Rt Hon. Wes Streeting MP
Secretary of State for Health and Social Care
Department of Health and Social Care
39 Victoria Street
London
SW1H 0EU

Cc Ms Karin Smyth, Minister of State for Care

Monday 14 October 2024

Dear Secretary of State,

Extending independent prescribing responsibilities so patients get the right care, in the right place, at the right time

Congratulations on your appointment as Secretary of State for Health and Social Care earlier this year. We look forward to working with you in this role.

We represent over 100,000 diagnostic radiographers, therapeutic radiographers, occupational therapists, prosthetists and orthotists, speech and language therapists, orthoptists, dietitians, operating department practitioners, and osteopaths.

We appreciate the progress made in the past 11 years to update the legislation and expand independent prescribing rights. These now include podiatrists, paramedics, physiotherapists, and therapeutic radiographers. Diagnostic radiographers are still waiting for the required legislative update to become independent prescribers, despite the Commission on Human Medicines recommending this to ministers in 2021. We urge you to help expedite this process by reviewing and streamlining the outdated procedures. We also urge you to collaborate with us to extend independent prescribing rights to other Allied Health Professionals (AHPs) mentioned in this letter, where it is within their scope of practice and safe for suitably educated and trained professionals to do so.

We want to meet with you to discuss how granting independent prescribing responsibilities to suitably educated and trained professionals will:

1. Improve patient care, reduce administrative burdens, and address workforce challenges, allowing us to ensure our patients get the right care, in the right place, at the right time.
2. Help deliver key aspects of the NHS Long Term Workforce Plan by attracting and retaining more people into our professions.

Registered healthcare professionals, including AHPs, who are authorised to independently prescribe medication can greatly benefit patients by offering a service that caters to their needs, reducing the need for referrals to other professionals and services. This approach increases efficiency while being cost-effective and ensures that patients receive the best possible care. This helps reduce the risk of adverse outcomes associated with delays in recommended treatment or intervention.

Non-medical prescribing is a safe and clinically appropriate practice as demonstrated by the Department of Health commissioned evaluation of nurse and pharmacist independent prescribing in 2011, and the evaluation of physiotherapist and podiatrist Independent Prescribing in June 2017. The evaluation of therapeutic radiographer Independent Prescribing and Dietitian Supplementary Prescribing is yet to be published but is expected to demonstrate a similar outcome. Acceptability of independent prescribing from patients is high, as evidenced by most reporting very high satisfaction rates and did not report a strong preference for a medical prescriber over a non-medical prescriber. Furthermore, current educational programmes for preparation are largely satisfactory and are fit for purpose. There already exists clinical governance and risk management strategies for non-medical prescribing in most Trusts.

These changes could help to address shortages in various regulated professions, including AHPs, by making our professions more desirable. We welcome the NHS Workforce Plan's recommendations for addressing shortages - particularly AHPs. However, without being able to achieve prescribing qualifications, appropriately developed within the regulatory governance framework, we will fail to attract enough people into our professions. This will mean that AHPs may be prevented from contributing to and helping to deliver the workforce transformations embedded in the workforce plan. For example, without having independent prescribing responsibilities, it is difficult to see how the plan will "enhance the scope and reach of AHP roles to help manage demand most productively."

Finally, having independent prescribing responsibilities would increase the opportunities to enhance our careers. We note the NHS workforce plan wishes to "increase the number of advanced practitioners and independent prescribers, and AHPs acting as senior decision-makers in appropriate settings." As we cannot independently prescribe, our ability to act in this way is prevented. We have noticed an increasing number of job adverts for advanced practitioners that include prescribing responsibilities. This has unfortunately made expert colleagues in our various professions ineligible to apply, resulting in a missed opportunity for their valuable support in patient care

Thank you for your attention on this important issue. We look forward to your response and the opportunity to discuss solutions that will improve patient care, elevate the status of AHPs, and enhance the efficiency of the healthcare system.

We would welcome an early opportunity to discuss this issue with you and your officials and look forward to hearing from you.

Yours sincerely,

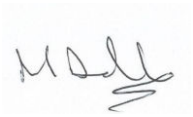
Charlotte Beardmore, Executive Director of Professional Policy, Society and College of Radiographers

Craig Murray, Chair, British and Irish Orthoptic Society

Karin Orman, Director of Practice and Innovation, Royal College of Occupational Therapists

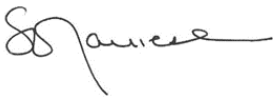
Liz Stockley, Chief Executive Officer, The Association of UK Dietitians

Maurice Cheng, Chief Executive Officer, Institute of Osteopathy



Mike Donnellon, President, College of Operating Department Practitioners

Nicky Eddison, Chair, British Association of Prosthetists and Orthotists



Steve Jamieson, Chief Executive, The Royal College of Speech and Language Therapists

Responses:

Please respond via email to joseph.brunwin@rcot.co.uk.

Sources:

Latter, Blenkinsop et al (2010), *Evaluation of nurse and pharmacist independent prescribing* – Department of Health Policy Research Programme Project, dh_126436.pdf (publishing.service.gov.uk)

Carey, Stenner et al (2017), *Evaluation of physiotherapist and podiatrist independent prescribing, mixing medicines and prescribing of controlled drugs* – Department of Health Policy Research Programme Project PR-R7-0513, final-report.pdf (surrey.ac.uk)