and voluntary sectors.

Everyone is welcome to respond to the questions in this consultation as outlined in section 6.

This consultation will run for 12 weeks and responses should be sent to arrive no later than: **22 May 2015**

4 Background and context.

4.1 The role of paramedics

Paramedics respond to 999 and 111 calls and are trained to deal with many aspects of emergency care, ranging from life threatening problems such as heart attacks, cardiac arrests, strokes, and major trauma, to non-life threatening problems such as minor illnesses and injuries. Advanced and specialist paramedics also work in other healthcare settings including GP practices, walk-in-centres and Accident and Emergency Departments where they undertake full clinical assessments and diagnose and treat patients.

4.2 Current use of medicines by paramedics

Paramedics are currently able to supply and administer medicines to some patients in certain situations without the need for a prescription, although not all patients are able to benefit from these current mechanisms. Independent prescribing would allow paramedics to provide more patients with the medicines they need, when they needed them and therefore improve both outcomes and the experience of care for patients.

More detailed information about how paramedics currently provide patients with medicines can be found in the main consultation document which can be accessed [here](#).

4.3 Which paramedics would be able to become independent prescribers of medicines?

Not all paramedics would be able to train to become independent prescribers. The safety of patients is paramount and therefore only the most experienced paramedics working at an advanced level would be able to train to become independent prescribers.

Paramedics would also need to meet a number of other requirements such as working in an environment where there is an identified need for the individual to regularly prescribe independently. For a full list of entry requirements see section 3.7 of the *Consultation on proposals to introduce independent prescribing by paramedics across the United Kingdom* which can be accessed on the NHS England consultation hub website [here](#).

4.4 Arrangements for introducing independent prescribing by paramedics

Once a paramedic has successfully completed an independent prescribing training programme this will be recorded on their professional Register by the Health and Care Professions Council (HCPC) which is the professional regulator.

In the interests of patient safety they will be required to maintain their skills and keep their knowledge up to date.

A paramedic independent prescriber will also need to know about the patient's medical history and the medicines they take. If the paramedic independent prescriber does not have this information they would then need to decide whether it was safe and appropriate to prescribe medicines for the patient at that time. Any prescribing decisions made by the paramedic (including the decision not to prescribe) need to be communicated to the patient's GP.

4.5 The benefits of independent prescribing by paramedics

Independent prescribing by paramedics would make it easier for patients to access the medicines they need at the right time and in the right place. It would reduce the number of appointments a patient may need to be able to get the medicines required and will also allow many more patients to be treated in their own homes.

Independent prescribing by paramedics will allow changes to be made to the way healthcare services are organised and delivered to better meet the needs of patients. For example, paramedic independent prescribers would be able to work more effectively in partnership with GP surgeries and undertake home visits and/or assist with running emergency clinics on behalf of GPs. This would mean patients could be seen and treated quicker and would also allow GPs more time to see patients with more complicated healthcare needs.

5 Proposals

5.1 Options for the introduction of independent prescribing by paramedics

There are five options for the introduction of independent prescribing by paramedics:

5.1.1 Option 1: No change

Paramedics would continue to supply and/or administer medicines under existing mechanisms to some patients in certain situations.

Benefits

In some situations, the way paramedics currently provide patients with medicines works well and will continue to work well. For example, when paramedics provide medicines to patients with life threatening conditions such as cardiac arrest or major trauma.

Limitations

The existing way paramedics provide patients with medicines may not allow paramedics to provide the most effective medicines for patients with non-life threatening problems (which make up approximately 70% of the patients paramedics see). These patients may then need to visit another healthcare professional, (such as a GP), or even be conveyed to hospital to receive the treatment required. This can result in unnecessary delays, put patients at risk (especially vulnerable groups such as the elderly) and are costly to administer.

This option, will significantly limit the changes that can be made to the way healthcare services are organised and delivered to meet the needs of patients. There would also be less choice and ongoing unnecessary costs for service commissioners. As a result, an opportunity to improve patient outcomes and their experience of care would be missed.

5.1.2 Option 2: Independent prescribing for any condition from a full formulary

Appropriately trained advanced paramedics would be permitted to prescribe independently any medicine for any condition, within their professional scope of practice and competence.

Benefits

Patients would be able to receive the care and medicines they need, without having to make additional appointments with other prescribers. A greater number of patients could benefit from improved care, more timely care and greater convenience. This option would also support new ways of working to help deliver services that better meet patient needs.

Limitations

This option has no obvious limitations.

5.1.3 Option 3: Independent prescribing for specified conditions from a specified formulary

Appropriately trained advanced paramedics would be permitted to prescribe independently from a list of specified medicines for a specified list of conditions.

Benefits

This option could benefit patients provided that their condition and the medicines they need, appear on the list.

Limitations

A patient whose condition does not appear on the list or who required a medicine that did not appear on the list would not be able to have medicines prescribed for them by a paramedic independent prescriber and would therefore not benefit. These patients may then need to visit another healthcare professional, to access the medicines they need. In addition, the limited list of medicines and list of conditions would need updating regularly, to support ongoing current best practice and this would require lengthy administrative and legislative processes and would therefore be slow to update.

5.1.4 Option 4: Independent prescribing for any condition from a specified formulary

Appropriately trained advanced paramedics would be permitted to prescribe independently for any condition within their professional scope of practice and competence but only from a list of specified medicines.

Benefits

A wider range of patients could benefit from this option when compared to option 3.

Limitations

Patients who need medicines that do not appear on the list would not be able to benefit fully. As with option 3, the lists would quickly become out of date and slow to update.

5.1.5 Option 5: Independent prescribing for specified conditions from a full formulary

Appropriately trained advanced paramedics would be permitted to prescribe independently any medicine within their professional scope of practice and competence, but only for specified conditions.

Benefits

A wider range of patients would benefit from this option when compared to option 3.

Limitations

Patients with a condition that does not appear on the list would not be able to benefit fully. As with option 3, the lists would be difficult to administer and keep up-to-date.

Question 1: Should amendments to legislation be made to enable paramedics to prescribe independently?

Question 2: Which is your preferred option for the introduction of independent prescribing by paramedics?

5.2 Controlled drugs

Controlled drugs are subject to different legislation because of the risk of their misuse. Controlled drugs include morphine. They are controlled under the Home Office's Misuse of Drugs Regulations. They are classified by law based on their benefit when used in medical treatment and their harm if misused. Paramedics may need to prescribe controlled drugs to help control a patient's pain and/or anxiety.

The College of Paramedics has proposed a restricted list of six controlled drugs to be prescribed independently by paramedics. The list of controlled drugs and their intended use are listed in section 6.2 of the main consultation document which can be accessed on the NHS England consultation hub website [here](#)

Question 3: Do you agree that paramedics should be able to prescribe independently from the proposed list of controlled drugs?

5.3 Mixing of medicines

Clinical practice sometimes requires the mixing of two medicines. For example, a paramedic may be required to mix, medicines such as Salbutamol (Ventolin) and Ipratropium Bromide (Atrovent) in a nebuliser to speed up treatment for patients suffering an asthma attack. It is proposed to extend the mixing provisions to paramedic independent prescribers.

Question 4: Should amendments to medicines legislation be made to allow paramedics who are independent prescribers to mix medicines prior to administration or direct others to mix?

5.4 Additional information

The following questions invite additional information relevant to this proposal.

Question 5: Do you have any additional information on any aspects not already considered as to why the proposal for independent prescribing SHOULD go forward?

Question 6: Do you have any additional information on any aspects not already considered as to why the proposal for independent prescribing SHOULD NOT go forward?

5.5 Supporting documents: impact assessment, practice guidance and education curriculum framework

5.5.1 Impact assessment

Impact assessments are an important part of the policy making process. The purpose of an impact assessment is to focus on why the change in policy is necessary, what impact the change in policy is likely to have, and to highlight the costs, benefits and risks of the change.

The *Consultation Stage Draft Impact Assessment* for the proposal to introduce independent prescribing by paramedics is available on the NHS England consultation hub website [here](#) and contains the information about the actual (where available) and estimated costs, benefits and risks of the proposal.

The consultation is an opportunity to gather additional information and evidence to further inform costs, benefits and risks of the proposal.

Question 7: Does the consultation stage impact assessment give a realistic indication of the likely costs, benefits and risks of the proposal?

5.5.2 Practice guidance

The professional body for paramedics (The College of Paramedics) has developed practice guidance for paramedic prescribers which provides information that should underpin the decision-making and actions of paramedics who are independent prescribers. The proposed practice guidance can be accessed on the NHS England consultation hub website [here](#).

This document is 'guidance'. Guidance is information which a paramedic has a duty to consider and is expected to take into account as part of their decision making process. The practice guidance document also provides advice on the behaviours and conduct expected of paramedic independent prescribers. An independent paramedic prescriber will be expected to justify any decision to act outside the guidance.

The consultation is an opportunity to gather feedback and comments on the guidance developed which will remain in draft form until the consultation closes, when amendments will be made in line with the responses received and final versions published as appropriate.

Question 8: Do you have any comments on the proposed practice guidance for paramedic prescribers?

5.5.3 Education curriculum framework

The College of Paramedics have developed a draft outline curriculum aimed at education providers intending to develop education programmes for paramedics to train as independent prescribers. The *Draft Outline Curriculum Framework for Education Programmes to Prepare Paramedics as Independent Prescribers* can be accessed on the NHS England consultation hub website [here](#).

The consultation is an opportunity to gather feedback and comments on the outline curriculum framework which will remain in draft form until the consultation closes, when amendments will be made in line with the responses received and final versions published as appropriate.

Question 9: Do you have any comments on the 'Draft Outline Curriculum Framework for Education Programmes to Prepare Paramedics as Independent Prescribers'?

5.6 Equality

The Equality Act (2010) highlights that everyone has the right to be treated with fairness, dignity and respect. The proposal for independent prescribing by advanced paramedics will help to improve access to medicines and services for **all** patients, but may specifically benefit and reduce barriers in access to medicines for vulnerable groups including the homeless, children and young people, asylum seekers, students and offenders.

The introduction of independent prescribing by advanced paramedics will allow changes to the way healthcare services are organised and delivered. A paramedic independent prescriber would be able to prescribe without delay, reducing cost, time and travel for patients. This will be particularly beneficial for groups in rural and remote locations and travellers. Specific groups such as older people and people with disabilities will also benefit through avoiding the need for additional appointments to obtain a prescription.

Question 10: 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?

Question 11: 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?

6 How to respond to this consultation

You can respond to this consultation in one of the following ways:

- By completing the **online consultation** [here](#)
- Download and print a copy of the consultation response form [here](#). Send your responses to George Hilton, AHP Medicines Project Team, NHS England, 5W20, Quarry House, Leeds, LS2 7UE
- Alternatively, you may request a copy of the consultation response form to be posted to you. Please contact: enquiries.ahp@nhs.net

This summary document can also be requested in alternative formats, such as easy read, Welsh language, large print and audio. Please contact: enquiries.ahp@nhs.net

The consultation remains open for 12 weeks and responses should be sent to arrive no later than: **22 May 2015**

7 Next steps

Following the close of the consultation, the Commission on Human Medicines (CHM) will be asked to consider the proposals in light of comments received. Subject to the advice from CHM and to agreement by Ministers, the Medicines and Healthcare products Regulatory Agency (MHRA) will then make the necessary amendments to medicines legislation.

If, after considering the responses to the consultation, CHM recommend taking forward work to enable prescribing of controlled drugs from the restricted list, further work will be undertaken with the Home Office to ask the Advisory Council on the Misuse of Drugs to consider the proposals relating to controlled drugs and to advise Ministers. If Ministerial approval is received, the Home Office will make appropriate amendments to the Misuse of Drugs Regulations (2001).

If all elements of the proposal are approved and all relevant organisations are in a position to complete their elements of the work at the earliest possible point without delay, the first intake of paramedics on an independent prescribing programme would be in 2016.

8 Glossary

Allied health professions:	Allied Health Professions are a group of professionals who work in health and social care. They prevent disease, diagnose, treat and rehabilitate patients of all ages and all specialities. Together with a range of technical and support staff they deliver patient care, rehabilitation, treatment, diagnostics and health improvement to restore and maintain physical, sensory, psychological, cognitive and social functions. Dietitians, orthoptists, paramedics and radiographers are Allied Health Professionals.
College of Paramedics:	The College of Paramedics is the recognised professional body for the paramedic and ambulance professions.
Commissioners:	NHS commissioners and Clinical Commissioning Groups (CCGs) are responsible for planning and purchasing healthcare services for their local population. They work with local providers to organise and deliver healthcare services which better meet the needs of patients.
Commission on Human Medicines (CHM):	A committee that advises ministers on the safety, efficacy and quality of medicinal products.
Controlled drugs:	Drugs that are listed in the United Kingdom Misuse of Drugs Act 1971 which can be prescribed to patients for medicinal purposes, e.g. morphine for pain relief.
Department of Health (DH) England:	The Department of Health England helps people to live better for longer. They lead, shape and fund health and care in England, making sure people have the support, care and treatment they need, with the compassion, respect and dignity they deserve.
Department of Health, Social Services and Public Safety (Northern Ireland):	It is the Department's mission to improve the health and social well-being of the people of Northern Ireland. It endeavours to do so by: <ul style="list-style-type: none"> • Leading a major programme of cross-government action to improve the health and well-being of the population and reduce health inequalities. This includes interventions involving health promotion and education to encourage people to adopt activities, behaviours and attitudes which lead to better health and well-being. The aim is a population much more engaged in ensuring its own health and well-being. • Ensuring the provision of appropriate health and social care services, both in clinical settings such as hospitals and GPs' surgeries, and in the community through nursing, social work and other professional services.

Formulary:	The medicines formulary is a list of approved medicines. It is used alongside other resources to promote safe and appropriate prescribing of medicines for patients.
Health and Care Professions Council:	The regulator of 16 different health and care professions including the allied health professions. It maintains a register of health and care professionals and is responsible for setting the standards of training, conduct, and competence for these professionals.
Independent prescriber:	An independent prescriber is a practitioner responsible and accountable for the assessment of patients with undiagnosed and diagnosed conditions and for decisions about clinical management, including the prescribing of medicines.
MHRA:	Medicines and Healthcare Products Regulatory Agency is responsible for regulating all medicines and medical devices in the UK by ensuring they work and are acceptably safe. The MHRA is an executive agency of the Department of Health.
Mixing of medicines:	The combination of two or more medicinal products together for the purposes of administering them to meet the needs of a particular patient.
Non-medical prescribing (NMP):	NMP is prescribing by specially trained healthcare professionals who are not doctors or dentists. They include nurses, pharmacists, physiotherapists, podiatrists and radiographers. They work within their clinical competence as independent and/or supplementary prescribers.
Paramedic:	Paramedics respond to 999 and 111 calls and also work in a variety of healthcare settings, including walk in centres and GP surgeries. They can carry out all aspects of pre-hospital emergency care, ranging from acute problems such as cardiac arrest and major trauma to urgent problems such as minor illnesses and injuries.
Scottish Government Health and Social Care Directorate:	The Scottish Government Health and Social Care Directorate aims to help people sustain and improve their health, especially in disadvantaged communities, ensuring better, local and faster access to healthcare. The Directorate also allocates resources and sets the strategic direction for NHS Scotland, and is responsible for the development and implementation of health and social care policy.

Welsh Department of
Health and Social
Services

Is the devolved Government for Wales - working to help improve the lives of people in Wales and make the nation a better place in which to live and work. The aim is to promote, protect and improve the health and well-being of everyone in Wales by delivering high quality health and social care services, including funding NHS Wales and setting a strategic framework for adult and children's social care services. Where there are inequalities in health, work takes place across Government to tackle the social, economic and environmental influences that affect health and well-being.

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