General Pharmaceutical Council

Consultation on 'Making sure patients and the public obtain medicines and other pharmacy services safely online': analysis report

Executive summary

General

The purpose of introducing the new proposals was to ensure safer outcomes for patients and people who use online pharmacies. Overall, respondents were supportive of our aim to strengthen the existing guidance for pharmacy owners so that patients and the public could obtain medicines, and other pharmacy services, safely online. However, there were some requests for clarification and suggestions for ways in which the proposals could be strengthened.

Background

Between June and August 2018, we consulted on changes to our guidance for owners of online pharmacies. There were three main areas on which we were seeking views, they were:

a. Transparency and patient choice
b. Making sure medicines are clinically appropriate for patients
c. Regulatory oversight

We delivered the consultation through an online survey, and held a stakeholder roundtable event. We also commissioned YouGov to undertake a survey on how patients and the public viewed and used online pharmacies.

There were **797** responses to the online survey: **81** from organisations and **716** from individuals. There were also **14** additional written responses which did not follow the structure of the survey: **7** from organisations and **7** from individuals. There were **13** stakeholders who attended our roundtable event, and YouGov surveyed a nationally representative sample of **2040** respondents in Great Britain.

Key issues raised in responses

Views on transparency and patient choice

There was very strong agreement with our proposal that patients and the public should have the right information about an online pharmacy and who is providing the service, so that they can make an informed decision. Some respondents asked for clarity around issues which included making a clear distinction between the online provision of prescribing services and the online supply of medication; the practicality of providing up-to-date, real time information, for example, on the Responsible Pharmacist (RP); and providing more information on what is meant by the prescriber's 'location'.

A small number of respondents argued that the proposals concerned solely with prescribers was the responsibility of the Care Quality Commission (CQC) online doctor services, and suggested that we needed to work closely with them. There were suggestions, throughout the consultation, that we should be working closely on issues around online pharmacies with other relevant organisations such as the CQC, General Medical Council (GMC), Health Improvement Scotland (HIS), Health Improvement Wales (HIW), and the Company Chemists' Association (CCA).

Of the small number of respondents who disagreed with the expectations set out under this proposal, the main reasons were questions about the lack of parity in regulation between online and community pharmacies (with online pharmacies' regulation being more stringent), and that the majority of expectations – such as putting the physical address of the online pharmacy on the pharmacy website – would be difficult or impossible to implement.

Views on making sure medicines are clinically appropriate for patients

In response to the question of whether it is appropriate for pharmacy websites to be arranged in such a way that a patient can choose a prescription-only medicine, and its quantity, before having a consultation with a prescriber: a large majority of respondents felt it was either always inappropriate, or should only happen in certain circumstances. The circumstance where it may be appropriate was the case of repeat prescriptions. However, even in this case, respondents wanted both the quantity of medication issued, and the number of times this could be done before a review should take place, to be limited. A few respondents suggested that the patient's GP should be notified after every request, and if the patient refused permission for their GP to be contacted then the medicine should not be dispensed.

A majority of the respondents who disagreed with allowing patients to pre-select a medication before a consultation, cited patient safety, lack of patient knowledge, and the potential for abuse of medication as reasons for their decision. Of the small number of respondents who felt that patients should be allowed to choose medication before a consultation, the majority cited an increase in efficiency as a benefit; with other reasons being increased accessibility/flexibility for patients, and the empowerment of patients to manage their own healthcare.

An overwhelming majority of respondents agreed with our proposal to add further safeguards for certain categories of medicine, arguing that any medicine which had a risk of abuse or misuse should

also be included. A large number of respondents also felt that medicines which had a high risk with regards to patient safety, such as oncology medicines, should also be closely monitored.

A small number of respondents questioned whether the guidelines would be effective given that there were no sanctions which could be enforced if a breach was detected.

Views on regulatory oversight

A large majority of respondents agreed that our proposals on regulatory oversight for services or prescribers not based in the UK should be included in our guidance. However, there were questions about how services or prescribers based outside the UK would be monitored, with one organisation pointing out that prescribers could face a conflict between their home country regulator's relevant legislation, ethical standards and guidance, and national prescribing guidelines in the UK. A large number of respondents felt that overseas prescribers should not be permitted at all, while a small number of respondents felt that ensuring overseas prescribers kept to UK national prescribing guidelines would be difficult, if not impossible.

Impact of the guidelines

Patients: the majority of respondents felt that the guidelines would increase patient safety, but questions were asked about how we intend to monitor online pharmacies and enforce the guidelines. There was a suggestion that if the guidelines were too restrictive it could lead patients to visit illegal online pharmacies. There were also suggestions that the proposals may restrict the availability of some medication online, slow down the service, or increase costs.

Owners of registered pharmacies: a large number of respondents felt that the proposals would have a negative impact on owners for a number of reasons including: increased workload and stress, the burden of compliance, and the possibility of having to change operations and procedures which may incur costs (which are disproportionate to the risks that the guidance is trying to address). It was felt that the costs and extra regulatory burden creates an incentive for owners to seek prescribers outside of the UK regulatory framework.

Pharmacy team: a large number of respondents felt that the proposals would have a positive impact on the pharmacy team since they would increase patient safety (because safeguards are improved), there would be less chance of inappropriate medicines being supplied, service quality would be improved, and they would be provided with better guidelines. However, a large number of respondents felt that many of the possible negative impacts on owners would also be the same for the pharmacy team; for example, increased workload and stress.

People with protected characteristics: a small number of respondents identified greater choice, and flexibility, on how and where to access healthcare, as a potential positive impact on people with accessibility issues, for example, older, or disabled people. A small number of respondents felt that being able to engage online, rather than face-to-face, would also be positive since there was less chance of discrimination or bias. However, there were questions about whether online access may be more difficult for older people, disabled people, or those with cognitive, sensory and learning difficulties.

The consultation: what we did

1. Policy background

1.1. Between June and August 2018, we asked for views on changes to our guidance for pharmacy services provided on the internet or at a distance. Our aim was to strengthen our guidance to make clear what our expectations are of pharmacy owners who provide these services.

1.2. We regulate all registered pharmacies in Great Britain, including pharmacies that provide services on the internet to patients and the public. We inspect all registered pharmacies and look for evidence that pharmacies providing services on the internet are meeting our Standards for Registered Pharmacies.[1]

1.3. In 2015, we published Guidance for pharmacy owners who provide pharmacy services at a distance, including on the internet. This guidance makes clear that however the pharmacy service is delivered, the legal principles and regulatory standards aimed at guaranteeing safe outcomes for patients and people who use pharmacy services must still be met.

1.4. We support and encourage responsible innovation as long as people using pharmacy services receive safe, effective, person-centred care. However, we are increasingly concerned about the way some services appear to undermine the important safeguards that are in place to protect patients from accessing medicines that are not clinically appropriate for them. We have therefore asked for views on proposed changes which are intended to strengthen our guidance for pharmacy services provided on the internet or at a distance.

2. Summary of our proposals

2.1. Transparency and patient choice

2.1.1. We believe that it is vital for patients and members of the public to have enough information about the clinical service they are using, and who is providing it, to make an informed decision. If needed, this information would also allow patients to raise concerns about the quality of the service and about the health professionals who provided the service. We will therefore make it clear in our updated guidance that however the pharmacy service is designed, we expect there to be transparency for patients.

2.1.2. Pharmacy owners have an important role to play in raising awareness among patients about what they should expect from a safe and effective pharmacy service. For example, we believe that a good pharmacy service will verify the patient's identity so that the medicines are right for

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[1] GPhC (2012) Standards for registered pharmacies, available at:
https://www.pharmacyregulation.org/sites/default/files/standards_for_registered_pharmacies_september_2012.pdf

the patient. Therefore, we are proposing to include in our guidance more advice on the types of information patients and the public should be given online.

2.1.3. If a pharmacy owner works with a prescribing service based outside the UK, we expect the pharmacy owner to make sure patients are provided with clear information about these arrangements. This would include the indemnity and regulatory arrangements that apply to those prescribers, especially if they are not regulated by a healthcare regulator in the UK. This should include contact details for the regulator and indemnity providers. The pharmacy owner must be able to show that before they start using the service, patients:

- Have been given this information, and

- Have provided explicit, informed consent to receiving medical advice and treatment from a prescriber not regulated by a UK healthcare regulator.

2.2. Making sure medicines are clinically appropriate for patients

2.2.1. In the discussion paper we wanted to explore whether it is appropriate for pharmacy websites to be arranged in such a way that a patient can choose a prescription-only medicine, and its quantity, before having a consultation with a prescriber, and what the risks and benefits are. We were particularly keen to hear the experiences of patients, and those who provide those services.

2.2.2. Our standards for registered pharmacies make it clear that pharmacy owners must make sure that pharmacy professionals are able to meet their own professional and legal obligations, and are able to exercise their professional judgement in the interests of patients and the public. Pharmacy professionals must be able to meet the standards for pharmacy professionals, and they must be satisfied that a prescription is clinically appropriate.

2.2.3. We expect pharmacy owners to have robust processes in place so that the pharmacy team is able to:

- Make appropriate checks (for example, on the identity of patients), and

- Identify possible risks to patients (for example, have systems to identify multiple orders to the same address or using the same payment details)

2.3. Further safeguards for certain categories of prescription-only medicines

2.3.1. We believe that there are certain categories of medicines that may not be suitable to be prescribed and supplied online unless further action is taken to make sure that they are clinically appropriate for the patient. These include:

- Antimicrobials (antibiotics)

- Opiates and sedatives

- Medicines or medical products for chronic conditions (including asthma and diabetes) and mental health conditions

- Non-surgical cosmetic medicinal products (such as Botox, Dysport or Vistabel)

We will make it clear that it is not appropriate for pharmacy owners to work with prescribing services unless they are assured that safeguards are in place for certain prescription-only medicines.

2.4   Regulatory oversight

2.4.1.   It is not appropriate for pharmacy owners to work with online prescribing providers who may try to deliberately bypass the regulatory oversight which aims to ensure patient safety throughout the healthcare system. Working with prescribers who are not appropriately registered with the relevant professional regulator within the UK, and with prescribing services not based in the UK, could create additional risks for patients. We plan to make it clear that if a pharmacy owner decides to work with prescribers or prescribing services operating lawfully outside the UK, we expect the pharmacy owner to make sure and be able to show that:

- They are able to successfully manage the additional risks that this may create

- The prescribers are keeping to national prescribing guidelines for the UK, and

- The prescribers are keeping to their home country regulator's relevant legislation, ethical standards and guidance

3.   About the consultation

3.1   Overview

3.1.1   The consultation was open for eight weeks, beginning on 26 June and ending on 21 August 2018. To ensure we heard from as many individuals and organisations as possible:

- An online survey was available for individuals and organisations to complete during the consultation period. We also accepted postal and email responses

- We organised a stakeholder roundtable event aimed at pharmacy professionals, pharmacy service users, organisations and other interested parties

- We created a toolkit of materials for organisations to disseminate information about the consultation to their members, including a press release and a presentation

- We promoted the consultation through a press release to the national and pharmacy trade media, via our social media and through our online publication Regulate

- We sent out a reminder about the consultation two weeks before the closing date

3.2   Consultation Responses

3.2.1.   We received a total of **811** written responses to our consultation. **723** respondents identified themselves as individuals and **88** responded on behalf of an organisation.

3.2.2.   Of these responses, **797** had responded to the consultation survey. The vast majority of these respondents completed the online survey, with the remaining respondents submitting their response by email, using the structure of the consultation questionnaire.

3.2.3.   Alongside these, we received **14** responses from individuals and organisations writing more generally about their views.

3.3.   Stakeholder event

3.3.1.   We held a stakeholder event in London on 18 July 2018; the roundtable event was attended by **13** stakeholders including a mix of pharmacists, pharmacy technicians, people working in education and training, employers, pre-registration pharmacists, representatives from professional bodies, regulators and trade bodies, including the Royal College of Nursing and General Medical Council (the attendees are included in Appendix 1). The questions for the stakeholder event can be found in Appendix 3.

3.4.   YouGov survey

3.4.1.   We commissioned YouGov to undertake a survey between 8-9 August 2018, on how patients and the public viewed and used online pharmacies. The sample used was a nationally representative sample of 2040 respondents in Great Britain (the questions used can be found in Appendix 4). The YouGov survey was part of a wider consultation on pharmacies, so only one question was of direct relevance to this consultation. However, the other questions established the context of how the public view and use online pharmacies and the general findings can be found in section 18, below. All of the data is available on application to the GPhC.

4. Our approach to analysis and reporting

4.1.   **Overview**

4.1.1.   Every response received during the consultation period, including notes from the stakeholder event and the results of an omnibus survey conducted by YouGov on our behalf, 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, or heard them in meetings or events.

4.1.2.   The key element of this consultation was a self-selection survey, which was hosted on the Smart Survey online platform. As with any consultation, 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.

4.1.3. The term 'respondents' used throughout the analysis refers to those who completed the consultation survey and those who attended our stakeholder event. It includes both individuals and organisations.

4.1.4. For transparency, Appendix 1 provides a list of the organisations that have engaged in the consultation through the online survey, email responses and/or their participation in our stakeholder event. A small number of organisations asked for their participation to be kept confidential and their names have been withheld.

4.1.5. The consultation questions are provided in Appendix 2.

4.2. **Quantitative analysis**

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

4.2.2. Responses were 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, however, been presented alongside each other throughout this report, to help identify whether there were any substantial differences between these categories of respondents.

4.2.3. 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.

4.2.4. Skipped answers have not been included. Cells with no data are marked with a dash.

4.3. **Qualitative analysis**

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

4.3.2. 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.

Analysis of consultation responses and engagement activities: what we heard

5. Analysis of responses to the main consultation survey

5.1. The main consultation questions on our proposals to strengthen our guidance were structured so that each closed question was followed by an open-ended question. This allowed people to explain their reasoning, provide examples and add further comments. The analysis below provides the quantitative analysis followed by the qualitative analysis (which includes relevant comments from the stakeholder event and the YouGov survey) for each of the questions in the main consultation.

6. Our proposals: Transparency and patient choice

Table 1: Transparency and patient choice

Do you think our proposals on transparency and patient choice should be included in our guidance?	N and % individuals	N and % of organisations	Total
Yes	659 (92%)	71 (88%)	730 (92%)
No	30 (4%)	6 (7%)	36 (5%)
Don't know	27 (4%)	4 (5%)	31 (4%)
Total N of responses	**716 (100%)**	**81 (100%)**	**797 (100%)**

6.1. *Table 1* shows the majority of individual and organisational respondents thought that our proposals on transparency and patient choice should be included in our guidance.

6.2. Approximately a quarter of respondents left a comment to the question: 'Do you think our proposals on transparency and patient choice should be included in our guidance?'

6.3. **Agreement with the proposals**

6.3.1. While an overwhelming majority of respondents agreed that our proposals on transparency and patient choice should be included in our guidance, there were some requests for clarification around the proposals, and some suggestions on how to make them more effective.

6.3.2. Although there was broad agreement that the identity of the responsible pharmacist (RP) should be clear and visible to the patient, a large number of respondents (both those who

agreed and those who disagreed with the proposals) pointed out that an online pharmacy may have more than one RP running the pharmacy throughout the day. It would therefore be impractical to provide real time, up-to-date information to patients about the pharmacists involved in supplying the medication to the public. It would also be difficult to enforce.

6.3.3.   A small number of respondents asked that the issue of the supply of medication remotely be clearly distinguished from the issue of the supply of prescribing services remotely, since these were two distinct areas.

6.3.4.   A handful of respondents identified some of our proposals as being the responsibility of the prescriber or prescribing service and not the pharmacy; for example, provision of the name and location of the prescriber, and whether the prescriber is a doctor or a non-medical independent prescriber.

6.3.5.   With regards to the distinction between the prescribing service and the supply of medicines remotely, it was noted that some of the GPhC proposals were solely concerned with the prescriber and therefore, (if the prescribing service was based in England) the CQC would be responsible for regulating the online prescribing service. There was a suggestion that there should be alignment between the views of the GPhC and the CQC with regards to issues such as identity, so that one agreed approach could be adopted across the 'digital healthcare space'.

6.3.6.   Regarding the name and location of the prescriber, a few respondents asked for clarification on whether this was referring to the prescriber's location that they were consulting or prescribing from, the organisation's location, or the country they are in at the time of the consultation and issuing of the prescription.

6.3.7.   It was suggested by a small number of respondents that online pharmacies should also provide patients with the prescriber's professional registration number, the country in which they are registered, and contact details for the relevant regulator and indemnity provider (this was in case the patient had any concerns about the prescriber).

6.3.8.   A few respondents felt that the proposals regarding transparency and patient choice would help to ensure that online pharmacies met the same standards of transparency as 'bricks and mortar' pharmacies.

6.3.9.   It was suggested by a small number of respondents that it may also be useful for online pharmacies to state whether they are registered with the GPhC, and for the guidance to encourage patients to only use websites which display the MHRA common logo.

6.3.10. There were a small number of queries from respondents about our reference to the 'supervising pharmacist', a term with which they were unfamiliar and which many assumed meant 'superintendent pharmacist'.

6.3.11. A small number of respondents felt that steps to assure the patient's identity should be reasonable, given the remote nature of service delivery. A few respondents pointed out that certain assurances may be possible with use of Summary Care Records; however, they

acknowledged that ultimate identification of an individual is difficult on the internet and relies largely on good faith.

6.3.12. An organisation response pointed out that a statement of the pharmacy location may need to be qualified by a notice that the relevant premises are not accessible by, or open to, the public.

6.3.13. Another organisation suggested that where the guidance talks about providing clear information about 'indemnity and regulatory arrangements that apply to those prescribers, especially if they are not regulated by a healthcare regulator in the UK', the term 'healthcare regulator' should be replaced by 'healthcare professional regulator' to avoid confusion with system regulation.

6.3.14. In the YouGov survey nearly two thirds of respondents thought that a consultation with a prescriber should take place before a person can select the medicine they want from an online pharmacy. A fifth of respondents said that they would want to be able to select the medication before the consultation, and the remainder did not know. The YouGov survey did not ask whether pre-selection of medication was permissible in certain circumstances; nevertheless, the YouGov findings are in line with the findings of our survey with respect to the agreement that a consultation with a prescriber should take place before medication can be selected.

6.4. Disagreement with the proposals

6.4.1. An opposing stance to point 6.3.8. (above), was that the GPhC's proposals would mean that a higher level of scrutiny was being applied to online providers than to those in a traditional pharmacy context. The need for parity between online and community pharmacies was frequently expressed by respondents throughout the survey.

6.4.2. A small number of respondents pointed out that in community pharmacies it is not customary for pharmacists to verify the full identity of a customer or patient. When a community pharmacy receives a private paper prescription from Harley Street, for example, there is no requirement for ID to be produced. It is common to verify name and address only when handing out medication.

6.4.3. There was a very small number of respondents who disagreed with our proposed changes on transparency and patient choice.

6.4.4. A few of the respondents who disagreed with the proposals said that their stance was due to a lack of clarity around what was meant by the 'physical address of the pharmacy', since digital models are likely to consist of several different registered pharmacies and addresses relating to the supply of each medication.

6.4.5. A handful of respondents felt that asking all patients for identification was impractical and they were unclear as to how it would benefit patients.

6.4.6. Many of those who disagreed with the proposals felt that the majority of the proposals, as set out in the discussion paper, would be difficult or impossible to implement.

6.4.7. While some respondents agreed that prescribing services should act in accordance with prescribing guidance in ascertaining the identity of their patients where this is appropriate, they argued that there are clear exceptions; for example, the current guidance that is being drafted by the British Association for Sexual Health and HIV (BASHH) regarding the treatment of sexual health. Nevertheless, a small number of respondents felt that the current legislative framework correctly puts the burden of responsibility on the prescribers.

6.4.8. A small number of respondents pointed out that where a pharmacy works with a prescribing service that is advertised on their site, they have a responsibility to ensure that the prescribing service is clinically robust. So, while it would not be practical for a pharmacy to ascertain the identity of each patient, it would be practical for the pharmacy to seek suitable reassurances from the prescribing provider that they have appropriate safeguards in place to ensure that the medicines are right for the patient.

6.5. **Stakeholder event feedback**

6.5.1. As in the wider consultation, stakeholders asked questions about when the patient needed information about the pharmacy, location, etc., and how much detail was needed. For example, when asking for the name and location of the prescriber, what exactly is meant by 'location'? The issue of conflating online prescribing and online dispensing was also raised, and the need to clarify this distinction in the guidance.

6.5.2. It was felt that patients need to know if the prescriber is regulated by a UK healthcare regulator, and if not, who does regulate them. There was a discussion that the proposals should not create a system that pushes patients into obtaining medicines through unregulated organisations.

7. Making sure medicines are clinically appropriate for patients

Table 2: Choosing a prescription-only medicine before having a consultation with a prescriber

Do you think it is appropriate for pharmacy websites to be arranged in such a way that a patient can choose a prescription-only medicine, and its quantity, before having a consultation with a prescriber?	N and % of individuals	N and % of organisations	Total
Yes	66 (9%)	10 (12%)	76 (10%)
Only in certain circumstances	173 (24%)	27 (33%)	200 (25%)
No	464 (65%)	40 (49%)	504(63%)
Don't know	13 (2%)	4 (5%)	17 (2%)
Total N of responses	**716 (100%)**	**81 (100%)**	**797 (100%)**

7.1. *Table 2* shows the majority of individual respondents felt that it was not appropriate for pharmacy websites to be arranged in such a way that a patient can choose a prescription-only medicine, and its quantity, before having a consultation with a prescriber. While the majority of organisations agreed, it was a smaller majority. A quarter of individual respondents felt that it may be appropriate, but only in certain circumstances, while a third of organisation responses felt that it may be appropriate in certain circumstances.

7.2. Almost half of respondents left a comment to the question: 'Do you think it is appropriate for pharmacy websites to be arranged in such a way that a patient can choose a prescription-only medicine, and its quantity, before having a consultation with a prescriber?'

7.3. **Agreement with the question in Table 2**

7.3.1. The main circumstance in which this was considered acceptable, by a large number of respondents, was if the request was for a repeat prescription, that is: if the patient was currently taking the medication or had taken it before; and if the supply requested was the same or less than previously prescribed. Many respondents also said that a repeat prescription should only be repeated for a limited number of times before a further review would be needed; or could only be issued if it was for a limited quantity.

7.3.2. The patient could receive medication for a repeat prescription but their GP should be made aware that the patient is taking the medicine and be informed after each supply. One organisation suggested that if patients were unwilling for their GP to be informed then the prescription should not be dispensed.

7.3.3. A small handful of respondents felt that patients should be allowed to select what they want or need, saying that it enables patients to take more control of their healthcare. One of those respondents cited NHS England's five-year plan recommendation that patients should be actively encouraged to manage their own health. So, if a patient had previously experienced unwanted side effects they would be able to select alternative medication or brands which worked for them.

7.3.4. A few respondents felt that it was acceptable for patients to select what they want or need since the next step would be to a consultation with a prescriber who could, if necessary, refuse to prescribe the medication if they deemed it unsafe or inappropriate.

7.3.5. A small number of respondents said that the proposal would be acceptable if the medication requested needed fewer safeguards in general, or if certain medications were made available for pre-selection.

7.3.6. A few respondents highlighted that some patients would not want to select their own medication, and that online sites should give patients the option to not select a treatment and for the prescriber to recommend suitable medication.

7.3.7. One organisation noted the GPhC use of the term "clinical appropriateness" to describe the website arrangement; they felt that this may cause confusion because the profession uses the term in a different way; for example, when assessing if items prescribed are clinically appropriate, i.e. the clinical check.

7.4. **Disagreement with the question in Table 2**

7.4.1. A large number of respondents felt that it would be rare to have a situation where it would be appropriate for a patient to choose a prescription-only medicine, and its quantity, before having a consultation with a prescriber. Allowing this to happen would put patient safety at risk since patients lacked the clinical knowledge to make such decisions. Many respondents said that the decision to prescribe an appropriate medication should be made between the patient and the prescriber after an assessment of the patient's condition.

7.4.2. A large number of respondents felt that a consultation with a prescriber should always come first, that the prescriber should then inform the patient of the various options, and then they should make a decision together about medication.

7.4.3. A few respondents cited the need to enforce the MHRA blue guide with online sites, as well as enforcing the existing guidance to support both online and face-to-face dispensing. One respondent argued that pharmacy websites which adhere to the Blue Guide would not be arranged in a way so that a patient could *choose* a prescription-only medicine, and its quantity, before having a consultation with a prescriber. Instead, they could be arranged in a way which allowed the patient to *indicate* a preferred treatment option before the consultation with the prescriber.

7.4.4.   A few respondents felt that online pharmacies may take a 'product led' approach and encourage patients to order large or inappropriate quantities of prescription-only medicines without having an appropriate consultation to understand the safety implications.

7.4.5.   A small number of respondents recommended that access to electronic patients' records, such as the Summary Care Records in England, should be included as part of the online service. This would provide a means of sharing information so that what medication has been supplied, and when, is known to a patient's regular GP. This would ensure a complete patient health record.

7.5.   **Stakeholder event feedback**

7.5.1.   In discussing circumstances where it would be appropriate for a patient to choose a prescription-only medicine, and its quantity, before having a consultation with a prescriber it was generally agreed that it would be appropriate for a patient to choose a prescription-only medicine, and its quantity, before having a consultation with a prescriber in the case of some repeat prescriptions. However, not for diabetes or addictive medication, and repeat prescriptions may involve lower strength or a limited quantity of medication. Some felt that a choice about medication should only be made after a consultation, and then in a discussion between prescriber and patient.

8.   Risks of patients being able to choose a prescription-only medicine, and its quantity, before having a consultation with a prescriber.

8.1.   Almost two-thirds of respondents left a comment to the question about the risks involved in allowing a patient to choose a prescription-only medicine, and its quantity, before having a consultation with a prescriber.

8.2.   A large number of respondents felt that allowing patients to choose their medication before a consultation with a prescriber is open to abuse by patients, who may try to 'play' the system to get the drugs they want; for example, by obtaining supplies from multiple online sites and getting excessive quantities of their chosen medication, or preparing answers to known questionnaires.

8.3.   One of the other main risks identified by a large number of respondents focuses on patient safety; for example, risk of addiction, overdose or misuse; the risk of overuse and antimicrobial resistance; and the risk that it could lead to more illegal practices. However, there was a fear that if regulations are too tight, patients may instead visit illegal online pharmacies.

8.4.   Another risk identified by a large number of respondents was allowing patients to choose their medication when they lacked the knowledge or expertise to make those decisions. It was felt that patients may self-diagnose inappropriately, or been misinformed by consulting inappropriate sources such as the internet or non-professional friends or family.

8.5.   Many respondents felt that if patients were allowed to select medication before a consultation, they may put pressure on the prescriber to get what they want, even if their choice was inappropriate.

8.6.   One organisation asked that the GPhC investigate those providers that pay prescribers on a per prescription basis, as this model incentivises the wrong behaviours and encourages irresponsible prescribing.

8.7.   **Stakeholder event feedback**

8.7.1. All of the risks raised in the wider consultation were raised and discussed at the roundtable.

9.   Benefits of patients being able to choose a prescription-only medicine, and its quantity, before having a consultation with a prescriber.

9.1.   Just over two-fifths of respondents left a comment to the question about the benefits of allowing patients to be able to choose a prescription-only medicine, and its quantity, before having a consultation with a prescriber.

9.2.   According to a large number of respondents, the main advantage of allowing patients to choose a prescription-only medicine, and its quantity, before a consultation with a prescriber, was convenience for the patient when ordering repeat prescriptions. Nevertheless, there were a number of provisos including the supply to be the same or less than the previous prescription; and that the prescription could only be repeated for a limited number of times before a review had to take place.

9.3.   A large number of respondents who supported patients being allowed to choose prescription-only medicine, cited an increase in efficiency as a benefit, with time being saved by the prescriber, surgeries and other healthcare professionals. It was felt that it may increase revenue for online pharmacies, and save money for the NHS.

9.4.   A fairly large number of respondents cited improved accessibility for patients as a benefit, particularly for those who find it difficult to get an appointment with their GP, or those who may have accessibility issues such as disabled people or those with mobility issues. It was felt that allowing patients to choose a POM before having a consultation provided more choice and flexibility in terms of choosing how and where to access healthcare.

9.5.   A small number of respondents felt that patients should be allowed to select what they want or need, and should be empowered to self-manage their health.

9.6.   **Stakeholder event feedback**

9.6.1. All of the benefits raised in the wider consultation were raised and discussed at the roundtable.

10. Our proposals: Further safeguards for certain categories of prescription-only medicine

Table 3: Addition of further safeguards

Do you think our proposal to add further safeguards for certain categories of medicines should be included in our guidance?	N and % of individuals	N and % of organisations	Total
Yes	653 (91%)	74 (91%)	727 (91%)
No	43 (6%)	4 (5%)	47 (6%)
Don't know	20 (3%)	3 (4%)	23 (3%)
Total N of responses	**716 (100%)**	**81 (100%)**	**797 (100%)**

10.1. *Table 3* shows the majority of both individual and organisational respondents agreed that our proposal to add further safeguards for certain categories of medicines should be included in our guidance.

10.2. Just over a third of respondents left a comment to the question: 'Do you think our proposal to add further safeguards for certain categories of medicines should be included in our guidance?'

10.3. A large number of respondents felt that medicines which had a risk of abuse or misuse should be included in our guidance. These medicines include: sleeping pills, hypnotics, benzodiazepines, laxatives, diuretics, steroids, inhalers, weight loss medication, lidocaine, medication that could be sold on to others such as Viagra, and controlled drugs and precursors for controlled drugs such as pseudoephedrine.

10.4. A large number of respondents also felt that there were certain medications which should be closely monitored due to the drugs themselves being high risk with regards to patient safety, for example, anti-infectives, oncology medicines, medication for epilepsy and diabetes, children's medication, mental health medication and lithium, and other narrow index medicines.

10.5. A small number of respondents felt that certain alternative or natural medicines should also be included in the guidance; this included Gc protein-derived macrophage activating factor (GcMAF) and vitamins.

10.6. An organisation noted that the guidance needs to acknowledge that any pharmacy, over the counter, or prescription only medicines, can be subject to misuse so vigilance is important in any transaction. There also needs to be a statement in the guidance about off label and unlicensed medicines use.

10.7.   The same organisation proposed that unless the patient gives consent to inform their GP, who can then provide appropriate monitoring, the prescription should not be dispensed. They suggest referencing CQC findings for further endorsement of this approach.

10.8.   This organisation also expressed their lack of support for the provision of cosmetic products online via a prescription, as this would seem to go against the good practice proposed by the GMC. The respondent pointed out that with cosmetic products, the prescriber has to carry out a physical assessment of the patient before the product is prescribed, and then the product has to be administered by a suitable trained practitioner. Allowing prescription and supply to be made online provides opportunity for good practice guidance to be bypassed.

10.9.   This organisation also noted that while they agreed there are certain medications which require additional safeguards, they disagreed with the categorisation and approach presented in the discussion paper as this may miss out on emerging healthcare trends.

11.   Other comments about our proposal to add further safeguards for certain categories of medicines

11.1.   Approximately a quarter of respondents left a comment to the question: 'Do you have any comments about our proposal to add further safeguards for certain categories of medicines?'

11.2.   A small number of respondents suggested that the impact of the guidelines would depend on how online pharmacies were monitored, and if there were any sanctions which could be enforced if a breach was detected.

11.3.   Given that there are no sanctions, a few respondents questioned whether the guidelines would have any impact in practise.

11.4.   A small number of respondents felt that the guidelines would not stop patients or the public from accessing online any medicine they wanted.

11.5.   A few respondents felt that issuing further guidelines would just create more work for those pharmacies who were already concerned about patient safety, while doing little to stop disreputable online pharmacies.

11.6.   One organisational response noted that the expectation around pharmacy owners putting in place systems to document prescribers' decisions is not feasible. They recommend instead that pharmacy owners need to be satisfied that the prescribing providers advertised on their websites have appropriate safeguards in place to ensure that adequate treatment monitoring is sustained. The legal instruments for ensuring this should sit in the contractual arrangements that sit between prescribers and pharmacy owners. Their view was that these responsibilities should not be left to the pharmacy teams to manage as it will be outside their control.

11.7. Stakeholder event feedback

11.7.1. All of the issues raised and discussed at the roundtable were raised in the wider consultation, with the wider consultation taking a more detailed look at this issue.

12. Our proposals: Regulatory oversight

Table 4: Regulatory oversight for services or prescribers based outside the UK

Do you think our proposals on regulatory oversight for services or prescribers not based in the UK should be included in our guidance?	N and % individuals	N and % of organisations	Total
Yes	601 (84%)	71 (88%)	672 (84%)
No	55 (8%)	3 (4%)	58 (7%)
Don't know	60 (8%)	7 (9%)	67 (8%)
Total N of responses	**716 (100%)**	**81 (100%)**	**797 (100%)**

12.1. *Table 4* shows the majority of both individual and organisation respondents agreed that our proposals on regulatory oversight for services or prescribers not based in the UK should be included in our guidance.

12.2. Almost a third of respondents left a comment to the question: 'Do you think our proposals on regulatory oversight for services or prescribers not based in the UK should be included in our guidance?'**.**

12.3. A large number of respondents felt that the prescribers used by online pharmacies should only be based in the UK, and that NHS prescriptions should only be prescribed by UK-based prescribers, but that private prescriptions could be prescribed from overseas.

12.4. A large number of respondents felt that all overseas prescribers operating in the UK should be registered with the GPhC.

12.5. A large number of respondents questioned how GPhC would monitor services or prescribers based outside the UK, with one organisation pointing out that prescribers could face a conflict between their home country regulator's relevant legislation, ethical standards and guidance, and national prescribing guidelines for the UK. They state that under EU law, the location of a 'remote service' for regulatory purposes is in the jurisdiction of the health professional rather than the patient so health professionals (including doctors) who are prescribing within the EEA are only legally required to comply with the legal requirements in their own jurisdiction and not in the patient's jurisdiction. This means that in circumstances where there is a conflict, prescribers based within the EEA who aren't registered with a UK health professional regulator

could not reasonably be expected to comply with UK guidelines as this could lead to a legal breach in the country in which they are based.

12.6. The same organisation also asked for the expectations under the 'Regulatory oversight' section to be made more specific (based on feedback from professional regulators).

12.7. The view of a small number of respondents was that ensuring overseas prescribers kept to national prescribing guidelines for the UK would be difficult, and some claimed unrealistic.

12.8. A small number of respondents argued that asking pharmacies to follow guidelines in the UK and the EU was unfairly placing responsibility for prescribing at the door of pharmacies.

12.9. One organisation recommended providing examples of how pharmacy owners can demonstrate that they are successfully managing the additional risks that result from working with prescribers or prescribing services operating lawfully outside the UK.

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

12.11. **Stakeholder event feedback**

12.11.1. All of the issues raised in the wider consultation were raised and discussed at the roundtable. In addition, the roundtable discussed the following: the need to check the legitimacy of any electronic prescriptions received; ensuring that there were no language barriers; and the need to check import and export rules.

12.11.2. With reference to what pharmacy owners should be expected to do to manage risk: the points raised by the roundtable were also highlighted in the wider consultation.

13. Impact of the proposals on people using pharmacy services

Table 5: Impact of proposals on people using pharmacy services

What kind of impact do you think the proposals will have on people using pharmacy services?	N and % individuals	N and % of organisations	Total
Positive impact	318 (44%)	36 (44%)	354 (44%)
Negative impact	51 (7%)	10 (12%)	61 (8%)
Both positive and negative impact	262 (37%)	26 (32%)	288 (36%)
No impact	24 (3%)	0 (0%)	24 (3%)
Don't know	61 (9%)	9 (11%)	70 (9%)
Total N of responses	**716 (100%)**	**81 (100%)**	**797 (100%)**

13.1.　*Table 5* shows the majority of individuals and organisations agreed that our proposals would have either a positive, or a positive and negative impact on people using pharmacy services.

13.2.　Approximately half of respondents left a comment to the question: 'What kind of impact do you think the proposals will have on people using pharmacy services?'.

13.3.　**Positive impact of the proposed guidelines on people using pharmacy services**

13.3.1.　The majority of respondents to this question felt that the guidance and proposals increased patient safety since they produced better safeguards; less chance of inappropriate medicines being supplied; an improvement in service quality, and help for the pharmacy team, including non-UK members, to provide a safe service to patients.

13.3.2.　A large number of respondents said that providing patients with more information about a pharmacy would allow them to make informed decisions and reassure them about the safety of online pharmacies. Relevant information included: the name and location of the pharmacist and prescriber, and their regulatory and indemnity arrangements.

13.3.3.　A small number of respondents felt that online pharmacies benefitted the public saying that transactions are faster, and they save time for the prescriber, surgeries and other healthcare professionals.

13.4.　**Negative impact of the proposed guidelines on people using pharmacy services**

13.4.1.　When responding to this question, a large number of respondents raised the issue of how the GPhC intended to monitor online pharmacies, and enforce the guidelines.

13.4.2.　A large number of respondents felt that our proposals would restrict the availability of some medication online, which would mean that some patients would be unable to access the treatment they need.

13.4.3.　A large number of respondents felt that online pharmacies could put patients at risk, citing the risk of addiction or misuse; the risk of over use and antimicrobial resistance; and the possibility of illegal practices.

13.4.4.　If regulations were too restrictive, a small number of respondents questioned whether it could lead to patients visiting illegal online pharmacies and putting their safety at risk.

13.4.5.　A large number of respondents felt that online pharmacies could be open to abuse by patients who wish to obtain inappropriate or unsafe medication. The suggestion was that the ways in which online pharmacies operate enables patients to 'game' the system, for example, by obtaining supplies from multiple online sites or preparing answers to known questionnaires

13.4.6.　A small number of respondents felt that our proposals could result in an increase in cost of services because of the restrictions on sales of certain medication.

13.4.7.　A small number of respondents felt that the proposals may slow the online service down.

13.4.8.	Regarding the proposal that GPs should be contacted: a small number of respondents felt that it may be time consuming to wait for responses from GPs' surgeries, which would have a negative impact on patients.

13.4.9.	One organisation felt that the guidelines could impact negatively on some people; for example, where the patient does not wish for their GP to be notified that a medication has been prescribed and supplied, such as someone with a chronic sexual condition.

## 14.	Impact of the proposals on owners of registered pharmacies

Table 6: Impact of proposals on owners of registered pharmacies

What kind of impact do you think the proposals will have on the owners of registered pharmacies?	N and % of individuals	N and % of organisations	Total
Positive impact	208 (29%)	25 (31%)	233 (29%)
Negative impact	107 (15%)	15 (19%)	122 (15%)
Both positive and negative impact	257 (36%)	30 (37%)	287 (36%)
No impact	26 (4%)	2 (2%)	28 (4%)
Don't know	118 (16%)	9 (11%)	127 (16%)
Total N of responses	**716 (100%)**	**81 (100%)**	**797 (100%)**

14.1.	*Table 6* shows that individuals and organisations responded in a similar way, with a third of each group of respondents feeling that the proposals would have both positive and negative impacts on owners of registered pharmacies. However, a similar number of each group felt that the proposals would have just a positive impact on owners.

14.2.	Just over a third of respondents left a comment to the question: 'What kind of impact do you think the proposals will have on the owners of registered pharmacies?'.

14.3.	**Positive impact of the proposals on the owners of registered pharmacies**

14.3.1.	A large number of respondents felt that our proposals would increase patient safety, citing better safeguards; less chance of inappropriate medicines being supplied; and an improvement in service quality.

14.3.2.	A large number of respondents felt that the introduction of the proposals would mean that there are better guidelines for the pharmacy team, including non-UK members, to follow, to ensure that a safe service is provided.

14.3.3. A small number of respondents felt that online pharmacies increase the distance between patient and healthcare provider; and local provision of healthcare is more tailored/appropriate to the individual than that provided by online services.

14.3.4. A small number of respondents felt that online pharmacies should provide information to reassure patients that they are legitimate.

14.3.5. A few respondents said that the proposals would provide assurance for owners and pharmacy staff since there would be less chance of prescribing errors. It was felt that tighter regulation protects pharmacy staff.

14.3.6. It was felt by a few respondents that the proposals would not have either a positive or negative impact since owners are already concerned about patient safety, and pharmacies are already working according to the proposals/guidelines.

14.4. Negative impact of the proposals on the owners of registered pharmacies

14.4.1. A large number of respondents felt the proposals would have a negative impact on owners of registered pharmacies since some pharmacies may have to change their operations and procedures. This could result in an increased workload resulting in stress. It was suggested that regulatory interference and the burden of compliance could lead to the cessation of online operations.

14.4.2. A large number of respondents said that increased (lower cost) competition from online pharmacies could result in decreased business for community pharmacies or even closure.

14.4.3. A few respondents felt that the proposals will slow down the online service.

14.4.4. A small number of respondents felt the proposal that online pharmacies had to contact the patient's GP before dispensing medication would be time consuming and have a negative impact on service delivery.

14.4.5. A small number of respondents felt that online pharmacies were set up to circumvent UK regulations; that they were profit and target driven and motivated by financial rather than safety concerns.

14.4.6. There was a suggestion from a couple of respondents that online pharmacies did not safeguard staffing numbers or provide proper training for staff.

14.4.7. An organisational response noted that the current status encourages pharmacy owners to work with prescribers outside the UK due to the costs and regulatory burdens in the UK. They state that the proposed guidance adds further regulatory burden, and creates a greater incentive for pharmacy owners to seek prescribers outside of the UK regulatory framework. In addition, they believe that the guidance will incur costs which will be directly bourn by pharmacy owners, and that the costs will be disproportionate to the risks that the guidance is trying to address. They suggest that the GPhC produce guidance, perhaps working with CQC, HIS and HIW, which supports pharmacists to deal with online prescribing and how to monitor the risks to patients.

14.4.8. There were a small number of suggestions (mainly from organisations) encouraging our working with other organisations, including CQC, GMC, HIS, HIW and the Company Chemists' Association (CCA) to address issues such as identifying good practice around detection of multiple orders to the same address, and work on the development of a practical and effective policy.

15. Impact of the proposals on the pharmacy team

Table 7: Impact of the proposals on the pharmacy team

What kind of impact do you think the proposals will have on the pharmacy team?	N and % of individuals	N and % of organisations	Total
Positive impact	258 (36%)	20 (25%)	278 (35%)
Negative impact	93 (13%)	14 (17%)	107 (13%)
Both positive and negative impact	181 (25%)	21 (26%)	202 (25%)
No impact	50 (7%)	9 (11%)	59 (7%)
Don't know	134 (19%)	17 (21%)	151 (19%)
Total N of responses	**716 (100%)**	**81 (100%)**	**797 (100%)**

15.1. *Table 7* shows that just over a third of individual respondents felt that the proposals would have a positive impact on the pharmacy team, while only a quarter of organisations agreed. A quarter of individuals and a similar number of organisations felt that the proposals would have both a positive and negative impact on the pharmacy team.

15.2. Just over a quarter of respondents left a comment to the question: 'What kind of impact do you think the proposals will have on the pharmacy team?'

15.3. **Positive impact of the proposals on the pharmacy team**

15.3.1. A respondent noted that the impact on the pharmacy team would depend on how the proposals/guidelines will be monitored and enforced.

15.3.2. A large number of respondents felt that the proposals would increase patient safety, citing better safeguards; less chance of inappropriate medicines being supplied; increasing service quality; and providing better guidelines for the pharmacy team, including non-UK members.

15.3.3. A small number of respondents felt that the proposals would provide assurance for the pharmacy team that their practise is safe, since there would be less chance of prescribing errors; less chance of prescribing inappropriate medicines; and there will be tighter regulations protecting pharmacy staff.

15.3.4. A very small number of respondents felt that the pharmacy team would be unaffected by the proposals since they will 'simply follow instructions and need not be impacted'.

15.3.5. A few respondents felt that there would be no impact on the pharmacy team since they are already focused on patient safety and not much will have to be changed to adhere to the new guidelines.

15.4. **Negative impact of the proposals on the pharmacy team**

15.4.1. A large number of respondents felt that the proposals would have a negative impact on the pharmacy team since it would increase their workload and their stress; some pharmacies may have to change their operations and procedures; online pharmacies may provide increased competition for regular pharmacies which could possibly lead to pharmacy closures; and that teams may have difficulties with compliance leading to the ceasing of online operations.

15.4.2. A very small number of respondents felt that the need for the proposals could result in the long-term loss of respect and faith in pharmacy and/or the pharmacy team.

16. Impact of the proposals on people with protected characteristics

Table 8: Impact of the proposals on people with protected characteristics

Do you think anything in the proposed changes would have an impact – positive or negative – on certain individuals or groups who share any of the protected characteristics listed above?	N and % individuals	N and % of organisations	Total
Yes	176 (25%)	25 (31%)	201 (25%)
No	343 (48%)	34 (42%)	377 (47%)
Don't know	197 (28%)	22 (27%)	219 (27%)
Total N of responses	**716 (100%)**	**81 (100%)**	**797 (100%)**

16.1. *Table 8* shows that almost half of individual respondents, and a slightly smaller number of organisations, felt that there would not be either a positive or negative impact on individuals or groups who share any of the protected characteristics listed in the Equality Act 2010.

16.2. Approximately a fifth of respondents left a comment to the question: 'Do you think anything in the proposed changes would have an impact – positive or negative – on certain individuals or groups who share any of the protected characteristics listed in the Equality Act 2010.

16.3.   **Positive impact on those who share any of the protected characteristics**

16.3.1.   A small number of respondents felt that the proposals would increase patient safety which would, in turn, be beneficial for individuals or groups, such as disabled people or older people who may have mobility issues. Online pharmacies may be easier for people with mobility issues to access; for example, having a consultation with an online GP, being able to order medication online and then getting it delivered.

16.3.2.   It was felt by a small number of respondents that there was more choice and flexibility with online pharmacies, in terms of choosing how and where to access healthcare, and this would help some individuals who may have accessibility issues such as disabled and older people.

16.3.3.   A very small number of respondents said that there was less chance of discrimination or bias online, which may be of benefit to those people who share any of the protected characteristics listed. One example given was that gay patients may face discrimination by GPs and therefore prefer online access.

16.3.4.   A small number of respondents felt that online pharmacies benefitted patients since they improved accessibility, particularly for disabled people and those who have mobility issues. In addition, online pharmacies were convenient, and provided more choice and flexibility in terms of choosing how and where to access healthcare.

16.3.5.   An organisation asked that the GPhC ensure that online pharmacy websites are made accessible to patients with cognitive, sensory and learning difficulties by setting a minimum standard of accessibility.

16.4.   **Negative impact on those who share any of the protected characteristics**

16.4.1.   Two respondents felt that elderly patients may have trouble using an online system and therefore prefer a local pharmacy. Further, if online pharmacies became more popular it may lead to the closure of local pharmacies which may have an impact on older patients.

16.4.2.   A respondent felt that healthcare for older patients requires more rigour, and that this level of care may not be possible to provide online.

16.4.3.   One respondent felt that disabled patients may have trouble using a computer, and so find it easier to access medication face-to-face.

16.4.4.   There was a suggestion from one respondent that the proposals could have a negative impact on those under the age of 18 accessing online services as there are no options for verifying identity in under 18s.

16.4.5.   One respondent noted that gender is relevant for many treatments, and gender at birth needs to be declared as this may have some impact on those people undergoing, or who have undertaken, gender reassignment.

16.4.6.   A fear was expressed by a very small number of respondents that if online pharmacies became more popular it would lead to the closure of community pharmacies. This may have a negative

impact on those with protected characteristics such as the elderly or disabled patients who may prefer, or find it easier to use their local pharmacy.

16.4.7. An organisation questioned whether our proposed safeguarding measures could inadvertently create additional barriers for women to access their preferred method of ongoing and/or emergency contraception.

16.4.8. A small number of respondents felt that elderly patients may have trouble using an online system.

16.4.9. One correspondent wondered whether online pharmacies would provide adequate healthcare for older patients, who require more stringent, rigorous care.

17. Other comments on our proposals which have not already been mentioned

17.1. Approximately a tenth of respondents left a response to our request for any additional comments on our proposals.

17.2. A small number of respondents asked for online pharmacy websites to be required to provide information on data protection; for example, how they use and store patient data, and clarification around GDPR and confidentiality.

17.3. One organisation felt that the proposals missed an opportunity to tighten some elements of the process, such as the verification of online prescribers particularly from outside the UK.

17.4. The same organisation felt that the survey questions were too broad and generic, and do not address the source of the issues but rather suggest, erroneously, that it would be at the last stage of the medicine supply that the controls be added.

17.5. One organisation felt that the GPhC proposals had not clearly defined the problem(s) that they were trying to address. They felt that it was difficult to understand what current poor practice looks like and therefore found it difficult to comment on the relative need for the specific proposals.

17.6. There were suggestions from a few respondents that GPhC should continue to work with other regulators, such as Trading Standards, CQC, GMC and European equivalents where applicable and together publish guidance for all healthcare professionals involved in the provision of online medicines and pharmacy services.

17.7. One organisation advised that the scope of the guidance needs to be better articulated and clarified. They point out that there are many distinct areas that could be placed under the terms of obtaining medicines and other pharmacy services safely online including: Pharmacy Medicines, online doctor-led services, online other clinician-led services, online pharmacy and bricks and mortar pharmacy which may dispense prescriptions from an online service. They point out that some of these are under the remit of the CQC so GPhC needs to work closely

with other regulators to ensure that we are not imposing guidance on online services outside our remit.

17.8.   Another organisation said that it would be helpful to have examples of the different models of online services, both private and NHS. They also ask if the GPhC could make the following statement: 'A GPhC registered and regulated online pharmacy should only be dispensing prescriptions received from a prescribing service which is regulated by the relevant body in its country of origin.'

17.9.   One organisation advised that this guidance should be cross-referenced with other key findings, for example, 'The state of care in independent online primary health services', published by the CQC in March 2018.

17.10.   A couple of respondents said that patients and prescribers should have the option to request a video consultation if required, and it should be made clear which online providers offer this service.

17.11.   One organisation noted that page 12 of the discussion paper states "it is not appropriate for pharmacy owners to work with online prescribing providers who may try to deliberately bypass the regulatory oversight which aims to ensure patient safety throughout the healthcare system." The suggestion is that we remove the word "deliberately" as this is difficult to prove.

17.12.   One organisational response asked for clarity regarding the extent to which the guidance applies to the variety of different working arrangements between pharmacy owners and prescribing services and the different models that currently exist.

17.13.   A respondent asked that safeguarding be considered as part of the online service development.

17.14.   One organisation suggested that guidance on online pharmacies should also be produced for pharmacy professionals, and another for members of the public.

17.15.   An organisation asked that the guidance make clear that it is meant for online pharmacies providing both private and NHS prescriptions.

17.16.   Regarding the table in the guidance entitled 'Examples of ways online healthcare services may be regulated', one organisation pointed out that since this is describing the current situation, the words 'may be' should be replaced by the word 'are'.

17.17.   A respondent pointed out that it is already a legal requirement for the name and the address of the pharmacy to be displayed on the label of the medication, so all Prescription Only Medicines that are supplied will already meet the requirement to provide contact details.

17.18.   A respondent asked about the delivery of medicines; in particular, whether drivers would be trained; if SOPs around delivery would be implemented to ensure medicines are only delivered to the person who ordered them, or their representatives; and asking for the GPhC to insist on Good Distribution Practice (GDP).

18.   YouGov Survey

18.1.   The YouGov survey on how patients and the public viewed and used online pharmacies was part of a wider consultation on pharmacies. Not all of the questions were relevant to the proposals addressed in this report, but they provide a useful context for the discussion and a summary has been included below.

18.2.   Only a tenth of the 2040 respondents to the YouGov survey had obtained medicines from an online pharmacy; of those, three quarters said the experience was good overall, and only a very small minority said that it was poor.

18.3.   Of the whole sample, just under two thirds of respondents said that they were unlikely to use online pharmacies in the future, whereas a quarter of respondents said that they were likely to do so.

18.4.   The respondents who said that they were unlikely to get medicines online were asked to identify reasons for their decision. In order of descending popularity they were:

- Preferring to consult with their own GP

- Concerns about the safety of medicines provided online

- Preferring to go to their local pharmacy

- Not having enough information about online pharmacies

- Lack of confidence using an online pharmacy

- Concerns about how long medicine from an online pharmacy will take to deliver

- Medicine from an online pharmacy is more expensive

- Uncertainty about finding an online pharmacy

- Concerns that an online pharmacy will not stock the medicine they need

- Having had a previous bad experience of obtaining medicine from an online pharmacy

18.5.   The respondents who said they were likely to use an online pharmacy in the future, were asked to give their reasons; in order of descending popularity they were:

- It was not always convenient to go to the GP

- The waiting time to get an appointment with a GP was too long

- It is faster getting medication from an online pharmacy

- It is more convenient to get medicine delivered than visiting a local pharmacy

- Prefer to have an online consultation rather than a face-to-face consultation with a GP

- The GP may not prescribe the medicine that they want

19. 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, superintendent pharmacists, pharmacy technicians or pharmacy owners, and in what setting they usually worked. All respondents were asked if they had ever used an online pharmacy. For organisational respondents, there was a question about the type of organisation that they worked for. The tables below present the breakdown of their responses.

19.1. Category of respondents

Table 9: Responding as an individual or an organisation

Are you responding:	N	% of total
As an individual	716	90%
On behalf of an organisation	81	10%
Total N of responses	**797**	**100%**

19.2. Profile of individual respondents

Table 10: Country of residence of individual respondents

Where do you live:	N	% of total
England	559	78%
Scotland	91	13%
Wales	42	6%
Northern Ireland	5	1%
Other (please give details)	19	3%
Total N of responses	716	**100%**

Of the individuals who responded to our consultation the majority lived in England. Of the remaining respondents 3 per cent chose 'other' and lived in countries including Ghana, Germany, Romania, Italy, Malaysia, and Bulgaria.

Table 11: Type of respondent

Are you responding as:	N	% of total
A pharmacist	480	67%
A pharmacy technician	147	21%
A pharmacy owner who is not registered as a pharmacist or a pharmacy technician	1	<1%
A member of the pharmacy team who is not registered with the GPhC (e.g. a dispenser, delivery driver, a non-registrant pharmacy manager, counter assistant, etc.)	9	1%
A member of the public	58	8%
Other (please give details)	21	3%
Total N of responses	**716**	**100%**

A small number of respondents chose the "other" category to describe themselves; these included a medical practitioner, a nurse independent prescriber, an NHS England employee, and veterinary surgeons.

Table 12: Use of online pharmacies

Have you ever used an online pharmacy?	N	% of total
Yes	35	60%
No	23	40%
Total N of responses	**58**	**100%**

Table 13: Superintendent pharmacists

Are you a superintendent pharmacist?	N	% of total
Yes	60	12%
No	420	88%
Total N of responses	**480**	**100%**

Table 14: Pharmacy owners

Are you a pharmacy owner?	N	% of total
Yes	57	9%
No	570	91%
Total N of responses	**627**	**100%**

Table 15: Registered pharmacy

Do you work in a registered pharmacy?	N	% of total
Yes	412	71%
No	167	29%
Total N of responses	**579**	**100%**

Table 16: Provision of online pharmacy services

Does the pharmacy you work in or own deliver online pharmacy services?	N	% of total
Yes	128	27%
No	311	66%
Don't know	31	7%
Total N of responses	**470**	**100%**

Table 17: In which area the respondent mainly works

Which option best describes the area you mainly work in?	N	% of total
Community pharmacy	390	59%
Hospital pharmacy	111	17%
Primary care organisation	66	10%
Pharmaceutical industry	10	2%
Research, education or training	17	3%
Other (please specify)	64	10%
Total N of responses	**658**	**100%**

The 10 per cent of respondents who chose "other" included a GP practice, Government, a tertiary substance misuse service, a charity, an online pharmacy, a prison pharmacy, CCGs, and veterinary practices.

19.3. **Profile of organisational responses**

Table 18: Responding on behalf of a registered pharmacy

Are you responding on behalf of a registered pharmacy?	N	% of total
Yes	45	56%
No	36	44%
Total N of responses	**81**	**100%**

Table 19: Type of registered pharmacy represented

Please choose the option below which best describes the pharmacy you represent	N	% of total
Community pharmacy (1-5 pharmacies)	22	49%
Community pharmacy (6-20 pharmacies)	6	13%
Community pharmacy (21 or more pharmacies)	5	11%
Hospital pharmacy	0	0%
Pharmacy within a primary care organisation	0	0 %
Other (please specify)	12	27%
Total N of responses	**45**	**100%**

Just over a quarter of respondents chose "other" to identify the pharmacy they were representing, the majority of which were online pharmacies.

Table 20: Delivery of online pharmacy services

Does the pharmacy you represent deliver online pharmacy services?	N	% of total
Yes	27	60%
No	18	40%
Total N of responses	**45**	**100%**

Table 21: The type of organisation

Please choose the option below which best describes your organisation	N	% of total
Organisation representing patients or the public	7	19%
Organisation representing pharmacy professionals or the pharmacy sector	14	39%
NHS organisation or group	5	14%
Research, education or training organisation	0	0%
Government department or organisation	0	0%
Regulatory body	4	11%
Other (please specify)	6	17%
Total N of responses	**36**	**100%**

The 17 per cent of respondents who identified their organisation as "other" described their organisations as: an organisation representing 195 pharmacies in contract with the NHS, an organisation representing doctors and nurses, an online sexual health service, a Royal College, and an online cosmetic prescription service.

20. Monitoring questions

20.1. Data was 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 consultation questions and were asked to help understand the profile of respondents to the consultation, to provide assurance that a broad cross section of the population had been included in the consultation exercise. A separate equality impact assessment has been carried out and will be published alongside this analysis report.

Appendix 1: Organisations

The following organisations engaged in the consultation through the online survey, the email responses and/or the stakeholder event (please note that some organisations asked for their name and response to remain confidential and have therefore been omitted):

Alipharma Limited

Association of Pharmacy Technicians UK (APTUK)

Assured Pharmacy

Barnet Enfield and Haringey Local Pharmaceutical Committee

Bexley, Bromley & Greenwich LPC & Lambeth, Southwark & Lewisham LPC

Boots UK

BPL

Browns Pharmacy

C Goode Pharmacy

Cardiff & Vale of Glamorgan Community Health Council

Care Inspectorate

Care Quality Commission (CQC)

Carters Chemist

Celesio

Chemist-4-u.com

City & Hackney LPC

Clark's Pharmacy

Community Pharmacy Scotland

Company Chemists' Association (CCA)

Cosmetic Prescriptions

Daleacre Healthcare Limited

Department of Health and Social Care

Dickson chemist

Digital Healthcare Council

Dispensing Doctors' Association

Dispensing Doctors' Association (DDA)

Easons Pharmacy

Faculty of Sexual and Reproductive Health (FSRH)

General Medical Council (GMC)

Hancock & Ainsley Pharmacy

Health and Care Professions Council

Health Bridge Ltd

Health Improvement Scotland

Healthwatch Barnsley

Healthwatch Birmingham

Healthwatch Cambridgeshire and Peterborough

Healthwatch Harrow

Healthwatch Milton Keynes

Healthwatch Waltham Forest

HI Weldricks

Housley Pharmacy

Ian Morton ltd

Kent LPC

klub pharmacy ltd

Lo's Pharmacy

Medfx Ltd

Medical Specialists Company Ltd

MHA Trading limited

Milltream Pharmacy

National Pharmacy Association (NPA)

NHS England Midlands & East (Central Midlands)

NHS Grampian

Numark Ltd

Nursing and Midwifery Council (NMC)

Nutricia AMN

Pharmaceutical Services Negotiating Committee (PSNC)

Pharmacists' Defence Association (PDA)

Pharmacy Law & Ethics Association (PLEA)

Pharmacy2U

Professional Standards Authority (PSA)

R M Jones Pharmacy

Rowlands Pharmacy

Royal College of Nursing (RCN)

Royal College of Physicians (RCP)

Royal Pharmaceutical Society (RPS)

Rxlive

SH:24

Small multiple community pharmacy group

Superdrug

The Obesity Management Association Ltd

The Online Clinic

Vyas Ltd

WEBMED Pharmacy

Zava and Superdrug online/Health Bridge Limited

Appendix 2: Consultation questions

The discussion paper focuses on the new areas that we are proposing to cover in the updated guidance for pharmacy owners who provide pharmacy services at a distance, including on the internet.

Our proposals

Transparency and patient choice

- **Do you think our proposals on transparency and patient choice should be included in our guidance?**
  Yes/No/Don't know

- **Do you have any comments about our proposals on transparency and patient choice?**

Making sure medicines are clinically appropriate for patients

- **Do you think it is appropriate for pharmacy websites to be arranged in such a way that a patient can choose a prescription-only medicine, and its quantity, before having a consultation with a prescriber?**
  Yes/Only in certain circumstances/No/Don't know

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

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

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

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

Further safeguards for certain categories of prescription-only medicines

- **Do you think our proposal to add further safeguards for certain categories of medicines should be included in our guidance?**
  Yes/No/Don't know

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

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

Regulatory oversight

- **Do you think our proposals on regulatory oversight for services or prescribers not based in the UK should be included in our guidance?**
Yes/No/Don't know

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

The impact of these proposals

- **We want to understand the impact that these proposals would have on the key groups that may be affected.**

- **What kind of impact do you think the proposals will have on people using pharmacy services?**
Positive impact/Negative impact/Both positive and negative impact/No impact/Don't know

- **Please give comments explaining your response.**

- **What kind of impact do you think the proposals will have on the owners of registered pharmacies?**
Positive impact/Negative impact/Both positive and negative impact/No impact/Don't know

- **Please give comments explaining your response.**

- **What kind of impact do you think the proposals will have on the pharmacy team?**
Positive impact/negative impact/Both positive and negative impact/No impact/Don't know

- **Please give comments explaining your response.**

- **We want to understand whether our proposals may discriminate against or unintentionally disadvantage any individuals or groups sharing any of the protected characteristics in the Equality Act 2010. These characteristics are:**
  - **Age.**
  - **Disability.**
  - **Gender reassignment.**
  - **Marriage and civil partnership.**
  - **Pregnancy and maternity.**
  - **Race.**
  - **Religion or belief.**
  - **Sex.**
  - **Sexual orientation.**

- **Do you think anything in the proposed changes would have an impact – positive or negative – on certain individuals or groups who share any of the protected characteristics listed above?** Yes/No/Don't know

- **Please give comments explaining your response.**

- **Do you think there will be any other impact of our proposals which you have not already mentioned?**

Appendix 3: Questions for the online pharmacies roundtable

1. What information should patients and the public be given on the website about the online pharmacy and any related online prescribing service?

2. What should be expected of online pharmacies before a supply is made, for example in terms of obtaining consent from patients and verifying patient identities?

3. In what circumstances would it be appropriate for a patient to choose a prescription-only medicine, and its quantity, before having a consultation with a prescriber?

4. What are the risks and benefits of patients being able to choose a prescription-only medicine, and its quantity, before having a consultation with a prescriber?

5. What further safeguards, if any, do you think should be in place for the online prescribing and supply of the following categories of medicine? [Antimicrobials; opiates/sedatives; medicines or medical products for chronic conditions; non-surgical cosmetic medicinal products].

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

7. What additional risks might there be for patients and the public if pharmacy owners decide to work with prescribers or prescribing services operating lawfully outside the UK?

8. What do you think pharmacy owners should be expected to do to manage these risks?

Appendix 4: Questions from the YouGov survey

- **Before you can get prescription-only medicine, you need to have a consultation with a prescriber (e.g. a doctor, a nurse, a pharmacist, etc.) to check that the medicine is safe and appropriate for you to use. On an online pharmacy website, you can have the consultation online. Please imagine you wanted to obtain a prescription-only medicine from an online pharmacy website... At what stage do you think the online consultation with a prescriber (e.g. a doctor) should take place?**
  Before I have selected the medicine I want on the website/After I have selected the medicine I want on the website/Don't know

- **Have you ever obtained any medicine for yourself or someone else from an online pharmacy?**
  Yes, I have/No, I haven't/Don't know, can't recall

- **You said you have previously obtained medicine for yourself or someone else from an online pharmacy. Thinking about the most recent time you obtained medicine from an online pharmacy for yourself or someone else...How would you rate the following? (If you did not have this experience, please select the "Not applicable" option)**
  - The experience of having the online consultation with a prescriber (e.g. a doctor, a nurse, a pharmacist, etc.) to identify if the medicine was appropriate and safe for you/someone else
  - The information you were given about the medicine you received (e.g. how to take it, possible side effects etc.)
  - The information you were given about the prescriber prescribing the medicine
  - The information you were given about the pharmacy and/or pharmacist supplying the medicine

  Very good/Fairly good/Neither good nor poor/Fairly poor/Very poor/Don't know/Not applicable/

- **You said you have previously obtained medicine for yourself or someone else from an online pharmacy. Thinking about the most recent time you obtained medicine from an online pharmacy for yourself or someone else...How would you rate the following? (If you did not have this experience, please select the "Not applicable" option) - The experience of having the online consultation with a prescriber (e.g. a doctor, a nurse, a pharmacist, etc.) to identify if the medicine was appropriate and safe for you/ someone else**
  Very good/Fairly good/Neither good nor poor/Fairly poor/Very poor/Don't know/Not applicable

- **You said you have previously obtained medicine for yourself or someone else from an online pharmacy. Thinking about the most recent time you obtained medicine from an online pharmacy for yourself or someone else...How would you rate the following? (If you did not**

have this experience, please select the "Not applicable" option) - The information you were given about the medicine you received (e.g. how to take it, possible side effects etc.)
Very good/Fairly good/Neither good nor poor/Fairly poor/Very poor/Don't know/Not applicable

- **You said you have previously obtained medicine for yourself or someone else from an online pharmacy. Thinking about the most recent time you obtained medicine from an online pharmacy for yourself or someone else...How would you rate the following? (If you did not have this experience, please select the "Not applicable" option) - The information you were given about the prescriber prescribing the medicine**
Very good/Fairly good/Neither good nor poor/Fairly poor/Very poor/Don't know/Not applicable

- **You said you have previously obtained medicine for yourself or someone else from an online pharmacy. Thinking about the most recent time you obtained medicine from an online pharmacy for yourself or someone else...How would you rate the following? (If you did not have this experience, please select the "Not applicable" option) - The information you were given about the pharmacy and/ or pharmacist supplying the medicine**
Very good/Fairly good/Neither good nor poor/Fairly poor/Very poor/Don't know/Not applicable

- **You said you have previously obtained medicine for yourself or someone else from an online pharmacy. Thinking about the most recent time you obtained medicine from an online pharmacy for yourself or someone else...How would you rate the following?**
  - **The overall experience**
Very good/Fairly good/Neither good nor poor/Fairly poor/Very poor/Don't know

- **Thinking about whether you would obtain medicine for yourself or someone else from an online pharmacy in the future... How likely, if at all, would you be to obtain any medicine from an online pharmacy in the future?**
Very likely/Fairly likely/Not very likely/Not at all likely/Don't know

- **You previously said you are likely to obtain medicine for yourself or someone else from an online pharmacy in the future... Which, if any, of the following are reasons for this? (Please select all that apply. If there are no particular reasons why you would be likely to do so, please select the "Not applicable" option)**
  - It is not always convenient for me to go to my GP for an appointment
  - I might have to wait for a long time to get a GP appointment
  - I could get the medicine more quickly online
  - It would be more convenient to get my medicine delivered than to go to a local pharmacy
  - I would prefer having an online consultation with a prescriber than a face-to-face consultation with my GP
  - My GP might not prescribe the medicine that I would want

- **You previously said you are unlikely to obtain medicine for yourself or someone else from an online pharmacy in the future...Which, if any, of the following are reasons for this? (Please select all that apply. If there are no particular reasons why you would be unlikely to do so, please select the "Not applicable" option)**
  - I prefer to consult my GP in person to get medicine
  - I have concerns about safety when getting medicines online (i.e. how safe/appropriate the medicine is to use)
  - I prefer going to my local pharmacy to get medicine
  - I don't know enough about online pharmacies
  - I don't feel confident using an online pharmacy
  - I have concerns about waiting for the medicine to be delivered (i.e. it may take longer than if I went to my local GP or my local pharmacy)
  - It is more expensive to get a prescription only medicine online than from my GP
  - I'm not sure if the medicine I need will be available from an online pharmacy
  - I have had bad experiences when using online pharmacies to obtain medicines
  - Other
  - Don't know
  - Not applicable

Analysis report on the discussion paper around pharmacy services delivered online