



Jo Churchill MP
Parliamentary Under Secretary of State (Minister for Prevention, Public Health and Primary Care)
The Department of Health and Social Care
39 Victoria Street
London
SW1H 0EU

Sent by email

6 May 2020

Dear Minister,

Medicines and Medical Devices Bill: maximising the impact of Allied Health Professionals (AHP) during the COVID-19 pandemic and in the future

We are writing to welcome your comments in response to a written question from Geraint Davies in February on prescribing rights. We understand the Medicines and Medical Devices Bill will give the Government powers to extend prescribing responsibilities to new professional groups where it is safe and appropriate to do so.

To help maximise the impact of our members both now during the COVID-19 pandemic and in the future, we hope the Government will use this as an opportunity to extend to our members the legal ability to train for various prescribing rights to enhance patient care. We have enclosed a table setting out the rights our professions, regulated by the Health and Care Professions Council, have now and those we are seeking in order to deliver safer, more efficient patient care both in acute and community settings.

We are making this collective call for extended rights due to the range of benefits this provides to patient care and potential savings to the NHS, including but not exclusively:

- **better support and more timely care** for the patients we work with, including enabling them to have more timely and equitable access to treatment;
- **improved patient safety** because as AHPs with appropriate expertise we are best placed to make some safe medication decisions. This may be especially relevant at present given the COVID-19 pandemic where clinicians are being re-deployed into less familiar settings and potentially signing off on medication in an area where they have less experience than the AHP;
- **reduced pressure** on other stretched professionals, including GPs. If AHPs were given the required prescribing rights, it would enable them in many situations to manage the patient's care pathway, therefore freeing up other clinicians' time;

- **improved system efficiency**, both from the perspective of the patient and other health professionals. Prescribing rights would enable AHPs to manage medications as part of seeing a patient, without the need for a referral and appointment with another clinician, resulting in a significant reduction in unnecessary delays and costs.

We have been pleased to be involved in NHS England's scoping work on prescribing rights over the past few years. Now is an opportune time to build on that work and extend prescribing rights even further.

Our members are working tirelessly, with their other health and social care colleagues, in response to the COVID-19 pandemic. Some of them are willingly taking on new roles or having their roles extended to help patients and the NHS. Not currently having the requested prescribing rights is preventing efficient care and putting extra time and monetary pressure on already stretched resources.

Planning for the future, we believe that extending prescribing rights will also make a significant positive difference to our members', and the wider system's, ability to respond as swiftly and efficiently as possible to the predicted post-COVID-19 surge in demand on health services. This includes those with non-COVID-19 conditions who may be on waiting lists for assessment or awaiting the continuation of treatment which may have been missed for weeks or months.

The extension of prescribing rights will also support the delivery of the NHS People Plan in enabling professionals to work to the 'top of their license'. It would also meet the Government's broader objective – which we share – of delivering more services at a community level and creating a more flexible workforce.

We appreciate the pressures on your officials' time currently, but we would welcome an early opportunity to discuss these issues further with them and colleagues in NHS England. We believe that this relatively small legal change has the potential to reap huge benefits for both patients and professionals.

We look forward to hearing from you.

Yours sincerely,

Andy Burman
Chief Executive of The British Dietetic Association

Julia Scott
Chief Executive of The Royal College of Occupational Therapists

Veronica Greenwood
Chair of the British and Irish Orthoptic Society

Richard Evans
Chief Executive of the Society of Radiographers

Kamini Gadhok
Chief Executive of the Royal College of Speech and Language Therapists

Extending prescribing rights to Allied Health Professionals

| Profession | Rights now | Rights sought |
|--------------------------------|----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Dietitians | Supplementary prescribing | Independent prescribing |
| Occupational Therapists | Supply and administration rights through Patient Specific Direction & Patient Group Direction | Supplementary prescribing & Independent prescribing |
| Orthoptists | Supply and administration rights through Patient Group Direction & medical exemptions of certain ocular drugs | Independent prescribing (this would make us in line with optometrists) |
| Radiographers (diagnostic) | Supply and administration rights through Patient Specific Direction & Patient Group Direction Supplementary Prescribing | Independent prescribing (this would make us in line with therapeutic radiographers who are already legally able to train as Supplementary and Independent prescribers) |
| Speech and Language Therapists | Supply and administration rights through Patient Group Direction | Independent prescribing |