



## Response

### **General Pharmaceutical Council**

Discussion paper: making sure patients and the public obtain medicines and other pharmacy services safely online

21 August 2018

For enquiries regarding this response please contact [office@thecca.org.uk](mailto:office@thecca.org.uk)

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## About the Company Chemists' Association (CCA)

Established in 1898, the CCA is the trade association for large pharmacy operators in England, Scotland and Wales. Our membership includes ASDA, Boots, LloydsPharmacy, Morrisons, Rowlands Pharmacy, Superdrug, Tesco, and Well, who between them own and operate over 6,000 pharmacies, which represents nearly half the market. Our members deliver a broad range of healthcare and wellbeing services, from a variety of locations and settings, as well as dispensing almost 500 million NHS prescription items every year.

The CCA represents the interests of its members and brings together their unique skills, knowledge and scale for the benefit of community pharmacy, the NHS, patients and the public. Our vision is that everyone, everywhere, can benefit from world class healthcare and wellbeing services provided by their community pharmacy.

## Response

The CCA welcomes the opportunity to respond to this discussion paper. It is worth noting however that it would have been useful if the GPhC had engaged more closely with the CCA and its members in advance of this paper launching, to discuss and inform the proposals. We would be keen to assist in sharing information, including evidence of existing good practice (e.g. around detection of multiple orders to the same address), to help develop a workable and effective policy in this area and we encourage the GPhC to contact us further about this.

Overall, we feel the paper does not clearly distinguish between online pharmacy and online prescribing services. These services are not always integrated, yet the terms are used almost interchangeably in the document. We are concerned that the discussion paper does not reflect the mix of business models now in existence, the inter-relationships between online prescriber and dispensing service and the inevitable mix of regulatory frameworks this encompasses (which could lend itself in some part to an inter-regulatory approach).

We believe that some of the proposals contained within this guidance sit more appropriately within the remit of other regulators, such as the Care Quality Commission. It appears that most of the areas of concern, and the subsequent proposals for changes to guidance, are related to online prescribing services rather than online pharmacy services. The paper outlines examples of pharmacies that 'provide medicines online' but has not provided sufficient clarity on the various models of online services that currently operate. There are models of supply that exist where the consultation with the prescriber is provided in a remote or online setting, but the supply of the medication is provided in a face-to-face exchange. Alternatively, the consultation with the prescriber may be in person, and the subsequent medication supply via mail order. We think the paper would benefit from further examples and definitions, including of mobile applications, as many more digital options are becoming available to patients every day.

As part of this, we feel it is important to note the variance in patient journeys and to illustrate where in those journeys additional/strengthened regulation is actually required. As an example, a patient could use a mobile or web-based application to have a consultation with a GP or other prescriber, who could then issue an NHS prescription transmitted via the Electronic Prescription Service to their choice of pharmacy. From a pharmacy perspective (whether it be an online pharmacy or a community pharmacy premises), this is no different than receiving an electronic prescription from a physical surgery, so the approach taken in the pharmacy to safely dispense that prescription should not be any different.

We feel that some of the proposals in this document appear to be quite crude solutions to problems that have not been clearly defined or fully explored, and careful consideration of any unintended

consequences is required. It is not made obvious in the document what the scale of current poor practice looks like and it is therefore difficult to comment on the relative need for the specific proposals presented.

We feel strongly that the guidance should not be extended or interpreted to cover the provision of Pharmacy (P) or General Sales List (GSL) products online, especially around being able to select a preferred treatment option.

## Consultation questions

### Section 1: Transparency and patient choice

#### 1. Do you think our proposals on transparency and patient choice should be included in our guidance?

We are supportive of the principles of increased transparency for patients and the public. We are however unclear which specific 'physical address' of a pharmacy the GPhC is referring to in these proposals, as digital models will likely encompass several different registered pharmacies and addresses related to the supply of each medication. Further clarity on this point is needed.

An online pharmacy may have more than one responsible pharmacist (RP) running and operating the pharmacy throughout the day. The practicality of providing real time, up to date information to patients about the pharmacists involved in supplying the medication to the public will likely be difficult to enforce. We are also unfamiliar with the term 'supervising pharmacist'.

We are currently responding to the Department of Health and Social Care consultation on draft Orders under section 60 of the Health Act 1999, where we will set out our initial thoughts on the role of the RP. If, in the context of that separate consultation, the GPhC receives new powers in the future to set standards and define the role of the RP we would also welcome this as an opportunity to help define and develop the RP role further, in the context of both 'bricks and mortar' and online pharmacy services.

#### 2. Do you have any comments about our proposals on transparency and patient choice?

The document states that "a good pharmacy service will verify the patient's identity so that the medicines are right for the patient". We would welcome further clarity on what is meant by this. At present, there is not a requirement for formal identity verification to take place when a prescription is physically handed into a community pharmacy, so this creates a lack of parity between physical and online pharmacy services. We would not wish to see the introduction of overly onerous verification measures which may actually drive patients towards illegitimate / less well-regulated outlets to obtain their medicines.

Where a pharmacy works with a prescribing service advertised on their site, they have a responsibility to ensure that the service they are advertising is providing a clinically robust service. Whilst it would not be practical for an online pharmacy to ascertain the identity of every patient, we believe it would be reasonable for the pharmacy to seek suitable reassurances from the prescribing provider that they have appropriate safeguards in place to ensure that the medicines are right for the patient.

## Section 2: Making sure medicines are clinically appropriate for patients

### 3. a) Do you think it is appropriate for pharmacy websites to be arranged in such a way that a patient can choose a prescription-only medicine, and its quantity, before having a consultation with a prescriber?

#### Preferred treatment selection

Any websites which adhere to Chapter Five of the MHRA's '[Blue Guide](#)' will not be arranged in "such a way that a patient can choose a prescription-only medicine, and its quantity, before having a consultation with a prescriber". They may instead be arranged in a way which allows the patient to indicate a *preferred treatment option*, to support the consultation discussion with the prescriber which will then follow.

Regardless of preferred treatment option selection, the medication should not be prescribed if it is not suitable. Decisions about treatment are for the prescriber and patient to jointly consider during consultation and the final decision always sits with the prescriber.

We believe that a responsible pharmacy website (or application) should not force a patient to select a medication on every occasion, and an option for 'prescriber to recommend most appropriate treatment' should be available alongside any prescription-only medications listed in drop-down menus.

#### Identity checking

The discussion document states that pharmacy owners are expected to have robust processes in place so that the pharmacy team are able to make appropriate checks (for example, on the identity of patients). We would welcome further clarity on what is meant by this. At present, there is not a requirement for formal identity verification to take place when a prescription is physically handed into a community pharmacy, so this creates a lack of parity between physical and online pharmacy services. We would not wish to see the introduction of overly onerous verification measures which may actually drive patients towards illegitimate / less well-regulated outlets to obtain their medicines.

#### Risk management processes

The discussion document states that pharmacy owners are expected to have robust processes in place so that the pharmacy team are able to identify possible risks to patients. The online doctor and online pharmacy elements of our members' businesses already have risk management processes in place to detect inappropriate activity, such as multiple orders to the same address using different accounts.

We would be happy to discuss these risk detection methods further with GPhC colleagues should they require further information on how inappropriate activity is detected and dealt with. To arrange this, GPhC colleagues can contact [office@thecca.org.uk](mailto:office@thecca.org.uk).

### **b) Please describe the circumstances when it would be appropriate for a patient to choose a prescription-only medicine, and its quantity, before having a consultation with a prescriber.**

We believe it is appropriate for patients to be able to select a preferred treatment option in advance of consultation with the prescriber, to provide additional information which can support the prescriber's decision-making. Patients are the most well-informed when it comes to their symptoms, condition and their experiences with medication.

Examples of circumstances in which selection of a preferred treatment option can be particularly beneficial include:

- where a patient is stable on a regular medication and they are simply looking to order a repeat prescription (e.g. of their branded contraceptive pill).
- where a patient has previously experienced unwanted side effects (e.g. where they may be allergic to an excipient) and knows of alternative medication or brands that avoid or alleviate this
- where a patient has selected a condition and preferred treatment option which then results in referral to a specialist prescriber who is an expert on that condition.

**4. We want to explore the risks and benefits of patients being able to choose a prescription-only medicine, and its quantity, before having a consultation with a prescriber.**

- **Please describe any risks in this approach**

We believe the risks in choosing a preferred treatment option are limited if the online prescribing service is appropriately adhering to the MHRA's Blue Guide. Systems should be in place to ensure that prescribers are not incentivised to meet certain prescribing targets, as this would be inappropriate. This would however be outside of the remit of the GPhC.

- **Please describe any benefits of this approach**

We believe the ability to select a preferred treatment option empowers patients and allows for an informed consultation between patient and prescriber to agree a suitable medication to suit that patient's individual circumstances. In turn this can support patients' adherence to their medication.

### **Section 3: Future safeguards for certain categories of prescription-only medicines**

**5. Do you think our proposal to add further safeguards for certain categories of medicines should be included in our guidance?**

While we agree that prescribers should support the ongoing monitoring of conditions, we believe it could be impractical for the patient needing treatment for a prescriber to await GP confirmation that the prescription is appropriate. Many patients choose to use online services because they are unable to easily access their GPs.

**6. Are there any other categories of medicine we should include in our guidance?**

No

**7. Do you have any comments about our proposal to add further safeguards to certain categories of medicines?**

The expectation around pharmacy owners putting in place systems to document prescriber decisions is likely to be overburdensome in practice. We would advocate instead that pharmacy owners should be satisfied that the prescribing providers advertised on their websites have appropriate safeguards in place to ensure that adequate treatment monitoring is sustained.

## Section 4: Regulatory oversight

### 8. Do you think our proposals on regulatory oversight for services or prescribers not based in the UK should be included in our guidance?

We strongly agree that it is not appropriate for pharmacy owners to work with online prescribing providers who may try to deliberately bypass the regulatory oversight which aims to ensure patient safety throughout the healthcare system.

There is a difference between a pharmacy which proactively promotes or affiliates itself with an online prescribing service and one which passively receives prescriptions from an online prescriber. Whilst all pharmacists need to be confident that a prescription they are dispensing is genuine, we feel that where an online pharmacy is advertising the services of prescribers on their site, the pharmacy owner needs to seek additional assurances and take greater responsibility to be sufficiently satisfied that the services they are promoting are to a standard that is equivalent to the standard that is recognised in the UK.

### 9. Do you have any comments about our proposals on regulatory oversight for services or prescribers not based in the UK?

We agree that there can be risks associated with prescribers who are not based in the UK or registered with UK regulators, in particular if a patient, member of the public or healthcare professional wishes to raise a concern.

We believe that pharmacy owners in the UK should only advertise and actively contract with non-UK prescriber services where they are confident that they operate at a standard equivalent to UK-based prescribing standards i.e. the Royal Pharmaceutical Society's Prescribing Competency Framework.

## Section 5: Impact of the proposals

### 10. What kind of impact do you think the proposals will have on people using pharmacy services? Please give comments explaining your response.

Generally, we believe the impact of the proposals on people using pharmacy services will be positive, as further safeguards against poor practice are being introduced. The scale of this impact will depend on how the guidance is enforced and how any poor practice and providers/prescribers involved are handled.

We think the proposals could introduce barriers for some people using pharmacy services, for instance where the patient does not wish for their GP to be notified that a medication has been prescribed and supplied (e.g. for patients with chronic sexual conditions).

### 11. What impact do you think the proposals will have on the owners of registered pharmacies? Please give comments explaining your response.

The proposals around having robust processes in place to allow the pharmacy team to verify the identity of patients would have a negative impact on pharmacy owners. We believe any expectations that identity is verified to ensure medicines are appropriate for a patient should be placed on the prescribing service, not the pharmacy service.

**12. What kind of impact do you think the proposals will have on the pharmacy team?  
Please give comments explaining your response**

The proposals around verification of patient identity as set out would have a negative impact on the pharmacy team. We believe any expectations that identity is verified to ensure medicines are appropriate for a patient should be placed on the prescribing service, not the pharmacy service.

**13. Do you think anything in the proposed changes would have an impact – positive or negative – on certain individuals or groups who share any of the protected characteristics? Please give comments explaining your response.**

We believe that any negative impact of these proposals could disproportionately affect patients who choose to use online services in place of other prescribing services because of the accessibility offered. This could include people who have a disability or people who are older and less mobile.

**14. Do you think the proposals will have any other impact which you have not already mentioned?**

No