

# PROPOSALS TO INTRODUCE PRESCRIBING RESPONSIBILITIES FOR PARAMEDICS

## Stakeholder Engagement

### FEEDBACK FORM

We welcome your comments on the proposed introduction of paramedic prescribing.

#### ABOUT YOU

Name (optional)

Job title

Organisation

Are you responding as a representative of your organisation?  Yes  No

#### Question 1

1.1 Do you agree with these principles?  Yes  No

1.2 Are there other principles that should be included in defining prescribing responsibilities?  Yes  No

1.3 If so, what do you think should be included in the defining principles?

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## Question 2

2.1 Should entry to prescribing courses be restricted to paramedics employed by organisations registered with the CQC  Yes  No

2.2 If no, any other views regarding entry criteria

## Question 3

3.1 Do you agree with the proposed entry criteria for training for independent prescribing responsibilities?  Yes  No

3.2 Do you think they set the bar too high?  Yes  No

3.3 Do you think they set the bar too low?  Yes  No

3.4 If yes to 3.2. or 3.3, what would you change?

## Question 4

4.1 Which of the options below (1-6) do you think would be most likely to add the most value to patient care, while ensuring risks are kept to acceptable, and manageable, levels?

- 1 No change, continuing to use PGDs, PSDs and Exemptions
- 2 Supplementary Prescribing
- 3 Prescribing for specified conditions from a specified formulary
- 4 Prescribing for any condition from a specified formulary
- 5 Prescribing for specific medical conditions from a full formulary (within competence)
- 6 Prescribing for any condition from a full formulary (within competence)

4.2 Additional comments

**Question 5**

5.1 If you prefer Option 3 or 4, would the proposed National Out-of-hours Formulary Core Drug List serve that purpose?  Yes  No

**Question 6**

6.1 Would an alternative list of medicines be preferable?  Yes  No

6.2 If yes, what would you suggest

**Question 7**

7.1 Would there be benefit to patients of PARIPs being able to prescribe controlled drugs?  Yes  No

7.2 If so, in what circumstances?

### Question 8

8.1 Would the safeguards proposed, if properly implemented, be sufficient to protect patients from the range of risks associated with prescribing responsibilities being assigned to PARIPs?  Yes  No

8.2 If not, what other risks do you envisage, and what other safeguards would be required to maintain patient safety and levels of care?

### Question 9

9.1 In terms of sharing knowledge and updating records, are the arrangements proposed sufficient to ensure that PARIPs have the information they need ahead of issuing prescriptions on site, and to ensure records are updated for those following on behind?  Yes  No

9.2 If not, what else is required?

### Question 10

10.1 Can you offer any information about potential costs and benefits of paramedic prescribing for the impact assessment, e.g. benefits in terms of time savings to GPs, costs relating to the number of paramedics likely to go forward for training, or any other factors?

10.2 Can you offer any information on how these proposals would impact on equality in your local area, particularly concerning disability, ethnicity, gender, sexual orientation, age, religion or belief, and human rights? Could any group be excluded or better included because of the policy, and will the policy present or remove any problems or barriers to any minority group?

10.3 Are there any other implications for implementing prescribing for paramedics?