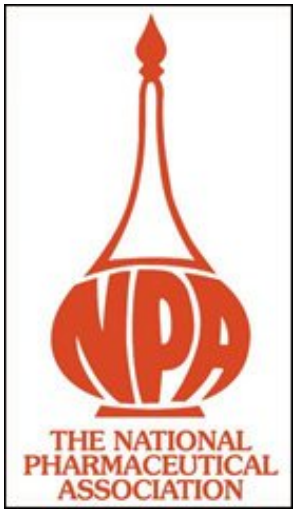

Response to MLX 306

Response of the National Pharmaceutical Association to Consultation MLX 306

Thank you for giving the National Pharmaceutical Association (NPA) the opportunity to comment on consultation letter MLX 306 on the proposals for amendments to the range of medicines which can be sold, supplied or administered by optometrists.

The NPA represents the interests of community pharmacies. We have, in voluntary membership, around 11,000 community pharmacies, which comprises the majority of the 12,000 pharmacies in the UK, with the exception of the Boots chain. The NPA provides a representative voice for its members as well as a range of services to help them with both commercial and professional aspects of running their businesses.

Removals from the list of POMs which can be sold, supplied or administered by an optometrist

The NPA supports the proposal to delete the list of substances that are no longer commercially available.

Replacement of POM

The NPA supports the proposal to delete framycetin sulphate from the list of substances which can be sold, supplied or administered by an optometrist. However we have concerns about the addition of Fusidic acid to the list of POMs which an optometrist can supply. Increased topical use of fusidic acid has been linked to an increase in bacterial resistance and increased incidence of MRSA (Methicillin-resistant Staphylococcus Aureus)[1]. Making topical fusidic acid more freely available will have implications for levels of bacterial resistance in the community.

Proposals for introduction of extended exemptions for those Optometrists who have successfully completed extended training

The NPA supports the proposal for an expanded range of POMs to be available to optometrists who have undergone appropriate accredited training.

Proposals to remove the "emergency" requirement for the sale and supply of P and GSL medicines by optometrists

We support the proposal to allow the supply of P or GSL medicines direct to a patient by an optometrist for non-emergency ophthalmic conditions. However, we believe that optometrists should be restricted to the supply of topical eye preparations only. Other medications could be indicated for non-emergency ophthalmic conditions such as analgesics or antihistamines. An optometrist will not have the information and knowledge required to advise on the safe supply of all P medications. In a pharmacy, the pharmacist and their staff has the necessary expertise to advise on the safe use of all P medicines. It would not be possible for essential steps in the supply process such as checking for drug interactions and contraindications etc. to be carried out if the supply occurred from an optometrist.

In addition, we believe that the same standards of care should be available when P or GSL medicines are supplied by an optometrist as in a pharmacy. The optometrist should be on the premises during the sale and in a position to intervene with the sale if necessary. If the supply of P or GSL medicines is carried out by support staff they should be trained to the same high standards as are required for pharmacy support staff. Written protocols to cover the supply process should be in place, as is required in a pharmacy, if the supply of P medicines is carried out by support staff.

We hope you take our comments on board.

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[1].

Ravenscroft JC, et al. Observations on high levels of fusidic acid resistant Staphylococcus aureus in Harrogate, North Yorkshire, UK. Clin Exp Dermatol 2000; 25: 327-30.

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Shah M, Mohanraj M. High levels of fusidic acid-resistant Staphylococcus aureus in dermatology patients. Br J Dermatol 2003; 148: 1018-20.

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Mason BW, Howard AJ. Fusidic acid resistance in community isolates of methicillin susceptible Staphylococcus aureus and the use of topical fusidic acid: a retrospective case-control study. Int J Antimicrob Agents 2004; 23: 300-3.