

**Survey on guidance for registered
pharmacies providing pharmacy services at
a distance, including on the internet:
analysis report**



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Executive summary

Changes in society and advances in technology have led to different ways of providing pharmacy services. Pharmacy services will keep adapting and changing, bringing opportunities to deliver pharmacy and other healthcare services in new ways. We support and encourage these changes, as long as people using these services receive safe, effective and person-centred care.

Our role is to protect the public and give them assurance that they will receive safe and effective care when using pharmacy services. Providing pharmacy services at a distance, especially online, carries particular risks – and these need to be managed. We have therefore produced guidance to support pharmacy owners, Superintendent Pharmacists and pharmacy professionals in safely providing medicines, medical devices and other pharmaceutical care to patients and the public. At the same time, the guidance is in place to make sure that they follow the law and meet our standards.

The guidance for registered pharmacies providing pharmacy services at a distance, including on the internet explains what pharmacy owners should consider before deciding whether any parts of their pharmacy service can be provided safely and effectively at a distance (including on the internet), rather than in the traditional in-person way. It should be read alongside the standards for registered pharmacies, which pharmacy owners must meet, our inspection decision making framework, and the standards for pharmacy professionals, and supporting guidance.

In response to media reports and recognising an area of risk taking into account insights from online pharmacy inspections and fitness to practice concerns and wanting to take action to support patient safety, the guidance was reviewed with a particular focus on further strengthening the safeguards to help prevent people from receiving medicines from online pharmacies that are not clinically appropriate for them and may cause them harm. We have identified that there are greater risks to patient safety when online questionnaires are the only method of consultation used, and when the information provided by the patient isn't verified by the prescriber.

Between 18 September 2024 and 9 October 2024, we consulted on proposals to make changes to our guidance for registered pharmacies providing pharmacy services at a distance, including on the internet.

To inform the review of the guidance for registered pharmacies providing pharmacy services at a distance, including on the internet, we carried out early engagement with key regulatory stakeholders. This included having one-to-one meetings with them to discuss our suggested proposals and sending them a draft of the guidance for their review and comment. We used the feedback we heard from these stakeholders to inform the proposals for a public engagement survey, which was held over a period of three weeks, from 18 September 2024 to 9 October 2024. A targeted survey for the public was also sent to our patient and public panel to gain their views on the proposed changes.

The purpose of introducing the new proposals is to ensure safer outcomes for patients and people who use online pharmacies.

The key changes

- We expect online pharmacies to put extra safeguards in place when prescribing or supplying medicines which are known to be associated with greater risks, including those used for weight loss.
- Emphasising that some medicines are not suitable to be prescribed using an online questionnaire alone, and that there should be a means to allow two-way communication between the person and the prescriber for all online prescribing.
- Providing further guidance for the prescriber on what they should do to verify the information that is provided to them by the person for some medicines, especially for medicines associated with greater risks, through a phone call, video consultation, or by contacting the person's GP.
- Providing further guidance for prescribers to follow in circumstances where the person requesting a medicine does not have a regular prescriber such as a GP, or if the person has not given consent to the prescriber to share information with the person's GP.
- Making Superintendent Pharmacists jointly responsible with pharmacy owners for meeting the guidance.

Open engagement survey

Findings from the open engagement survey

Overall, a majority (69%) of respondents felt the proposed changes to this guidance will improve patient safety. More than two thirds (69%) of respondents believed that something in the proposals should be amended with just over a quarter (26%) saying nothing should be amended. More than half (60%) of overall respondents felt that there was something missing from the proposals with just under a third (31%) indicating nothing was missing. While under a half (41%) of respondents overall feeling that something should be removed from the proposed changes to the guidance and almost a half (49%) believing nothing should be removed.

Views on what is missing and what should be amended or removed

When asked to give their views on what they thought was missing or should be amended or removed, the most common theme was the call for more stringent requirements. Respondents argued that regulatory requirements would carry more weight than guidelines and that wording changes such as "should" to "must" were necessary. One other popular theme was suggesting clarifications or amendments around medicine safety such as risk categorisation, safeguarding procedures or risk assessments.

A top theme mentioned by respondents were the difficulties related to coordinating the prescribing process across the wider healthcare system. Respondents who mentioned this theme spoke about the difficulties coordinating care such as sharing patient information or making decisions which include other health professionals. Respondents raised concern around the limits and issues with processes for verifying patient information highlighting the guidance doesn't go far enough to ensure robust verification of patient information.

Strengthening safeguards in the prescribing processes was a popular theme that covered various aspects of the prescribing process and some suggested further safeguarding measures.

A number of respondents were concerned with the changes to the patient/pharmacist consultation. Some of these respondents rejected all non-face-to-face consultations, while others rejected certain specific aspects of the proposed safeguards. Some respondents requested further clarity on the method of consultation that should be used and wanted greater clarity when defining a patient and pharmacist consultation.

Finally, the most popular comments by respondents requesting more guidance or resources from GPhC was the identification of specific missing guidance or resources which the GPhC should provide in order to aid clarity and reduce any misinterpretation.

Impact on people sharing particular protected characteristics

With reference to the impact of the proposed changes on people sharing particular protected characteristics under the Equality Act 2010, 'no impact', was the most common response for all protected characteristics (39% to 53%). This was followed by 'don't know' (24% and 32%) and 'positive impact' (9% and 19%). The protected characteristic on which respondents thought the proposals would have the largest positive impact was age (19%). A small proportion of respondents (between 5% and 12%) felt that the proposals would have a negative impact, with disability (12%) scoring the highest in this category.

Impact on other individuals or groups

With reference to the impact of the proposals on other groups, 'positive impact' was the most common response, with patients and the public highest (49%), this was followed by pharmacy staff and other healthcare professionals (both 34%). The fewest percent of respondents felt there would be a positive impact on pharmacy owner and employers (27%).

A small proportion of respondents (between 14% and 26%) felt that the proposals would have a negative impact, pharmacy owner and employers (26%) with scoring the highest in this category.

Views on the impact of the changes

The theme that was the most prevalent with respondents was that the proposals improve patient safety and safeguards for patients and that this will reduce the misuse of medication, and that pharmacies will have fewer incidents to manage.

A number of respondents highlighted the negative impact of the proposals for example in relation to increasing workloads and the additional burden in prescribing processes for pharmacies and prescribers. Another area of concern highlighted was the potential increased regulatory burden for those impacted by the proposals while some respondents felt that the proposals would mean a greater workload for pharmacy staff and their employers.

Another common theme was that the model suggested in the guidance would limit access and create barriers and respondents also raised a number of concerns about the negative impact of the proposals on other sections of the healthcare sector. They were concerned that other healthcare professionals may not want to engage with online pharmacies as their workload is already considerable. Some added that these proposals may also add responsibilities to Superintendents and pharmacists involved in dispensing and could be a source of workplace pressure and stress.

Although it was also a common theme around the positive impact, there were also a range of negative comments mentioned by respondents under the theme of negative impact on patient safety and wellbeing.

There was also a frequent focus on how poor practice could put patients at risk including misuse of medicine or driving patients, particularly vulnerable patients, to unregulated providers. Finally, some respondents mentioned the negative impact on specific groups including older people that are not computer literate and younger people and disabled people, if accessing medication is too onerous.

Additional themes

The most common themes for each section are explored in the body of the report. However, there were a range of other common additional themes raised by respondents, that were not prevalent enough to warrant a full description. These additional themes are listed below and are briefly described in each section.

What they thought was missing, should be amended or should be removed

- Clarification on obtaining consent
- Unnecessary addition to process
- Specific medicines need including in guidance
- Blurring the definition of pharmacy medicines (P), General Sales List Medicines (GSL) and POMs
- POM prescribing process unclear or incomplete
- General support
- Difficulties for pharmacies to provide or complete processes and procedures outlined in the consultation.

Impact of the proposals

- Increases standards of providers and professionals
- Increases overall clarity
- Improved patient experience, outcomes or service.
- Negatively impact those with additional needs
- Negative impact on care coordination across healthcare
- Increased costs to owners

Patients and public panel survey

Findings from patient and public panel survey

Less than half of the respondents (42%) to the patient and public panel survey had ever obtained any medicine for themselves or someone else from an online pharmacy. In comparison, over half (53%) stated they hadn't obtained any medicine.

A majority, just over half (53%), thought people should be able to indicate what medicine they would prefer to get, before they have an online consultation with a prescriber. Almost all respondents (94%) would expect to have the option to contact the prescriber through a video call, phone call, email, live chat or another messaging service, to discuss any questions, before being prescribed a medicine.

All respondents (100%) felt further safeguards should be put in place before medicines which are likely to cause death or serious harm are prescribed. A high proportion of respondents (92%) agreed that

there should be further safeguards before prescribing medicines which require physical examination of the patient to support a prescribing decision. Similarly, when asked whether there should be further safeguards before prescribing medicines used for weight management and those known to be misused to achieve weight loss, a high proportion of respondents agreed (92%).

A consistently high proportion of respondents (between 83% and 97%) agreed with our proposed safeguards including the requirement for the prescriber to take appropriate steps to confirm the medicine is right for the person and the requirement to independently verify the information that the person provides.

Views on the proposed changes from patient and public panel

The comments on what was missing, should be amended or should be removed from the proposals as well as what they thought the impact would be from the proposals were mixed with a spread between the positive and negative, but with only two of the top nine being positive, four mostly negative and two relatively neutral.

Those who spoke positively about the proposals felt they increased patient safety and safeguards for patients as well as the proposals strengthening prescribing processes such as during administration or verifying patient information.

However, there were a range of negative comments about the proposals, with limits access or creates barriers in prescribing and issues with processes for verifying patient information with a patient often being mentioned, and respondents also highlighting the negative impact on other sections of the healthcare sector and on patient safety or wellbeing.

Two of the most common themes identified aspects of pharmacy governance covered in the consultation that needed to be addressed and also sought clarification or proposed amendments about medicine safety such as risk categorization, safeguarding procedures or risk assessments.

Additional themes

- Positive experience of using online pharmacies
- Balance of risks and benefits
- Additional burden on GPs
- Proposals create inefficiency
- Proposals are person/patient centred
- Limited/no access to medical records.

Introduction

Policy background

Our current published guidance explains what the pharmacy owner and Superintendent Pharmacist should consider before deciding whether any parts of their pharmacy service can be provided safely and effectively at a distance (including on the internet), rather than in the traditional in-person way.

Examples of the pharmacy services covered by this guidance include:

- a pharmacy service where prescriptions are not handed in by people using pharmacy services but are collected by pharmacy staff, received by post or by a digital platform hosted by a third party
- a delivery service from the registered pharmacy to people in their own homes, a care home or a nursing home
- a collection and delivery service. This is defined in **Regulation 248 of the Human Medicines Regulations 2012**. Prescription collection units usually involve a service where a person can get their dispensed medicines from a collection point such as an automated prescription collection machine or a locker
- a 'click and collect' service. This is usually a service where a person can buy or order goods from a pharmacy's website and then collect them from one of their branches
- a mail-order service from a registered pharmacy
- an internet pharmacy service from an online pharmacy, including one linked to an online prescribing service, whether or not the prescribing service is owned and operated by a third-party business.
- a 'hub and spoke' pharmacy service. This is where dispensed medicines are supplied by the 'hub' pharmacy to the 'spoke' pharmacy. Or the hub may deliver them direct to people in their homes, or to care homes; or they may be collected from another secure location, such as a locker or other collection point, if the person asks for this.

The standards for pharmacy professionals describe how safe and effective care is delivered through 'person-centred' professionalism. The supporting guidance helps pharmacy professionals apply our standards and meet their professional responsibilities. The standards are essential in making sure that patients and the public receive safe and effective care, and these should be considered before deciding whether any parts of the pharmacy service can be provided safely and effectively at a distance (including on the internet).

Following this guidance is an important part of making sure that our standards for registered pharmacies are met. The standards are grouped under five principles, and we refer to these throughout this guidance.

Online pharmacy services can offer significant benefits for patients and the public, but there are also additional risks that need to be managed, to make sure medicines and other pharmacy services are provided safely to patients and the public.

Through our inspections and investigations, we've seen significant risks to patient safety when online questionnaires have inappropriately been the only method of consultation used, and when the information provided by the patient isn't verified by the prescriber.

We are therefore planning to strengthen the safeguards that online pharmacies are expected to put in place for patients and the public, to make sure people only receive medicines that are safe and appropriate for them.

We have reviewed our current guidance and identified some changes we want to make to further improve patient safety. As part of the review, we have considered the insights we have from enforcement action and fitness to practise cases relating to online pharmacies.

We have summarised the main changes we are proposing to make to the guidance below.

Strengthening safeguards for people using online services

We are proposing to include additional safeguards to those already in place in the guidance, to help strengthen the protection for patients and the public using online pharmacies.

The guidance outlines some medicines that are known to be associated with greater risks, so should not be supplied unless extra safeguards have been put in place to make sure they are clinically appropriate for the patient.

Due to their risk of misuse, we are proposing to add medicines used for weight management and to achieve weight loss, to the list of examples of medicines that should not be supplied unless extra safeguards have been put in place to make sure they are clinically appropriate, and are not suitable to be prescribed using a questionnaire model alone. This is in response to concerns raised with us relating to inappropriate supplies of weight-loss medicines that are resulting in risks and harm to patients.

We are also proposing to add to this list:

- medicines which have a high risk of fatality or serious harm to a patient if taken in overdose
- medicines where there needs to be a physical examination of the person to support a safe prescribing decision
- medicines labelled with a black triangle (▼ or ▼*)

We have also provided further guidance for prescribers to follow in circumstances where the person does not have a regular prescriber such as a GP, or if the person has not given consent to the prescriber to share information with the person's GP. This emphasises that medicines should only be prescribed in exceptional circumstances in these cases, after verifying information provided by the patient.

Selecting the appropriate method of consultation

We are proposing to include more guidance for pharmacy owners and superintendent pharmacists about what they need to consider when deciding on the appropriate method of consultation to use for different services or medicines, to deliver safe and effective care.

This emphasises that there should be a means to allow two-way communication between the prescriber and the person when needed, and that some medicines are not suitable to be prescribed using an online questionnaire alone.

We are also providing further guidance for the prescriber on what they should do to verify the information that is provided to them by the person for some medicines, through a phone call, video consultation, or by contacting the person's GP. We give an example of the importance of independently

verifying a person's weight, height and/or body mass index when prescribing medicines being used for weight loss. This will help to safeguard vulnerable people who may misuse the medication.

Superintendent pharmacists and pharmacy owners both responsible for meeting the guidance

Currently, it is the responsibility of the pharmacy owner to meet the guidance. We are proposing that the Superintendent Pharmacist (where there is one) would also be responsible for meeting the guidance.

Being able to select a preferred prescription medicine during a consultation

The current version of the guidance states that pharmacy owners should make sure that their website and the websites of companies they work with are arranged so that a person cannot choose a prescription-only medicine before there has been an appropriate consultation with a prescriber. We are proposing to update this to say that the pharmacy website and the websites of associated companies should be arranged so that a person has an appropriate consultation with a prescriber before any supply of a prescription-only medicine is made.

The website could allow people to indicate their preferred choice of medicine, for example a preferred brand or formulation, before the consultation. However, it should be made clear that the decisions about treatment are for both the prescriber and the person to consider together during the consultation.

We are proposing this change in response to feedback from pharmacy owners and members of the public highlighting the benefits of allowing a person to indicate their preferred choice of medicine during the consultation.

We can safely make this change to the guidance as we are strengthening the guidance on the method of consultation, prescriber accountability and shared decision-making, to make sure people only receive medicines that are safe and appropriate for them.

Analysis of survey responses (Open engagement survey)

In this section of the report, the tables show the level of agreement/disagreement of survey respondents to our proposed changes, or the aspects respondents felt we should modify. In each column, the number of respondents ('N') and their percentage (%) is shown. The responses of individuals and organisations are shown separately to enable any trends to be identified. The last column in each table captures the views of all survey respondents ('Total N and %').

For more information see:

- [Appendix 1: About the survey](#) for details of the engagement activities and the number of responses we received
- [Appendix 2: Our approach to analysis and reporting](#) for full details of the methods used
- [Appendix 3: Respondent profile](#) for a breakdown of who we heard from
- [Appendix 4: Organisations](#) for a list of organisations who responded
- [Appendix 5: Survey questions](#) for a full list of the questions asked in the survey.

1. Views on the proposed changes to the guidance

1.1. Survey response tables and analysis

Improving patient safety

Table 1: Views on whether the proposed changes to the guidance will improve patient safety (Base: All respondents)

Q1. Do you think our proposed changes to this guidance will improve patient safety?	N and % individuals	N and % organisations	N and % Total
Yes	31 (70%)	28 (68%)	59 (69%)
No	10 (23%)	6 (15%)	16 (19%)
Don't know	3 (7%)	7 (17%)	10 (12%)
Total N and % of responses	44 (100%)	41 (100%)	85 (100%)

We proposed additional safeguards to those already in place in the guidance, to help strengthen the protection for patients and the public using online pharmacies.

Overall, a majority (69%) of respondents felt the proposed changes to this guidance will improve patient safety. Those that shared this view included slightly more individuals (70%) than organisational respondents (68%). In contrast, table 1 shows that far fewer respondents overall (19%) did not think that the proposed changes will improve patient safety. This included 23% of individual and 15% of organisational respondents. A small percentage of respondents (12%) did not know if the changes would improve patient safety, of those individual and organisational respondents made up 7% and 7% respectively.

Anything in the proposed changes that is missing, should be amended or should be removed

Table 2: Views on whether there is anything that is missing, should be amended or should be removed (Base: All respondents)

Q2. Thinking specifically about the changes we are proposing, is there anything in our proposed changes that:	Is missing?	Should be amended?	Should be removed?
Yes	51 (60%)	59 (69%)	35 (41%)
No	26 (31%)	22 (26%)	42 (49%)
Don't know	8 (9%)	4 (5%)	8 (9%)
Total N and % of responses	85 (100%)	85 (100%)	85 (100%)

Table 3: Views on whether there is anything that is missing, should be amended or should be removed (Base: All respondents)

Q2. Thinking specifically about the changes we are proposing, is there anything in our proposed changes that:	Is missing?		Should be amended?		Should be removed?	
	Individuals	Organisations	Individuals	Organisations	Individuals	Organisations
Yes	20 (45%)	31 (76%)	22 (50%)	37 (90%)	13 (30%)	22 (54%)
No	17 (39%)	9 (22%)	19 (43%)	3 (7%)	24 (55%)	18 (44%)
Don't know	7 (16%)	1 (2%)	3 (7%)	1 (2%)	7 (16%)	1 (2%)
Total N and % of responses	44 (100%)	41 (100%)	44 (100%)	41 (100%)	44 (100%)	41 (100%)

Online pharmacy services can offer significant benefits for patients and the public, but there are also additional risks that need to be managed, to make sure medicines and other pharmacy services are provided safely to patients and the public.

In response to this question, when overall responses were analysed more than half (60%) of overall respondents felt that there was something missing from the proposals, 45% of individuals and 76% of organisations shared this view. Just under a third (31%) of total respondents didn't think something was missing from the proposals, with 39% of individuals disagreeing dropping to 22% among organisations. Overall, 9% of respondents did not know if anything was missing, 16% of individuals and 2% of organisations.

More than two thirds (69%) of respondents believed that something in the proposals should be amended, with 50% of individuals and 90% of organisations responding similarly. In response to this question, when overall responses were analysed, just over a quarter (26%) of overall respondents felt nothing should be amended in the proposals which was a view shared with 43% of individuals and 7% of organisations. Overall, 5% of respondents did not know, 7% of individuals and 2% of organisations.

Finally for this question on whether anything should be removed from the proposals there was less agreement with under a half (41%) of respondents overall feeling that something should be removed. Around a third of individuals (30%) agreed, with over half (54%) of organisations holding a similar view. This followed the trend in these questions where more organisations than individuals didn't think anything was missing, needed to be amended or removed. Overall, around a half (49%) of total respondents disagreed, 55% of individuals and 44% of organisations. This completed the trend in these questions where more individuals than organisations didn't think anything was missing, needed to be amended or removed. While 9% of respondents overall answered don't know, with 16% of individuals and 2% of organisations.

Three-quarters of all respondents left explanatory comments about what they thought was missing, should be amended or should be removed from the proposals. Set out below is an analysis of the themes found in their responses.

NB. The proposed changes to the guidance are grouped under four areas and the feedback is grouped under these same areas with the themes ordered by prevalence under each area. Issues that were raised more generally are then detailed under the section on additional themes.

1.2. The governance arrangements for safeguarding the health, safety and wellbeing of patients and the public

The most common themes in this area in order of prevalence were as follows:

- More stringent requirements needed
- Clarifications or amendments about medicine safety such as risk categorisation, safeguarding procedures or risk assessments
- Difficulties related to coordinating prescribing process across wider healthcare system including sharing patient information or decision-making process
- Other themes

More stringent requirements needed

When asked to give their views on what respondents thought was missing, should be amended or removed, the most common theme was the need for the requirements published by the GPhC to be more stringent. This was the most common theme for organisations and the second most common for individuals.

Respondents whose comments were covered by this theme questioned the status of the guidance and called for some specific changes to the guidance to remove ambiguity and to make the requirements more robust. They believed that regulatory requirements would carry more weight than guidelines with some respondents suggesting for example changing the word “should” to “must” in the guidance.

Respondents also identified a number of areas where they believed a more stringent approach was necessary. These areas included:

- separation of prescribing and supply where it was argued there needed to be a clearer separation between the two processes
- coverage of different business models for providing pharmacy services at a distance where it was suggested that guidance should be more detailed and explicit for each model
- insurance requirements where respondents said the guidance needed to specify the need for appropriate indemnity insurance for those prescribing.

Some felt it may be helpful for the GPhC, CQC and GMC to work together to have a single guidance document that applies to all providers, whether pharmacist or GP led.

Clarifications or amendments about medicine safety such as risk categorisation, safeguarding procedures or risk assessments

One of the most popular themes for both individuals and organisations was suggesting clarifications or amendments about medicine safety such as risk categorisation, safeguarding procedures or risk assessments.

Some respondents, mostly organisations, stated that the guidance would benefit from greater clarity on whether risk assessments would be required for each individual POM supplied via a delivery service, or if a general risk assessment for POMs is necessary.

Some individuals felt there needed to be clarity around who does the risk assessment and who determines if a medicine is high risk and those liable to misuse. Some pharmacy professionals felt that certain aspects of online pharmacies providing medicines have proved safe, for example weight loss medication. They felt the guidance should reflect the forward momentum in healthcare delivery allowing pharmacists to provide care through accessible and patient-friendly methods.

Difficulties related to coordinating prescribing process across wider healthcare system including sharing patient information or decision-making process

A top theme mentioned by organisations under the governance arrangements for safeguarding the health, safety and wellbeing of patients and the public section in the guidance were the difficulties related to coordinating the prescribing process across the wider healthcare system. Respondents who mentioned this theme spoke about the difficulties coordinating care such as sharing patient information or making decisions which include other health professionals. Respondents felt it would be unrealistic to suggest that the GP would be willing or have the time in their already overloaded schedule to be involved in another decision-making process. Others highlighted that there are a range of barriers already present in the healthcare system which makes sharing information such as patient information and prescriber’s indemnity difficult.

Other themes

- **Clarification on consent:** Respondents who mentioned this theme wanted the guidance to clarify issues relating to consent, for example to explain what approach to take when a patient

does not consent to share their patient information during the processes outlined in the guidance.

- **Unnecessary addition to process:** An additional theme raised by organisations was a feeling that the additions outlined in the guidance were unnecessary. They believed that existing safety measures if carried out correctly were sufficient to maintain patient safety.
- **Specific medicines need including in guidance:** Survey respondents identified a range of specific medicines which they felt were missing from the processes outlined in the consultation. For example, one respondent felt there needed to be updated information in relation to Finasteride as it could be argued that it is a higher-risk medicine than those mentioned in the guidance. Other types of medicine mentioned included the other groups of antimicrobials (including antifungals, antivirals, antiparasitics) and puberty blockers.

1.3. Method of pharmacist and patient consultation

The most common themes in this area in order of prevalence were as follows:

- Limits and issues with processes for verifying patient information
- Strengthening safeguards in the prescribing processes
- Concerns regarding the proposed changes to the patient/pharmacist consultation
- Clarification required on pharmacist/patient consultation definitions

Limits and issues with processes for verifying patient information

Under this theme respondents raised concern that the guidance doesn't go far enough to ensure robust verification of patient information, particularly around information sharing and the prescriber's access to a patient's PMR. Some went on to highlight concerns about the possible issues with video consultations including faked documents and stand-in people.

Some respondents felt there was further clarification required concerning the acceptable methods for verifying weight measurements, for example, phone consultations are not appropriate for this purpose. Photos should also be deemed unacceptable, as they can be easily manipulated or forged.

Strengthening safeguards in the prescribing processes

This theme covered various aspects of prescribing process and was a more common theme with organisations than individuals.

Some organisations believed that all patients should have their Summary Care Record checked as part of their new patient consultation as a further safeguard measure. Others added that online pharmacies registered with the GPhC should be permitted access to a patient's NHS Summary Care Records to assist with the prescribing process.

There was a strong emphasis in some responses that a face-to-face requirement should be required for all POMs and that questionnaire feedback should not be automated and must be undertaken by a clinician.

Finally, other respondents felt that additional safeguards could include GPs being written to with any medication prescribed by the online provider and pharmacies having a requirement to signpost people to support for any substance misuse.

Concerns regarding the proposed changes to the patient/pharmacist consultation

A number of respondents, both individuals and organisations, raised concerns regarding the proposed changes to the patient/pharmacist consultation outlined in the guidance. There were a range of views from respondents with some respondents rejecting all non-face-to-face patient and pharmacist consultation processes, while others rejected certain specific aspects of the process. A smaller number opposed any changes to the current way of prescribing used by online pharmacies.

Respondents who rejected all non-face-to-face consultations argued there are significant risks to the public without a genuine two-way consultation. They considered any approach which deviated from this was in practice essentially little more than an eligibility check for preselected POMs. While others believed there was space for certain non-face-to-face consultation processes, they rejected other aspects such as automated feedback. Respondents maintained that a questionnaire response should be given by a clinician, rather than any type of automated feedback before submission.

Respondents who support the current way of online prescribing argued that the current way works, and that any changes would have a detrimental effect. They suggested that online pharmacies are valued as they are accessible and therefore there should not be any changes.

Clarification required on pharmacist/patient consultation definitions

Another popular theme mostly raised by organisations was the request for further clarity on the pharmacist and patient method of consultation. This was not a rejection of the safeguards outlined in the guidance but instead it was a call for greater clarity when defining the terms and approaches used in the guidance.

Respondents highlighted a number of areas including the need for clarity on types of communication, for example, a clearer definition of what was meant by “conversation” and how that related to other two-way communication such as email, phone call or video call. This was linked to calls by respondents for greater clarity on concepts such as “synchronous” and “asynchronous” approaches which were used within the guidance. When commenting on these concepts, respondents referred to aspects of time of response, and clarification about forms of asking and answering questions.

Other areas where respondents called for more clarity included where terms were used such as “satisfactory assurance” and “prescriber” and what evidence and documentation was required.

1.4. Responsibility for meeting guidance

Only one theme was prevalent in this area as follows:

Difficulties for Superintendents or pharmacy owners performing the role outlined in the guidance

Organisations felt the guidance was particularly difficult to follow for those holding two specific roles in the pharmacy sector. Respondents suggested that for both Superintendents and Pharmacy owners the roles outlined in the GPhC guidance were difficult and sometimes impossible to perform.

Although some respondents welcomed the extension of responsibility, they suggested it should only go as far as ensuring that the services are appropriately registered and inspected by UK regulators and extend to the adherence of the pharmacy to the GPhC guidance and not to prescribing decisions which they would not reasonably have had cause to know or influence. Respondents suggested a number of other practical reasons for difficulties in performing the role outlined in the guidance, including the burden of ensuring that the standards of other regulators such as the CQC were being followed and if it

was possible to make sure medical and non-medical prescribers were following other regulator's good practice.

1.5. Allowing a person to indicate a preference for a particular medicine before a consultation - Prescription only medicine (POM)

There was one prevalent theme under this area of the guidance and a small number of other themes which were less common but still raise important issues.

More guidance or resources from GPhC

The most popular theme outlined by respondents in this area was the identification of specific missing guidance or resources which the GPhC should provide in order to aid clarity and reduce any misinterpretation.

The suggestions covered an array of areas. There were examples which related to the guidance itself such as tables and summaries which would help to make the guidance easier to digest. However, respondents also suggested resources which covered practical aspects of the pharmacy sector including guide webpage templates on what online pharmacy websites should look like and how they should operate.

Some respondents suggested the GPhC should provide resources to assist with certain processes such as visual examples of different methods of consultation that the GPhC considered acceptable, what to do in the case that a prescription supply was refused, what to do in "exceptional circumstances" and what enforcement measures should be used and when.

Other respondents suggested the GPhC could provide resources which would help the stratification of methods of consultation to the types of medicines. This would help smaller operators who may not have the budget or expertise to incorporate all methods of consultations should they decide to only focus on a select few lines of medicines. Similarly, some respondents wanted the GPhC to provide defined guidance for different types of business models such as those selling P meds at a distance, those supplying prescriptions in partnership with a CQC registered prescribing service and those prescribing and supplying from one pharmacy site.

The resources which respondents suggested the GPhC should provide covered broader areas as well such as the current lack of a national register of legal, registered and regulated online pharmacies, which they felt was necessary since the MHRA's list of sellers of human medicines had been discontinued following Brexit. There was also the suggestion that the GPhC should include more information, guidance and resources for working with prescribers and prescribing services operating outside the UK. This would include prescribers from EEA member states and Switzerland, as well as those based in countries outside the European area.

Finally, some respondents asked that the GPhC consider the mandatory use of a GPhC online pharmacies logo to provide a measure of public assurance that any website they are accessing for procuring medicines and treatments was a legitimate one.

Other themes

- **Blurring the definition of pharmacy medicines (P), General Sales List Medicines (GSL) and POMs:** Another theme raised in this section related to respondents highlighting the legal or regulatory difference between P medicines, GSL and POMs and how it affected processes and procedures outlined in the guidance. It included the identification of certain classes of

medicines as requiring additional safeguards, how the guidance merged types of medicine and how the guidance created a new additional legal classification of medicines outside the existing POM, P and GSL classes.

- **POM prescribing process unclear or incomplete:** Respondents who mentioned this theme suggested aspects of the prescribing process relating to POMs which were missing or unclear and should be added. This included clarity around having separate risk assessments and a consultation-only approach for medical conditions, rather than on a medicine-by-medicine basis, reflecting private clinics regulated by the CQC.

1.6. Additional themes

In addition to the four areas addressed in the guidance there were a number of common themes that cut across the areas or were not raised in relation to one specific area. In order of prevalence these were:

- Proposed safeguards limit access or create barriers in prescribing
- Need for clarification around advertising, promotions or marketing
- Difficulties for pharmacies to provide or complete processes and procedures outlined in the consultation.
- GPhC does not address dangers of the use of digital technology in prescribing
- Benefits and potential use of digital technology in prescribing

Proposed safeguards limits access or create barriers in prescribing

The most common cross-cutting theme, which was more prevalent for organisations than individuals, was that the proposed safeguards limit access or create barriers in prescribing.

Some organisations argued that the guidance unnecessarily restricts how pharmacies deliver online prescribing and dispensing services and pointed out that current services have been highly rated by other regulators, such as the CQC. Such restrictions in prescribing would inevitably lead to reduced access to medication or delays in pharmacy services. Some went on to say that if organisations have appropriate provisions in place weight loss medication can be prescribed safely via a questionnaire approach.

Some respondents were more specific about certain sentences being removed, with a particular focus on the information around weight loss medication.

A number of respondents felt a questionnaire-based service will affect patient choice, others believed that requiring verification of patient information before providing antibiotics in the context of sexual health will delay treatment and limit access. They went on to say that NHS and GPhC guidelines in sexual health should be aligned with current practices.

Need for clarification around advertising, promotions or marketing

One of the popular themes among organisations which cut across all sections of the guidance was the need for clarification around advertising, promotions and marketing. Respondents raised concerns about how product information was displayed on websites and suggested that product information should be clearly distinguished from promotional information and presented in the context of a fair overview of the treatment options and distinct from the promotion of the consultation service. Further clarification on the legality of promotional offers like discount codes for prescription only medicine (POMs) was also requested.

This theme was particularly relevant for providers whose core model is enabling consumers to select POMs instead of working with prescribers to determine the appropriate treatment. Respondents were concerned that allowing consumers to self-select POMs presented the process as a retail transaction, reducing the consultation to a suitability check more akin to the process of Pharmacy medicines (P) and undermining the important legal distinction between P medicines and POMs. They argued that websites should not allow consumers to select specific POMs prior to consultation and that the guidance appeared to contradict this principle by suggesting that website mechanics which enable consumers to preselect a specific POM prior to consultation are acceptable.

Respondents called for the guidance to be examined in the wider context of non-compliant promotion and supply of POMs in order to improve the overall system and ensure the safety of users. Addressing this was especially important given the very widespread incidence of unlawful advertising of POMs to the general public. Respondents highlighted widely reported illegality and multiple complaints to the Medicines and Healthcare products Regulatory Agency (MHRA) and Advertising Standards Authority (ASA) and enforcement notices from the Committee on Advertising Practice and the MHRA.

In order to overcome these difficulties some respondents suggested the need for common practice across the industry. However, others suggested an accountable individual, with direct or indirect oversight of advertising and promotional materials should be introduced. This individual would act on behalf of the pharmacy owner or superintendent and would be responsible for ensuring that websites, social media posts and sponsored search adverts are compliant, with new and existing materials formally reviewed and approved through a defined process.

GPhC does not address dangers of the use of digital technology in prescribing

Another popular cross cutting theme raised by respondents was that the GPhC guidance did not fully address the dangers of using digital tools in the prescribing process. Respondents highlighted the dangers and risk to patient safety of using online questionnaires, artificial intelligence (AI) and algorithms during the prescribing process. Some respondents commented that the guidance did not encompass the spectrum of digital literacy and exclusion. While other respondents felt these tools were used to bypass appropriate two-way direct patient consultation which led to a lack of necessary clinical information when prescribing, particularly where high-risk medicines were involved, for example when information from GPs or clarity on patient preference were required.

Finally, some respondents were concerned that the guidance failed to recognise how online systems operate, such as how routing could bypass homepages, the role of third parties, the lack of independent verification and how people might game the system, for example by approaching multiple suppliers.

Benefits and potential use of digital technology in prescribing

Contrary to the previous theme around digital technology, another common cross cutting theme brought up during the consultation, also raised mostly by organisations, was that the GPhC guidance did not address the benefits and potential of digital tools in the prescribing process. Some respondents felt that the use of tools such as online questionnaires, AI and algorithms in the prescribing process should be given more weight when assessing their relative value during prescribing. It was argued that these tools could be very useful in identifying patterns of misuse, verification and due diligence. Respondents who commented on this theme suggested that if organisations had appropriate provisions in place for safe assessment and justifiable clinical decision making about whether an individual can be effectively managed without the need for a face-to-face or online synchronous consultation then this approach should be allowed.

Overall, respondents suggested that the guidance should reflect the forward momentum in healthcare delivery, incorporating lessons from the COVID-19 pandemic about digital services, and allowing pharmacists to provide care through accessible and patient-friendly methods.

Other themes

- **General support:** This theme covers the general positive comments made by respondents. This included respondents who felt the changes were good, were supportive of the changes overall and who agreed that the guidance was reasonable, but provided no specific details in their comments.
- **Difficulties for pharmacies to provide or complete processes and procedures outlined in the consultation:** This cross cutting theme was mentioned by respondents who were concerned that for practical reasons the processes and procedures outlined in the consultation were difficult, or impossible to perform. This included communicating with GPs or regular prescribers, restricting a person's choice of pharmacy, ensuring others follow third party good practice such as the GMC and CQC and retaining and comparing card payment details.

2. The impact of the proposed changes on people sharing particular protected characteristics and other groups

2.1. Survey response charts and analysis

Impact on people sharing protected characteristics

Figure 1: Views of all respondents (N = 85) on whether our proposals positively or negatively impact any individuals or groups sharing any of the protected characteristics in the Equality Act 2010

Q4. Do you think our proposals will have a positive or negative impact on individuals or groups who share any of the protected characteristics?
(All respondents)

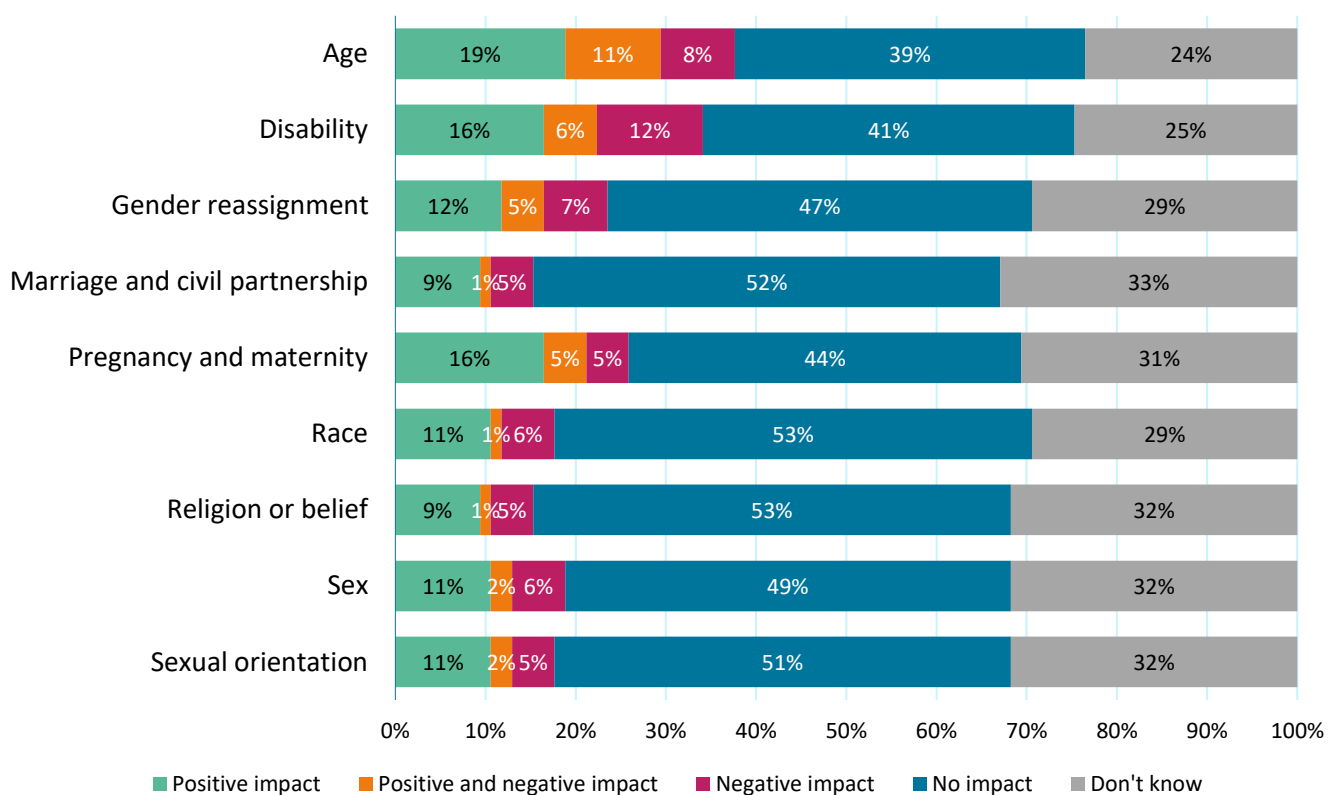


Figure 1 shows that the highest percentage of respondents (ranging from 39% to 53%) felt that our proposals would have no impact on each of the protected characteristics.

Between 9% and 19% of respondents felt there would be a positive impact on groups or individuals who share each of the nine protected characteristics. The protected characteristic on which respondents thought the proposals would have the largest positive impact was age (19%). In contrast, more respondents (between 24% and 32%) did not know what the impact of the proposals would be.

Only a small proportion of respondents (between 5% and 12%) felt that the proposals would have a negative impact on people sharing one or more of the nine protected characteristics, with disability (12%) scoring the highest in this category. A similar range of respondents (ranging from 1% to 11%) indicated that the proposals would have both a positive and negative impact on each of the protected characteristics.

A full breakdown of individual and organisational responses to this question is available in [Appendix 6](#).

Impact on other groups

Figure 2: Views of all respondents (N = 85) on whether our proposals positively or negatively impact any other individuals or groups

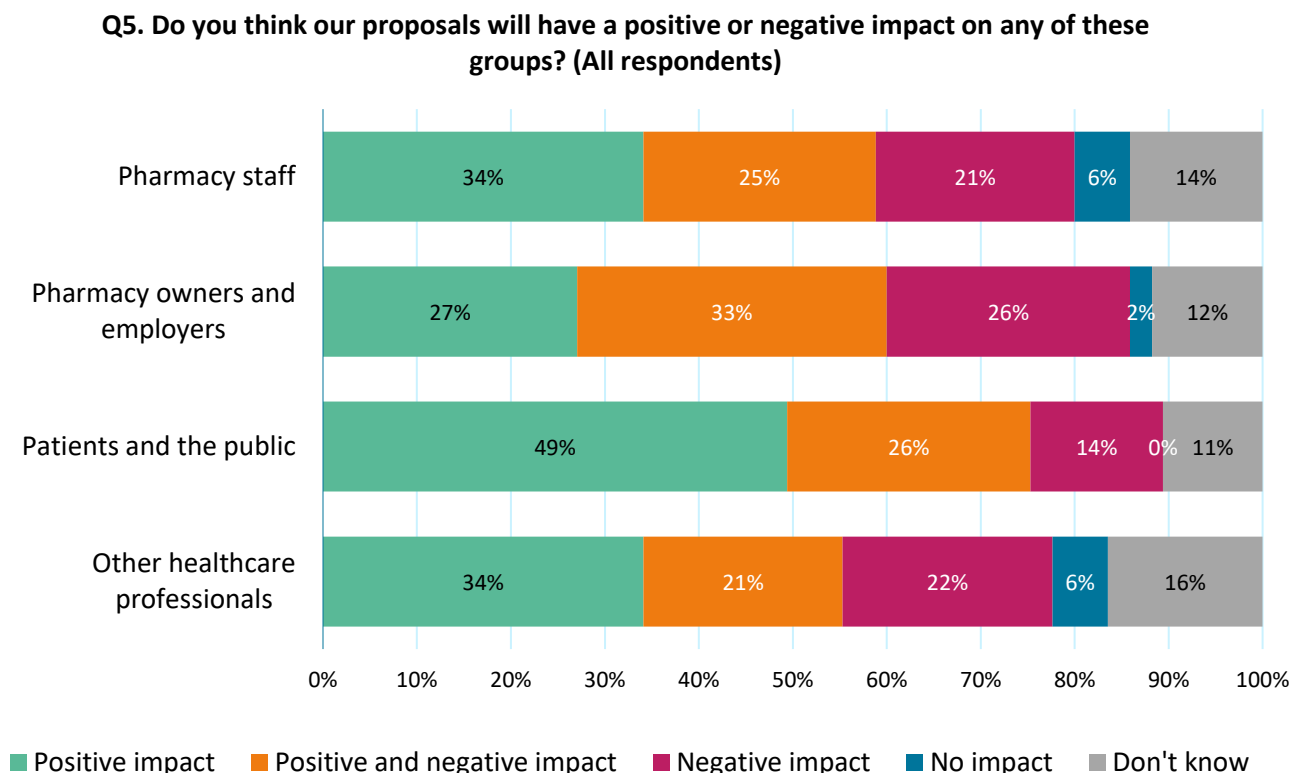


Figure 2 shows that many respondents thought that the proposals would have a positive impact on patients and the public (49%). Fewer respondents felt that pharmacy staff and other healthcare professionals (both 34%), would be positively impacted by the proposals. The fewest percent of respondents felt there would be a positive impact on pharmacy owners and employers (27%).

In contrast, a smaller proportion of organisations thought that the proposals would have both a positive and negative impact on all but one of the groups (pharmacy owners and employers) identified above with pharmacy owners and employers (33%) scoring the highest. A smaller proportion of respondents thought that the proposals would have a negative impact, with pharmacy owners and employers (26%) again scoring the highest.

A small proportion of respondents (between 0% and 6%) thought the proposals would have no impact, with pharmacy staff and other healthcare professionals (both 6%) being the highest in this section. In comparison, more respondents indicated they did not know how the proposals would affect the above groups (between 11% and 16%).

A full breakdown of individual and organisational responses to this question is available in [Appendix 7](#).

2.2. Summary of themes

More than a two-thirds of all respondents left explanatory comments about what they thought the impact would be from the proposals. Set out below is an analysis of the themes found in their responses.

The most common themes in this area in order of prevalence were as follows:

- Improves patient safety and safeguards for patients
- Increases workload/burden in prescribing process for pharmacies and prescribers
- Proposed safeguards limits access or create barriers in prescribing
- Negative impact on other sections of the healthcare sector
- Negative impact on patient safety or wellbeing
- Other themes

Improves patient safety and safeguards for patients

The theme that was the most prevalent with both individual and organisational respondents was that the proposals improve patient safety and safeguards for patients.

It was broadly felt that the proposed safeguards would greatly improve patient safety, will reduce the misuse of medication, and that pharmacies will have fewer incidents to manage. Some respondents also highlighted that the proposals would also reduce harm to patients by ridding pharmacy of irresponsible online providers and irresponsible prescribers.

Although some respondents felt that the increase in patient safety may impact access to medication, most felt that the proposals help maintain the high standards of clinical governance that keep patients safe and this would ensure that patient access is maintained without compromising safety.

Increases workload and burden in prescribing process for pharmacies and prescribers

A number of organisations and individuals highlighted their concerns about the negative impact of the proposals in relation to increasing workloads and the additional burden in prescribing processes for pharmacies and prescribers.

Some respondents highlighted the potential increased regulatory burden for those impacted by the proposals. Others felt that the proposals would mean a greater workload for pharmacy staff and their employers, particularly the requirement for Superintendent Pharmacists to complete paperwork. Some added the increased regulatory burden would be unfair for providers who currently have robust and effective governance frameworks in place.

Some respondents were concerned that initially there could be a significant amount of work to be completed by pharmacy owners and teams working in parts of the business offering services at a distance to ensure services and procedures are aligned to the guidance. They added that the risk here is it could potentially have an impact on wider service availability to patients.

Proposed safeguards limits access or creates barriers in prescribing

A theme which was one of the most prevalent under section 1 above was that the safeguards suggested in the guidance would limit access and create barriers. When respondents spoke about this with reference to impact, they felt that patients would have reduced access to information, medicine, treatment and other healthcare services at a distance. It was suggested this might be due to issues with communication, limits to patient autonomy such as patient choice and bureaucratic patient verification processes, especially in the context of sexual health, created by the changes to guidance.

Negative impact on other sections of the healthcare sector

Respondents raised a number of concerns about the negative impact of the proposals on other sections of the healthcare sector.

Respondents were concerned that other healthcare professionals may not want to engage with online pharmacies as their workload is already considerable. Many highlighted the impact on GPs arguing that it is already challenging to get NHS GP providers to interact with private providers, and these proposals create activities which are likely to require a significant increase in communications with GPs. Some went on to say that a strict reading of this guidance potentially has a considerable impact on NHS GPs, especially if they need to approve weight loss supplies.

Respondents argued that any increase in demand for NHS led services, as a consequence of reducing accessibility to services provided at a distance, will likely increase the burden on both primary and secondary care as patients seek alternative support. Furthermore, respondents pointed out that the possible differing views of regulatory guidance may have an impact on patients, NHS GPs and private companies, so clarity is important.

Negative impact on patient safety and wellbeing

Similar to the previous theme, there were a range of negative comments mentioned by respondents under the theme of negative impact on patient safety and wellbeing. This was a common theme for organisations. It wasn't, however, one of the common themes for individual respondents.

There was a focus on how poor practice could put patients at risk including misuse of medicine or driving patients, particularly vulnerable patients, to unregulated providers. Others mentioned there was a risk of disempowering patients. Some organisations highlighted the impact of sharing patient information on patients and that it may discourage people from receiving care, for example for sexual health matters.

Some added that these proposals may also add additional responsibilities to Superintendents and pharmacists involved in dispensing and could be a source of workplace pressure and stress. This in turn could negatively impact the services provided to patients.

Finally, some respondents mentioned the negative impact on specific groups including older people that are not so computer literate and younger people and disabled people, if accessing medication is too onerous.

Other themes

Positive

- **Increases standards in pharmacy:** This prevalent theme covers respondent who felt that the changes to the guidance would help to improve standards in pharmacy. This included providing people with greater clarity on best practice, improved industry understanding of legal and ethical responsibilities and support for innovation in pharmacy.
- **Increases overall clarity:** This theme was mentioned by respondents who felt that the changes helped to clarify the guidance, including paperwork, legal and ethical responsibilities and best practice.
- **Improved patient experience, outcomes and service:** Respondents who mentioned this theme commented that the guidance would improve patient services including their experience, communication, outcomes, access, appropriateness, continuity of care and coordination.

Negative

- **Negatively impact those with additional needs:** Some respondents felt that that any negative impact of these proposals could disproportionately affect patients who use online services in place of other prescribing services because of the accessibility offered, such as the disabled.

However, others felt there would be a negative impact on older people who may not be computer literate.

- **Negative impact on care coordination across healthcare:** Respondents who mentioned this theme felt the guidance outlined in the consultation negatively affected the delivery of coordinated services effectively across healthcare sector by making it more complex, constraining healthcare professionals' ability to deliver services effectively and dissuading healthcare professionals from engaging because of the extra workload.
- **Increased costs to owners:** Respondents felt that the changes would have a negative impact on owners as they would require more staff and IT development costs.

Analysis of survey responses (public and patient panel survey)

3. Views of patient and public panel

3.1 Survey response tables and analysis

A targeted survey for the public was sent to our patient and public panel to gain their views on the proposed changes.

Obtaining medicine from an online pharmacy

Table 4: Views on whether you have obtained any medicine for yourself or someone else from an online pharmacy (Base: All respondents)

Q1. Have you ever obtained any medicine for yourself or someone else from an online pharmacy?	N and % individuals
Yes, I have	42 (43%)
No, I haven't	52 (54%)
I'm not sure	3 (3%)
Total N and % of responses	97 (100%)

We proposed changes in response to concerns we identified relating to inappropriate supplies of medicines, including medicines used for weight-loss, that could result in risks and harm to patients.

Less than half of the respondents (43%) to the patient and public panel survey had obtained any medicine for themselves or someone else from an online pharmacy. In comparison, over half (54%) stated they hadn't obtained any medicine. A small proportion, only 3%, answered they were unsure.

Ability to indicate preferred medicine before an online consultation

Table 5: Views on whether you think people should be able to indicate what medicine they would prefer to get, before they have an online consultation with a prescriber (Base: All respondents)

Q2. Do you think people should be able to indicate what medicine they would prefer to get, before they have an online consultation with a prescriber?	N and % individuals
Yes	53 (55%)
No	26 (27%)
Not sure	18 (19%)
Total N and % of responses	97 (100%)

Just over half of the respondents to the patient and public panel survey (55%) thought people should be able to indicate what medicine they would prefer to get, before they have an online consultation with a prescriber. Around a quarter of respondents (27%) thought people shouldn't and a smaller proportion, (19%) were unsure.

Option to contact the prescriber to discuss any questions before being prescribed a medicine

Table 6: Views on whether you would expect to have the option to contact the prescriber through a video call, phone call, email, live chat or another messaging service, to discuss any questions you might have, before you were prescribed a medicine (Base: All respondents)

Q3. Would you expect to have the option to contact the prescriber through a video call, phone call, email, live chat or another messaging service, to discuss any questions you might have, before you were prescribed a medicine?	N and % individuals
Yes	91 (94%)
No	1 (1%)
Not sure	5 (5%)
Total N and % of responses	97 (100%)

We included further guidance on what pharmacy owners and Superintendent Pharmacists need to consider when deciding what method of consultation should be used. Examples of methods of consultation used by online pharmacies include online questionnaires, video calls and live chat functions.

Almost all respondents to the patient and public panel survey (94%) would expect to have the option to contact the prescriber through a video call, phone call, email, live chat or another messaging service, to discuss any questions you might have, before you were prescribed a medicine. A very small proportion (1%) would not expect it and only (5%) were unsure.

Further safeguards before certain medicines are prescribed

Table 7: Views on whether you agree that further safeguards should be put in place before these medicines are prescribed (Base: All respondents)

Q4. Do you agree that further safeguards should be put in place before these medicines are prescribed?	Medicines which are likely to cause death or serious harm to a patient if taken in overdose	Medicines which require physical examination of the patient to support a prescribing decision	Medicines used for weight management and those known to be misused to achieve weight loss
Yes	97 (100%)	89 (92%)	83 (86%)
No	0 (7%)	2 (2%)	5 (5%)
Don't know	0 (0%)	6 (6%)	9 (9%)

Q4. Do you agree that further safeguards should be put in place before these medicines are prescribed?	Medicines which are likely to cause death or serious harm to a patient if taken in overdose	Medicines which require physical examination of the patient to support a prescribing decision	Medicines used for weight management and those known to be misused to achieve weight loss
Total N and % of responses	97 (100%)	97 (100%)	97 (100%)

We proposed changes in response to concerns which have been identified relating to inappropriate supplies of medicines, including medicines used for weight-loss, that could result in risks and harm to patients.

In response to question 4, all respondents (100%) felt further safeguards should be put in place before medicines which are likely to cause death or serious harm are prescribed. On whether there should be further safeguards before prescribing medicines which require physical examination of the patient to support a prescribing decision a high proportion of respondents agreed (92%) with a small proportion disagreeing (2%) or didn't know (6%).

Similarly, when asked whether there should be further safeguards before prescribing medicines used for weight management and those known to be misused to achieve weight loss, a high proportion of respondents agreed (86%) with a small proportion disagreeing (5%) or didn't know (9%).

Including extra safeguards in the guidance

Table 8: Views on what extra safeguards should be included in the updated guidance (Base: All respondents)

Q5. Should we include these extra safeguards in our updated guidance?	The prescriber should take appropriate steps to confirm the medicine is right for the person, for example by contacting the person's GP or checking the person's clinical records	The prescriber should independently verify the information that the person provides. This may be through a phone call or video consultation, in person or by contacting the person's GP
Yes	90 (93%)	86 (89%)
No	1 (1%)	2 (10%)
Don't know	6 (6%)	9 (8%)
Total N and % of responses	97 (100%)	97 (100%)

We have strengthened the safeguards for medicines where ongoing monitoring is important to ensure patient safety. The updated guidance emphasises that the prescriber should take appropriate steps to confirm the suitability of supply, for example by contacting the person's GP or regular prescriber or checking the person's clinical records. The prescriber must also take responsibility for ensuring necessary monitoring arrangements are in place before prescribing.

When asked about a specific safeguard that meant the prescriber should take appropriate steps to confirm the medicine is right for the person, a high proportion of respondents agreed (93%) with a small proportion disagreeing (1%) or didn't know (6%).

Similarly, when asked whether a specific safeguard that meant the prescriber should independently verify the information that the person provides should be included, a high proportion of respondents agreed (89%) with a small proportion disagreeing (2%) or didn't know (9%).

3.2 Summary of themes

Almost a half of all respondents shared comments or experiences relating to online pharmacies supplying medicines. Set out below is an analysis of the themes found in their responses.

Respondents who left comments in response to this question held a range of views relating to online pharmacies supplying medicines. Those highlighting areas of concern included the view that online pharmacy and distance selling is unsafe and subject to abuse, and that respondents themselves had negative experience of online pharmacy.

Those who spoke positively agreed with the need for additional safeguarding and checks and held the view that online pharmacy improves access to medication and increases the speed in receiving medication.

Finally, there were two themes that involved the role of GPs. The first was critical of online pharmacy providing medicines as respondents argued it should be a requirement to see GP for diagnosis or monitoring, and the second was to highlight circumstances when GP checks or additional safeguards are unnecessary.

The analysis below sets out the themes that emerged from the responses, in order of prevalence, as follows:

- Agrees with need for additional safeguarding and checks
- View that online pharmacy and distance selling is unsafe and subject to abuse
- Improves access to medication and increases the speed in receiving medication
- Suggestions for implementation including other safeguards
- Support for in person pharmacy services
- Requirement to see GP for diagnosis or monitoring
- Negative experience of online pharmacy
- Circumstances when GP checks or additional safeguards are unnecessary.

3.3 Agrees with need for additional safeguarding and checks

When asked to provide additional comments or experiences that relate to online pharmacies supplying medicines, the most common theme was a positive response to the need for additional safeguarding and checks. Respondents highlighted a range of key aspects that needed to be included or considered including making sure the identity check is completed to prevent fraudulent behaviour.

Respondents felt that safeguarding the patient with regard to the medicines prescribed is vital. They also highlighted that it is important to check the identity of the person requesting the prescription.

Respondents were also concerned about elderly and vulnerable people and believed safeguards were especially important for those people.

Finally, some respondents felt that safeguards were needed to prevent abuse of the system and that patient safety is paramount. Others felt that without these recommended safeguards the patient is being put at risk.

3.4 View that online and distance selling is unsafe and subject to abuse

The most common critical theme to emerge from respondents from these comments focused on the view that online and distance selling is unsafe and subject to abuse.

Respondents highlighted that online systems could possibly be abused or misused without vital checks by the prescriber and that more regulation was necessary. Others were concerned at the remote nature of the prescribing and potential misuse of medication.

Finally, some respondents indicated that online pharmacy can be dangerous because people can be dishonest about symptoms and conditions to get access to medication.

3.5 Improves access to medication and increases the speed in receiving medication

One of the most popular themes that attracted support from patients and the public was that online pharmacy improves access to medication and increases the speed in receiving medication.

Respondents who mentioned this theme argued that patients need to get medication without the wait for a GP appointment, and that access to GPs is currently limited so there needs to be other ways to access medication. Online pharmacies were seen to be particularly beneficial where you know the medication you require and also where there are supply issues. Some of those who commented on this theme also observed that online pharmacy is very convenient and avoids unnecessary trips to the GP and pharmacy.

3.6 Suggestions for implementation including other safeguards

Another common theme was suggestions for implementation including other safeguards. Of those who responded, reference was made to improving the verification process before ordering online for example, by printing out prescriptions and having identification to match. Some felt that the operation of online pharmacies should also be checked and that staff working in online pharmacies should be qualified and appropriately trained.

3.7 Support for in person pharmacy services

Although respondents highlighted the positives of using an online pharmacy some indicated that they would not use online services indicating their preference to visit their local pharmacy and have a personal one to one consultation. It was further argued that people should support their local pharmacies. Some mentioned they have used an online pharmacy in the past, but there were issues including delays when sending repeat prescriptions.

3.8 Requirement to see a GP for diagnosis or monitoring

Another common theme that was critical of online pharmacies was the view that people should be required to see a GP for diagnosis or monitoring. Respondents commented that it is important for a patient to be seen by a GP on a regular basis when on repeat medication. Also, some argued that patients' medical needs change therefore seeing a GP regularly is important. Finally, a few respondents thought that it is safer to have a GP consultation and then decide which medication to get.

3.9 Negative experience of online pharmacy

Some further criticism from respondents came in comments on their own negative experiences of online pharmacy. Some respondents provided examples of when family members or relatives received a poor service from an online pharmacy and had to contact them on a number of occasions

Some indicated that online pharmacies can take a long time to send medication, as they are available at different times, and this is very inconvenient. Some respondents argued that over-regulation of pharmacies will not impact demand and may force patients to access treatment via unregulated sources where the supply of counterfeit medications is commonplace.

3.10 Circumstances when GP checks or additional safeguards are unnecessary

In this final theme the responses were neither critical nor supportive. Respondents identified specific illnesses or medications where GP checks or additional safeguards were unnecessary. Examples included some antibiotic creams or statins but respondents also noted that acute conditions would require more supervision. Some mentioned that repeat prescriptions shouldn't require additional checks after the initial consultation and that the repeat prescriptions process should be simplified. Finally, some respondents commented that an online pharmacy should only dispense prescriptions from GPs.

3.11 Other themes

There were a number of less frequent themes – which were broadly balanced in support of, and criticising, the proposals - highlighted in the responses as follows:

- **Positive experience of online pharmacy:** respondents described their own direct experiences of online pharmacy which had been beneficial often in terms of ease and speed of access.
- **Balance of risks and benefits:** respondents acknowledged that there are both benefits and risks of online pharmacy and these must be balanced to achieve the best outcomes for patients.
- **Additional burden on GPs:** several respondents commented on the additional burden the proposals would bring by requiring input from already overstretched GPs.
- **Proposals create inefficiency:** this theme covered the view that the additional safeguards would introduce delays and inefficiencies to the online provision of pharmacy services.
- **Proposals are person/patient centred:** a few respondents praised the proposals for putting the needs of the patient at the forefront.
- **Limited/no access to medical records:** Finally, some respondents were concerned about the need for access to medical records outlined in the proposals as they argued this would not be possible in practice.

Appendix 1: About the survey

Overview

The survey was open for three weeks, beginning on 18 September and ending on 9 October 2024 and wanted to hear views from everyone with an interest in online pharmacy, including members of the public, carers, pharmacists, pharmacy technicians and other health professionals, and pharmacy owners. To make sure we heard from as many individuals and organisations as possible:

- An online survey was available for individuals and organisations to complete during the engagement period. We also accepted postal and email responses
- A targeted survey for the public was sent to our public panel
- Targeted pre-engagement with the other relevant regulators and the Royal Pharmaceutical Society, to identify if anything in the updated guidance does not align with their own
- Provided the opportunity to give feedback on the updated guidance via our usual channels, including social media and press release sent to trade media.

Open engagement survey

We received a total of **85** written responses to our survey. **44** of these respondents identified themselves as individuals and **41** responded on behalf of an organisation.

Of these responses, **85** had responded to the survey. The vast majority (82) of these respondents completed the online version of the survey, with the remaining respondents submitting their response by email, using the structure of the survey questionnaire.

Patient and public survey

We received a total of **97** responses to our patient and public survey. These respondents were all responding as individuals. Two duplicates were removed.

Appendix 2: Our approach to analysis and reporting

Overview

Every response received during the engagement period has been considered in the development of our analysis. Our thematic approach allows us to represent fairly the wide range of views put forward, whether they have been presented by individuals or organisations, and whether we have received them in writing.

The key element of this engagement was a self-selection survey, which was hosted on the Smart Survey online platform. As with any engagement, we expect that individuals and groups who view themselves as being particularly affected by the proposals, or who have strong views on the subject matter, are more likely to have responded.

The purpose of the analysis was to identify common themes amongst those involved in the engagement activities rather than to analyse the differences between specific groups or sub-groups of respondents.

The term 'respondents' used throughout the analysis refers to those who completed the surveys. It includes both individuals and organisations.

Full details of the profile of respondents to the online survey is given in [Appendix 4](#).

For transparency, [Appendix 5](#) provides a list of the organisations that have engaged through the online survey, email responses and/or their participation in our stakeholder events. A small number of organisations asked for their participation to be kept confidential and their names have been withheld.

The survey questions are provided in [Appendix 6](#).

Quantitative analysis

The survey contained a number of quantitative questions such as yes/no questions. All responses have been collated and analysed including those submitted by email or post using the survey. Those responding by post or email more generally about their views are captured under the qualitative analysis only.

Responses have been stratified by type of respondent, so as not to give equal weight to individual respondents and organisational ones (potentially representing hundreds of individuals). These have been presented alongside each other in the tables throughout this report, in order to help identify whether there were any substantial differences between these categories of respondents.

A small number (two) of multiple responses were received from the same individuals. These were identified by matching on email address and name. In these cases, the individual respondent's most recent response was included in the quantitative analysis, and all qualitative responses were analysed.

The tables contained within this analysis report present the number of respondents selecting different answers in response to questions in the survey. The ordering of relevant questions in the survey has been followed in the analysis.

Percentages are shown without decimal places and have been rounded to the nearest whole number. As a result, some totals do not add up to 100%. This rounding also results in differences of up to one percentage point when combining two or more response categories. Figures of less than 1% are represented as <1%.

All questions were mandatory and respondents had the option of selecting 'don't know'.

Qualitative analysis

This analysis report includes a qualitative analysis of all responses to the survey, including online survey responses from individuals and organisations, email and postal responses and notes of stakeholder engagement events.

The qualitative nature of the responses here meant that we were presented with a variety of views, and rationales for those views. Responses were carefully considered throughout the analysis process.

A coding framework was developed to identify different issues and topics in responses, to identify patterns as well as the prevalence of ideas, and to help structure our analysis. The framework was built bottom up through an iterative process of identifying what emerged from the data, rather than projecting a framework set prior to the analysis on the data.

Prevalence of views was identified through detailed coding of written responses and analysis of feedback from stakeholder events using the themes from the coding framework. The frequency with which views were expressed by respondents is indicated in this report with themes within each section presented in order of prevalence. The use of terms also indicates the frequency of views, for example 'many'/'a large number' represent the views with the most support amongst respondents. 'Some'/'several' indicate views shared by a smaller number of respondents and 'few'/'a small number' indicate issues raised by only a limited number of respondents. Terms such as 'the majority'/'most' are used if more than half of respondents held the same views. NB. This list of terms is not exhaustive and other similar terms are used in the narrative.

The survey's structure

The survey was structured in such a way that open-ended questions followed each closed question or series of closed questions on the proposals. This allowed people to explain their reasoning, provide examples and add further comments.

For ease of reference, we have structured the analysis section of this report in such a way that it reflects the order of the proposals. This has allowed us to present our quantitative and qualitative analysis of the survey questions alongside each other, whereby the thematic analysis substantiates and gives meaning to the numeric results contained in the tables.

Appendix 3: Respondent profile: who we heard from

A series of introductory questions sought information on individuals' general location, and in what capacity they were responding to the survey. For pharmacy professionals, further questions were asked to identify whether they were pharmacists, pharmacy technicians or pharmacy owners, and in what setting they usually worked. For organisational respondents, there were questions about the type of organisation that they worked for. The tables below present the breakdown of their responses.

Category of respondents

Table 9: Responding as an individual or on behalf of an organisation (Base: all respondents)

Are you responding:	Total N	Total %
As an individual	44	52%
On behalf of an organisation	41	48%
Total N and % of responses	85	100%

Profile of individual respondents

Table 10: Countries (Base: all individuals)

Where do you live?	Total N	Total %
England	39	89%
Scotland	4	9%
Wales	1	2%
Total N and % of responses	44	100%

Table 11: Respondent type (Base: all individuals)

Are you responding as:	Total N	Total %
A pharmacist	29	66%
A member of the public	5	11%
A pharmacy owner	3	7%
A superintendent pharmacist	3	7%
A pharmacy technician	1	2%
Other	3	7%
Total N and % of responses	44	100%

Table 12: Main area of work (Base: individuals excluding members of the public)

Sector	Total N	Total %
Community pharmacy (including online)	17	44%
GP practice	10	26%
Research, education or training	3	8%
Hospital pharmacy	2	5%
Primary care organisation	2	5%
Other	5	13%
Total N and % of responses	39	100%

Table 13: Size of community pharmacy (Base: individuals working in community pharmacy)

Size of pharmacy chain	Total N	Total %
Independent pharmacy (1 pharmacy)	6	35%
Independent pharmacy chain (2-5 pharmacies)	3	18%
Small multiple pharmacy chain (6-25 pharmacies)	2	12%
Medium multiple pharmacy chain (26-100 pharmacies)	1	6%
Large multiple pharmacy chain (Over 100 pharmacies)	3	18%
Online-only pharmacy	2	12%
Total N and % of responses	17	100%

Table 14: Distant or internet pharmacy services (Base: individuals working in community pharmacy)

Does the pharmacy you work in (or own) deliver pharmacy services provided at a distance or on the internet?	Total N	Total %
Yes	7	41%
No	10	59%
Total N and % of responses	17	100%

Profile of organisational respondents

Table 15: Type of organisation (Base: all organisations)

Please choose the option below which best describes your organisation.	Total N	Total %
Registered pharmacy	18	44%
Organisation representing pharmacy professionals or the pharmacy sector	7	17%

Please choose the option below which best describes your organisation.	Total N	Total %
Regulatory body	2	5%
Organisation representing patients or the public	1	2%
Other	13	32%
Total N and % of responses	41	100%

Table 16: Type of registered pharmacy (Base: registered pharmacy organisations)

Which of the following best describes the registered pharmacy you represent?	Total N	Total %
Independent pharmacy (1 pharmacy)	1	6%
Small multiple pharmacy chain (6-25 pharmacies)	1	6%
Large multiple pharmacy chain (over 100 pharmacies)	3	17%
Online pharmacy only	11	61%
Other	2	11%
Total N and % of responses	18	100%

Table 17: Distant or internet pharmacy services (Base: registered pharmacy organisations)

Does the pharmacy you represent deliver pharmacy services at a distance or on the internet?	Total N	Total %
Yes	17	94%
No	1	6%
Total N and % of responses	18	100%

Monitoring questions

Data was also collected on respondents' protected characteristics, as defined within the Equality Act 2010. The GPhC's equalities monitoring form was used to collect this information, using categories that are aligned with the census, or other good practice (for example on the monitoring of sexual orientation). The monitoring questions were not linked to the survey questions and were asked to help understand the profile of respondents to the survey, to provide assurance that a broad cross-section of the population had been included in the engagement exercise. A separate equality impact assessment has been carried out and will be published alongside this analysis report.

Appendix 4: Organisations

The following organisations engaged through the online survey and email responses:

AdverCheck Ltd

Boots Online Doctor

Boots UK

Chequp Health Limited

Community Pharmacy Scotland

Community Pharmacy Wales

Company Chemists' Association

Digital Clinical Excellence Forum (DiCE UK)

Drug & Therapeutics Bulletin

Easons Pharmacy

Fill Function UK Limited (Eucalyptus)

General Chiropractic Council

Health and Social Care Alliance Scotland (the ALLIANCE)

Healthcare Distribution Association UK

Healthwatch Birmingham and Healthwatch Solihull

HeliosX

HR Healthcare

MANUAL

National Pharmacy Association

Numan

Office of the Patient Safety Commissioner

Oxford Online Pharmacy

PAGB

PCT Healthcare Ltd trading as Peak Pharmacy

Pharmacy Law & Ethics Association

Pharmacy2U

Professional Standards Authority for Health and Social Care

Rowlands Pharmacy

Royal Pharmaceutical Society

Simple Online Pharmacy

Streamline Clinics Limited and Synergy Cole Limited

The Pharmacists' Defence Association

Turning Point

WebMed Pharmacy

Weigh Medics

ZAVA

Appendix 5: Survey questions

Our proposals

Main survey

Q1. Do you think our proposed changes to this guidance will improve patient safety?

Q2. Thinking specifically about the changes we are proposing, is there anything in our proposed changes that:

- a. Is missing?
- b. Should be amended?
- c. Should be removed?

Q3. If you answered 'yes' to any of the above, please describe what you think is missing, should be amended or should be removed.

Q4. Do you think our proposals will have a positive or negative impact on individuals or groups who share any of the protected characteristics in the Equality Act 2010?

Age

Disability

Gender reassignment

Marriage and civil partnership

Pregnancy and maternity

Race

Religion or belief

Sex

Sexual orientation

Q5. Do you think our proposals will have a positive or negative impact on each of the following groups?

Patients and the public

Pharmacy owners and employers

Pharmacy staff

Other healthcare professionals

Q6. Please describe the impact you think our proposals will have on the groups identified in questions 4 and 5 above.

Patient and public survey

Q1. Have you ever obtained any medicine for yourself or someone else from an online pharmacy?

Q2. Do you think people should be able to indicate what medicine they would prefer to get, before they have an online consultation with a prescriber?

Q3. Would you expect to have the option to contact the prescriber through a video call, phone call, email, live chat or another messaging service, to discuss any questions you might have, before you were prescribed a medicine?

Q4. Do you agree that further safeguards should be put in place before these medicines are prescribed?

- a. Medicines which are likely to cause death or serious harm to a patient if taken in overdose
- b. Medicines which require physical examination of the patient to support a prescribing decision
- c. Medicines used for weight management and those known to be misused to achieve weight loss

Q5. Should we include these extra safeguards in our updated guidance?

- a. The prescriber should take appropriate steps to confirm the medicine is right for the person, for example by contacting the person's GP or checking the person's clinical records
- b. The prescriber should independently verify the information that the person provides. This may be through a phone call or video consultation, in person or by contacting the person's GP

Q6. Do you have any other comments or experiences you want to share relating to online pharmacies supplying medicines?

Appendix 6: The impact of the proposed changes on people sharing particular protected characteristics

Individual responses

Figure 3: Views of individual respondents (N = 44) on whether our proposals positively or negatively impact any individuals or groups sharing any of the protected characteristics in the Equality Act 2010

Q4. Do you think our proposals will have a positive or negative impact on individuals or groups who share any of the protected characteristics? (Individual respondents)

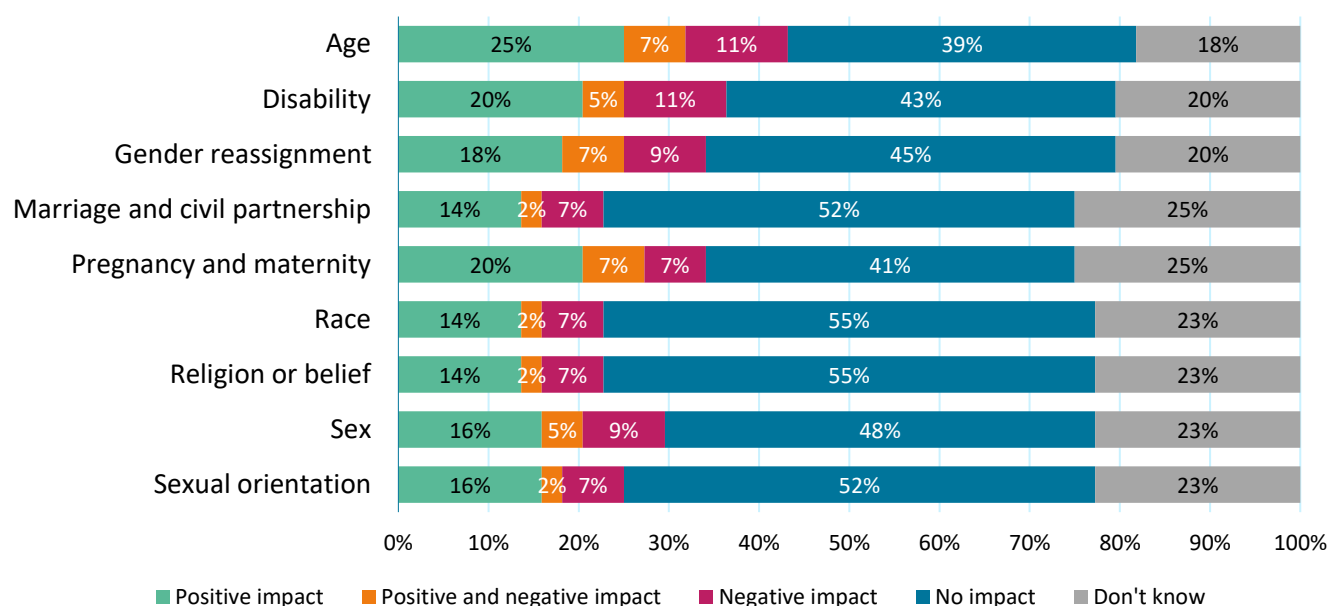


Figure 3 shows that the highest percentage of individual respondents (ranging from 39% to 55%) felt that our proposals would have no impact on each of the protected characteristics.

Between 14% and 25% of respondents felt there would be a positive impact on groups or individuals who share any of the nine protected characteristics. The protected characteristic that individual respondents thought would have the largest positive impact was age (25%). A similar proportion (between 18% and 25%) did not know what the impact of the proposals would be.

Only a small proportion of individuals (between 7% and 11%) felt that the proposals would have a negative impact on people sharing one or more of the nine protected characteristics, with age and disability (11%) scoring the highest in this category. A similarly small proportion of individual respondents (ranging from 2% to 7%) indicated that the proposals would have both a positive and negative impact on each of the protected characteristics.

NB. Please see section 2 in the main body of the report for the chart showing the overall responses and further analysis.

Organisational responses

Figure 4: Views of organisations (N = 41) on whether our proposals positively or negatively impact any individuals or groups sharing any of the protected characteristics in the Equality Act 2010

**Q4. Do you think our proposals will have a positive or negative impact on individuals or groups who share any of the protected characteristics?
(Organisational respondents)**

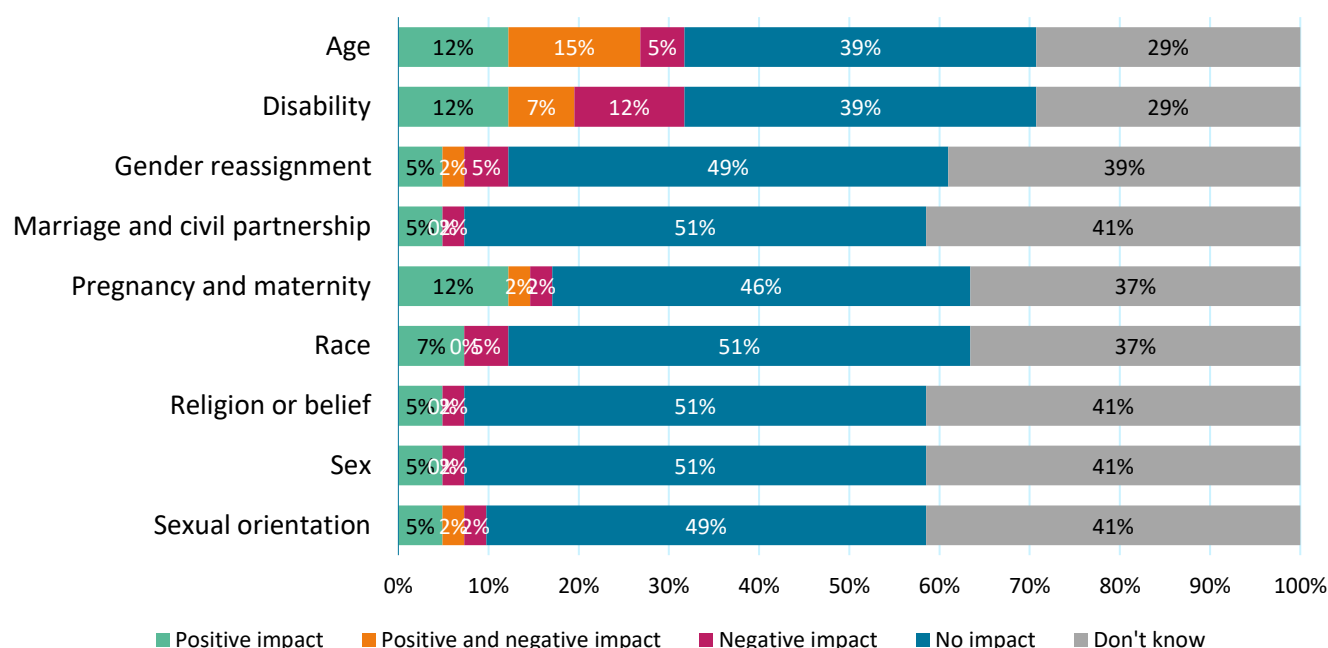


Figure 4 shows that the highest percentage of organisations (ranging from 39% to 51%) felt that our proposals would have no impact on each of the protected characteristics. Between 29% and 41% of organisational respondents did not know what the impact of the proposals would be.

Between 5% and 12% of organisational respondents felt there would be a positive impact on groups or individuals who share any of the nine protected characteristics. The protected characteristics that organisations thought would have the largest positive impact were age, disability and pregnancy and maternity (all 12%).

Only a small proportion of organisations (between 2% and 12%) felt that the proposals would have a negative impact on people sharing one or more of the nine protected characteristics, with disability (12%) scoring the highest in this category. A similarly small proportion of individual respondents (ranging from 0% to 15%) indicated that the proposals would have both a positive and negative impact on each of the protected characteristics.

NB. Please see section 2 in the main body of the report for the chart showing the overall responses and further analysis.

Appendix 7: The impact of the proposed changes on other groups

Individual responses

Figure 5: Views of individual respondents (N = 44) on whether our proposals positively or negatively impact other individuals or groups

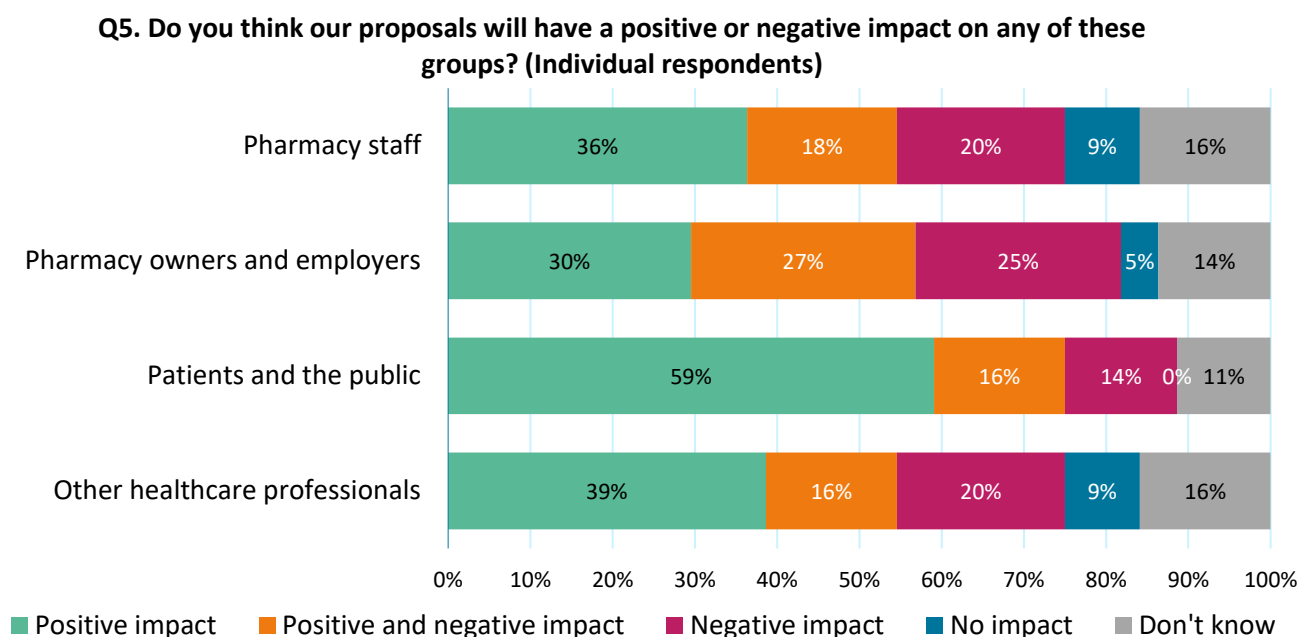


Figure 5 shows that many individual respondents thought that the proposals would have a positive impact on patients and the public (59%). Fewer felt that other healthcare professionals (39%) and pharmacy staff (36%) would be positively impacted by the proposals. The fewest percent of individual respondents felt there would be a positive impact on pharmacy owners and employers (30%).

In contrast, a smaller proportion of individuals thought that the proposals would have a negative impact, with pharmacy owners and employers (25%) scoring the highest. A similar proportion indicated that the proposals would have both a positive and negative impact on the groups identified above, with pharmacy owners and employers (27%) again scoring the highest.

A small proportion of individuals (between 0% and 9%) thought the proposals would have no impact, with pharmacy staff and other healthcare professionals (both 9%) being the highest. A slightly more uniform proportion indicated they did not know how the proposals would affect the above groups (between 11% and 16%).

NB. Please see section 2 in the main body of the report for the chart showing the overall responses and further analysis.

Organisational responses

Figure 6: Views of organisations (N = 41) on whether our proposals positively or negatively impact other individuals or groups

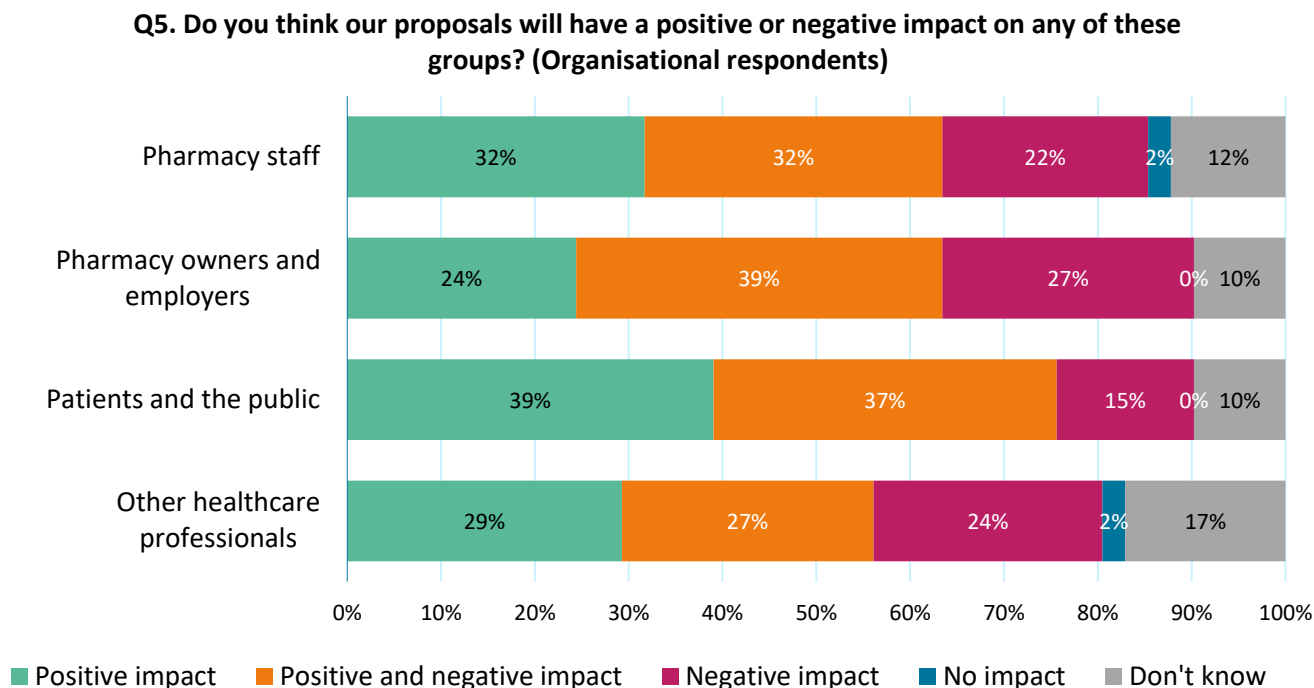


Figure 6 shows that, similar to individual respondents, many organisations thought that the proposals would have a positive impact on patients and the public (39%). With the fewest percent of organisations feeling there would be a positive impact on pharmacy owners and employers (24%).

Of the organisations who responded the highest percent (39%) thought that the proposals would have both a positive and negative impact on pharmacy owners and employers, with 37% suggesting that the proposals would have a similar effect on patients and the public. A smaller proportion of organisations thought that the proposals would have a negative impact (15% to 27%), with pharmacy owners and employers (27%) again scoring the highest.

A small proportion of organisations (between 0% and 2%) thought the proposals would have no impact with more indicating they did not know how the proposals would affect the above groups (between 10% and 17%) with other healthcare professionals (17%) scoring the highest.

NB. Please see section 2 in the main body of the report for the chart showing the overall responses and further analysis.

