

## **POLICY NOTE**

### **THE NATIONAL HEALTH SERVICE (PHARMACEUTICAL SERVICES) (SCOTLAND) AMENDMENT REGULATIONS 2018**

#### **SSI 2018/68**

The above instrument was made in exercise of the powers conferred by section 27(1) and (1A) of the National Health Service (Scotland) Act 1978. The instrument is subject to negative procedure.

#### **Policy Objective and Background**

The Human Medicines Regulations 2012 (S.I. 2012/1916) (“**2012 Regulations**”) are to be amended from 1st April 2018 to allow independent prescribing by paramedics. The National Health Service (Pharmaceutical Services) (Scotland) Amendment Regulations 2018 (“**the instrument**”) amend the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 (“**2009 Regulations**”) to reflect this introduction of independent prescribing by paramedics.

The extension of prescribing rights to paramedic independent prescribers under the 2012 Regulations is designed to ensure that patients will be able to receive the care and medicines they need, without having to make additional appointments with other prescribers. A greater number of patients could benefit from improved care, first time and in the right place and would also support changes to models of service delivery in both in the community setting and in acute hospital setting.

The instrument also updates the definition of “advanced electronic signature” in the 2009 Regulations to reflect the definition in Regulation (EU) No 910/2014 of the European Parliament and of the Council of 23rd July 2014 on electronic identification and trust services for electronic transactions in the internal market and repealing Directive 1999/93/EC, as this was not updated in the Electronic Identification and Trust Services for Electronic Transactions Regulations 2016 (S.I. 2016/696).

#### **Consultation**

UK wide public consultation exercises took place in 2015 on proposals to amend the 2012 Regulations by the introduction of independent prescribing by paramedics, with an overwhelming consensus in support of this extension of prescribing rights. Given this, no further consultations were undertaken in respect of the instrument.

#### **Timing**

The instrument comes into force on 1st April 2018.

#### **Impact Assessment**

During the 2015 consultation, an Impact Assessment was undertaken regarding the initial proposal to enable independent prescribing by paramedics. This forecast net benefits from implementation of the proposal, as a result of a range of factors including: improved

outcomes, reductions in referrals, a better patient experience and widening of access which in turn may serve to address health inequalities in some settings.

For this reason, no further impact assessment has been undertaken in respect of the instrument.

### **Financial Effects**

The Impact Assessment for paramedics undertaken during the 2015 consultation also considered the economic case for the changes across the UK for this professional group. The Impact Assessment concluded that there is potential to increase efficiency by reducing costs and improving health outcomes by more effective use of paramedics with advanced skills and training to meet some of the excess demand for services. Indirect financial benefits of the change would include a potential reduction in GP appointments, reduction in hospital admissions and reduction in outpatient appointments.

There will be no adverse financial effects associated with the instrument. No adverse financial impact has been noted when other professional groups have received extended prescribing rights and none are expected in this case.

With this in mind it was concluded that a Business and Regulatory Impact Assessment was not necessary.

**Scottish Government  
Health and Social Care Directorate**