



Response to MLX 304

Response of the National Pharmaceutical Association to Consultation [MLX 304](#)

Thank you for giving the National Pharmaceutical Association (NPA) the opportunity to comment on the proposals to permit supplementary prescribers to prescribe unlicensed medicines within a clinical management plan. The NPA represents the interests of community pharmacies. We provide a representative voice for its members as well as a range of services to help them with both the commercial and professional aspects of running their businesses. We have, in voluntary membership, around 11,000 community pharmacies, which comprises the majority of the 12,000 pharmacies in the UK. Some of our members hold contracts with prisons for the supply of medicines and the provision of pharmaceutical advice.

The NPA supports the principles behind the proposals outlined in this consultation letter. The proposals support the principles of self-care set out in the Department of Health document *A Pharmacy Service for Prisoners*. Of the two options proposed, the NPA favours option B, exempting specified prison custodial staff from the requirement of Section 53 of the Medicines Act that a GSL medicine may only be supplied pre-packed. We believe that Patient Group Directions (PGDs) would not be appropriate in these circumstances because of the very limited range and quantity of medicines that it is intended to apply to.

Range of Medicines

The MHRA proposes placing no restrictions on the range of GSL medicines that could be administered as a single dose by custodial officers. While the NPA supports this proposal in principle, we believe that this should be subject to having national or local formularies and protocols in place governing which medicines can be administered in this way and when and how often they should be administered. As an example, loperamide is a GSL medicine, but from an infection control perspective, it may be inappropriate to administer it to a prisoner until the source of the diarrhoea has been determined as non-infectious. This can probably only be done by a healthcare worker and so this medicine may be inappropriate for administration by custodial staff. Paracetamol should not be taken more often than every 4-6 hours. In an out-of-hours setting, therefore, paracetamol should not need to be administered more than twice and the protocol should set out clearly such restrictions.

The protocol should also clearly define the responsibilities of custodial officers and prisoners with regard to administration of medicines. For example, paracetamol should not be taken by people who are also taking other medicines containing paracetamol such as co-codamol. Due to patient confidentiality, custodial officers will not be aware of any other medicines that a prisoner may be taking and so the protocol should make it clear that in such instances, the onus would be on the prisoner to inform custodial staff about other medicines he or she may be taking.

Consideration should also be given to the issue of prisoner access to information on the packaging and within the patient information leaflet (PIL). In a community setting, a patient choosing self-care would have the opportunity to read packaging information and the PIL before deciding whether to take a medicine. Patients in a custodial setting may not be able to access this information before deciding whether self-medication is appropriate.

Adherence to the protocol should be audited regularly by healthcare staff to ensure that prisoners are not obtaining regular or inappropriate quantities of medicines in this way.

Prison staff

It is proposed that all prison officer grades and managers will be allowed to supply GSL medicines. The NPA supports this proposal but recommends that all staff who are likely to be involved in the administration of medicines should be required to undertake elementary training in this area.