

CONSULTATION ON PROPOSALS TO INTRODUCE INDEPENDENT PRESCRIBING BY PHYSIOTHERAPISTS

Reply Form
(electronic copy)
(to accompany consultation document)

How to respond:

Please email your completed reply form to:

ahpprescribing@dh.gsi.gov.uk

Before submitting your response please ensure that the document is saved with your name/organisation in the file title e.g. **Ann X Ample IP Physio Reply.pdf**.
This will make it easier for us to collate responses.

Closing date for responses: 8th December 2011

Name*

E-mail

Organisation (if appropriate)

* Required

Consultation Questions

For questions 1 – 8, please tick one box only per question. Please answer as a minimum Questions 1, 2 & 3.

Question 1. Which is your preferred option for introducing independent prescribing (IP) by physiotherapists?

For information relating to this question refer to 'Consultation on proposals to introduce independent prescribing by physiotherapists' pages 23 & 24

Option 1: IP for any condition from a full formulary

Option 2: IP for specified conditions from a specified formulary

Option 3: IP for any condition from a specified formulary

Option 4: IP for specified conditions from a full formulary

Option 5: No change

Comments/Reasons

Question 2. Do you agree physiotherapists should be able to prescribe a restricted list of Controlled Drugs (listed in appendix F) with appropriate governance subject to separate amendment of appropriate Regulations?

For information relating to this question refer to 'Consultation on proposals to introduce independent prescribing by physiotherapists' pages 25 & 35-36

Yes

No

Neither agree nor disagree

Partly (please explain below)

Comments/Reasons

Question 3. Do you agree with making amendments to medicines legislation to allow physiotherapists who are independent prescribers to mix medicines prior to administration or direct others to mix?

For information relating to this question refer to 'Consultation on proposals to introduce independent prescribing by physiotherapists' page 25

Yes

No

Neither agree nor disagree

Partly (please explain below)

Comments/Reasons

Question 4. Do you have any additional information on any aspects NOT already considered that could prevent the proposal for independent prescribing going forward?

Yes

No

Please provide any comments/additional information that could prevent the proposal

Question 5. Do you have any additional information on any aspects NOT already considered that could support the proposal for independent prescribing going forward?

Yes

No

Please provide any comments/additional information that could support the proposal

Question 6. Does the consultation stage Impact Assessment document give an accurate indication of the likely costs and benefits of the proposal?

For information relating to this question refer to appendix C 'Impact Assessment – Proposals to introduce independent prescribing by physiotherapists'

Yes **No** **Partly**

Please provide any comments/reasons/additional information that could help to improve the accuracy of the costs and benefits

Question 7. Can you offer any additional information to the consultation stage Equality Analysis document on how these proposals may impact either positively or negatively on specific equality characteristics, particularly concerning; disability, ethnicity, gender, sexual orientation, age, religion or belief, and human rights?

For information relating to this question refer to appendix D 'Consultation Stage Equality Analysis – proposals to introduce independent prescribing by physiotherapists'

Yes **No**

Please provide any comments/additional information that could help to improve the quality of the Equality Analysis

Question 8. Can you offer any additional information on how these proposals may impact either positively or negatively on any specific groups e.g. students, travellers, asylum seekers, children and young people, homeless and offenders?

For information relating to this question refer to appendix D 'Consultation Stage Equality Analysis – proposals to introduce independent prescribing by physiotherapists'

Yes

No

Please provide any comments/additional information that could help to improve the quality of the Equality Analysis

General Comments

If you have any comments relating to the Outline Curriculum Framework for Education programmes, please add them here

For further information refer to appendix G: draft 'AHP Outline Curriculum Framework for Education Programmes'

If you have any comments relating to the Outline Curriculum Framework for Conversion Programmes, please add them here

For further information refer to appendix H: draft 'AHP Outline Curriculum Framework for Conversion Programmes'

If you have any comments relating to the Practice Guidance, please add them here

For further information refer to appendix I: 'Final Draft: Practice Guidance – Good Practice in Prescribing and Medicines Management for Physiotherapists'

Do you have any other comments you would like to make in relation to this consultation?

Freedom of Information

We manage the information you provide in response to this consultation in accordance with the Department of Health's [Information Charter](#).

Information provided in response to this consultation, including personal information, may be published or disclosed in accordance with the access to information regimes. The relevant legislation in this context is the Freedom of Information Act 2000 (FOIA) and the Data Protection Act 1998 (DPA).

If you want the information that you provide to be treated as confidential, please be aware that, under the FOIA, there is a statutory Code of Practice with which public authorities must comply and which deals amongst other things, with obligations of confidence. In view of this, it would be helpful if you could explain to us why you regard the information you have provided as confidential. If we receive a request for disclosure of the information we will take full account of your explanation, but we cannot give an assurance that confidentiality can be maintained in all circumstances. An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded as binding on the Department.

The Department will process your personal data in accordance with the DPA and in most circumstances this will mean that your personal data will not be disclosed to third parties. However, the information you send us may need to be passed on to colleagues within the UK Health Departments and/or published in a summary of responses to this consultation.

If you consider any of the information you have provided to be confidential, please describe below and explain.

Information About You

The answers to the questions in this section will only be used for analytical purposes.

You do not have to complete this section if you prefer not to.

For each of the questions in this section, please tick one box only per question.

1. Are you responding...

- | | |
|---|--------------------------|
| as a patient * | <input type="checkbox"/> |
| as a carer * | <input type="checkbox"/> |
| as a member of the public * | <input type="checkbox"/> |
| as a health or social care professional | <input type="checkbox"/> |
| on behalf of an organisation ** | <input type="checkbox"/> |

* If you are responding as a **patient, carer, or a member of the public**, please proceed directly to the next section **Further Information About You.**

** If you are responding **on behalf of an organisation**, please complete only this section (ending questions 4).

2. Please indicate below if you are a

- | | |
|---|--------------------------|
| Physiotherapist | <input type="checkbox"/> |
| Podiatrist | <input type="checkbox"/> |
| Other Allied Health Professional | <input type="checkbox"/> |
| Doctor | <input type="checkbox"/> |
| Nurse/Health Visitor | <input type="checkbox"/> |
| Pharmacist | <input type="checkbox"/> |
| Optometrist | <input type="checkbox"/> |
| Midwife | <input type="checkbox"/> |
| Other Health & Social Care Professional
(please specify) | <input type="checkbox"/> |

3. Please indicate if you are a

- Supplementary prescriber
- Independent prescriber
- Non prescriber

4. If you are responding as a health or social care professional, or on behalf of an organisation, please indicate your primary area of work or the nature of the organisation you represent

NHS	
Social Care	
Private Health	
Third Sector	
Regulatory Body	
Professional Body	
Education	
Trade Union	
Local Authority	
Trade Body	
Independent Contractor to NHS	
Manufacturer	
Supplier	
Other (please give details below)	

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Further Information About You

The information collected in this section is confidential and will only be used to analyse whether the responses we receive represent a balanced cross-section of views from across society.

You do not have to complete this section if you prefer not to.

For each of the questions in this section, please tick one box only per question.

1. In which of the following areas do you live in England

North East	<input type="checkbox"/>
North West	<input type="checkbox"/>
West Midlands	<input type="checkbox"/>
South East	<input type="checkbox"/>
London	<input type="checkbox"/>
Humberside/Yorkshire	<input type="checkbox"/>
East Midlands	<input type="checkbox"/>
East of England	<input type="checkbox"/>
South West	<input type="checkbox"/>
South Central	<input type="checkbox"/>

If you do not live in England please specify where

2. How old are you?

Under 18	<input type="checkbox"/>
18 – 24	<input type="checkbox"/>
25 – 34	<input type="checkbox"/>
35 – 54	<input type="checkbox"/>
Over 55	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

3. What is your sex?

Male	<input type="checkbox"/>
Female	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

4. Do you consider yourself as a person with a disability?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

5. Do you look after, or give any help or support to family members, friends, neighbours or others because of either long-term physical or mental ill-health/disability or problems related to old age?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

6. What is your ethnic group?

A White

British	<input type="checkbox"/>
Irish	<input type="checkbox"/>
Any other White background, write below	

B Mixed

White and Black Caribbean	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>
Any other Mixed background, write below	

C Asian, or Asian British

Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>
Any other Asian background, write below	

D Black, or Black British

Caribbean	<input type="checkbox"/>
African	<input type="checkbox"/>
Any other Black background, write below	

E Chinese, or other ethnic group

Chinese	<input type="checkbox"/>
Any other, write below	

7. What is your religion or belief?

None	<input type="checkbox"/>
Christian	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>
Hindu	<input type="checkbox"/>
Jewish	<input type="checkbox"/>
Muslim	<input type="checkbox"/>
Sikh	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>
Other, write below	
<input type="text"/>	

8. Which of the following best describes your sexual orientation?

Only answer this question if you are aged **16** years or over.

Heterosexual / Straight	<input type="checkbox"/>
Lesbian / Gay Woman	<input type="checkbox"/>
Gay Man	<input type="checkbox"/>
Bisexual	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>
Other, write below	
<input type="text"/>	

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