Royal Pharmaceutical Society
of Great Britain

Helping pharmacists achieve excellence

Ms Veronica Popo
Department of Health
Medicines and Healthcare products Regulatory Agency
Room 14-133
Market Towers
1 Nine Elms Lane
London
SW8 5NQ

PRACTICE AND QUALITY
IMPROVEMENT DIRECTORATE
Practice Division
Telephone: 020 77572 2537
Facsimile: 020 7572 2501
e-mail: sadia.khan@rpsgb.org

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Dear Ms Popo

Re: ARM 43 - Request to reclassify azithromycin 500mg tablets from POM to P

I write on behalf of the Royal Pharmaceutical Society of Great Britain to respond to the above consultation.

The Royal Pharmaceutical Society of Great Britain is the professional and regulatory body for pharmacists in England, Scotland and Wales. It also regulates pharmacy technicians on a voluntary basis, which is expected to become statutory under anticipated legislation.

The primary objectives of the Society are to lead, regulate, develop and represent the profession of pharmacy.

The Society leads and supports the development of the profession within the context of the public benefit. This includes the advancement of science, practice, education and knowledge in pharmacy. In addition, it promotes the profession's policies and views to a range of external stakeholders in a number of different forums.

The Society has responsibility for a wide range of functions that combine to assure competence and fitness to practise. These include controlled entry into the profession, education, registration, setting and enforcing professional standards, promoting good practice, providing support for improvement, dealing with poor performance, dealing with misconduct and removal from the register.

The Society requests that the following points be taken into consideration:

3.3 Existing services – Further clarification is sought on how supply through pharmacies as a P medicine will sit alongside existing NHS / private pharmacy supply routes.

3.6.5 Partner treatment options & corresponding arguments – The Society supports Option 1. We believe that pharmacy should offer a service where partners are offered a treatment without screening. If Option 1 is adopted it will ensure that partner treatment services from pharmacy are equivalent to those available from elsewhere. Option 1 also enables ease of access to treatment as well as widening consumer choice.

3.7.1 Communication between healthcare professions – participating pharmacists will link into the local sexual health network and signpost where necessary. Similarly, it is important to ensure that chlamydia screening coordinators (local NHS Chlamydia Screening Office) are willing to give time to network with pharmacy providers that are not part of the national Chlamydia Screening programme.

3.7.2 Patient Confidentiality - The Society's Revised Code of Ethics which will come into force on 01 August 2007 discusses confidentiality and releasing information without consent. Details can be accessed via:

- http://www.rpsgb.org/pdfs/coeppt.pdf (Code of Ethics for Pharmacists and Pharmacy technicians - see sections 3.5 and 4.4)

- http://www.rpsgb.org/pdfs/coepsgpatconf.pdf (Professional Standards and Guidance for Patient Confidentiality)

3.7.3 Partner Notification - The Society suggests that partner notification slips from different healthcare settings are made uniform.

Some customers may choose to have had a test via the NHS and then obtain supplies from a pharmacy setting. In order to ensure ease of access and user-friendliness of service, a standard notification letter / standard partner notification slip should be provided that will enable pharmacists to ascertain whether a supply is appropriate for those individuals tested (and their partners) via the NHS.

3.7.4 Data Collection – as there is no legal requirement for data collection from pharmacies various concerns need to be taken into consideration. Individuals may not want their data to be anonymised and shared for example and administrative issues also need to be taken into account.

We are aware that the National Chlamydia Screening Programme (16-24 year olds) is resourced to include contact tracing and the programme is set up in such a way that data collection can legitimately take place. Individuals 25 years and over are not eligible to access the NCSP (except treatment of partners of positive screens) and the alternative supply services are not resourced to allow for data collection.

The Society recognises the issues concerning loss of data collection and suggests further dialogue with the NCSP concerning the type of data collation they might be interested in seeing (data for those over 25 years / contact tracing for those under 25 etc).

Following discussions with other pharmacy bodies the Society suggests that as a solution consideration is given to adapting the test form to include: post code or postal area / male or female / age range / test outcome (if positive indicate whether treatment was received). The approach suggested would enable data collation that is relatively simple to input from an administrative point of view. We believe that most people would be happy for this type of opt-in data collection system if data is shared anonymously.

The Society recommends that test and supply services should be linked to the same pharmacy.

Section 5 – Specific Pharmacy Requirements: Pharmacy Training – the Society suggests that different training course providers work together to ensure that there is consistency in training material for chlamydia screening and treatment. The pharmacy protocol should emphasise that frontline staff need to be aware of risk of other sexually transmitted infections, signpost to local NHS venue for follow up STI tests and explain the importance of partner notification and how to go about this in more detail.

The Society strongly supports the proposed reclassification of azithromycin and believes that reclassification will enable consumers to have greater availability and choice. The Society suggests a local networked provision of sexual health services with pharmacy fully integrated within public health networks.

We hope these comments are helpful.

Thank you for consulting the Society.

Yours sincerely

Sadia Khan
Lead Pharmacist for Self-care