



## **Proposal to place Tamiflu (Oseltamivir) on Schedule 11 of the NHS (General Medical Services) Regulations**

The NPA supports the principles behind the proposals outlined in this consultation letter. We agree that GPs should be allowed to write private prescriptions for oseltamivir for patients who are not in the defined 'at risk' groups. Placing oseltamivir in Schedule 11 would allow this to happen. However, NHS prescriptions for medicines in Schedule 11 have to be endorsed 'SLS' by the prescriber in order to ensure that pharmacists are reimbursed for supply. The Department of Health needs to ensure that those who supply computer software to general practice and to pharmacy are made aware of this change at the earliest opportunity in order to avoid situations where very ill patients have to return to the doctor in order to have a prescription endorsed 'SLS' before it can be dispensed.

The proposals to allow oseltamivir to be prescribed on private prescription to patients not defined as 'at risk' do nothing to improve patient access to services. Patients still have to visit the GP in order to obtain a private prescription for the medicine. In times of influenza epidemic, GP appointments are often scarce, most especially during influenza epidemics, yet oseltamivir has a short period during which it is appropriate to be taken. It is therefore likely that many patients will not be able to obtain a GP appointment in time to benefit from this medicine. GP appointments would be better used by patients who are already suffering from or who have been defined as being 'at risk' from the complications of influenza.

The Government has introduced policy initiatives aimed at reducing GP workload and making better use of pharmacists and so we believe that the time is right for the Department of Health to consider extending further the arrangements for health professionals who sell, supply or administer medicines under Patient Group Directions (PGDs) into the private sector. Since 2000, pharmacists have been able to supply medicines that are reimbursable by the NHS on PGDs. There are many examples of such schemes operating at present, most notably the Manchester and Lambeth, Southwark and Lewisham PGD schemes for the supply of emergency contraception. These arrangements have worked well to improve access to medicines and reduce GP consultations and have been of benefit to both pharmacists and patients alike. An added benefit of these schemes has been to ensure equity of access to non-prescription medicines for those who cannot afford to buy them.

When the Department of Health consulted on MLX278 regarding the extension of patient group directions, we were disappointed to note that the proposals did not go further and allow healthcare professionals such as pharmacists who, although contractors to the NHS, work primarily in the private sector, to supply *non-NHS medicines* under PGDs.

We believe that allowing pharmacists to supply certain medicines that are not reimbursable by the NHS by way of PGD schemes (as described in the two examples above) offers distinct advantages for patient care and is consistent with appropriate professional relationships and accountability, and choice and accessibility. The "NHS requirements" (whereby the Directions must be signed on behalf of the appropriate NHS organisation) could be replicated easily for PGD schemes for non-NHS medicines, providing those medicines and their indications were defined clearly in the PGD.

We hope that you will rectify this omission. If you wish to discuss our proposal further please do not hesitate to contact us.