DiCE Press Release

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The Pharmaceutical Society of Great Britain was created in 1841, largely to safeguard the public from the then unregulated and unrestricted supply of drugs. The Royal Charter granted to the Society in 1843 recognised the importance of assuring people, in need of medicines, that the quality and safety of this supply was being protected.

Whilst the provision of healthcare services has immeasurably changed since those long past days, a similar risk is evident as a result of the rapidly expanding availability of drugs that can now be obtained online.

21st Century society expects rapid responses, short waiting times and an ever-increasing digital solution for their care needs.

Indeed, Chemist and Druggist, reporting on 1 May, highlighted that whilst there are many unregulated, illegal or fraudulent online 'pharmacies', it cited a Healthwatch survey in which it was reported that 18% of the public in England had recently used an online pharmacy. This recognises that potentially 10 million people might consider using an online pharmacy at this time. This is likely to increase.

The same safeguarding is therefore urgently required for this huge segment of the population utilising digital care; just as it was in 1841.
The Digital Clinical Excellence Forum (DiCE UK) was created to help with this task.

It networks only registered and regulated healthcare providers of digital healthcare from the independent sector, which is largely served by NHS trained healthcare professionals, who are often also providing care within the NHS.

The purpose of DiCE is to enable the sharing of experience, expertise and anonymised data in digital healthcare to improve the safety and quality of digitally enabled healthcare. It has no commercial interest.

DiCE has now created a unique quality assurance approach for independent digital healthcare providers in the UK. A newly launched DiCE registered trademark aims to provide further digital trust for the public and healthcare regulators from the registered and regulated legitimate healthcare providers.
It will help the public to identify fraudulent and illegal suppliers of online drugs in particular.

The DiCE Forum is also developing 'Best Practice Guides" (BPGs) to support areas of care where there is high demand for digital services. These guides are aimed to be complimentary to existing standards set by professional bodies and statutory standards set by healthcare regulators. They do not replace or challenge existing standards and support the established procedures and processes that the individual DiCE participant organisations will already have in operation.

DiCE consults widely to ensure that BPGs are not produced in isolation and incorporates both modern, authoritative opinion and a strong evidence base for its work.

The PDA's concerns about questionnaire-based prescribing include the following:

DiCE answers, in part, to these concerns are highlighted in bold italics below.

- In most cases, there is no interaction between the patient and prescriber.

  There is a long-established public expectation and demand for asynchronous consultations. Today, asynchronous consultations have become commonplace and demonstrate, through positive patient experience, that not every patient interaction needs to be synchronous.

  Organisations within the DiCE network also engage directly with their patients, drawing from effective management strategies also now established in traditional General Practice

- In some cases, prospective patients can select the medicine they want at the start, making the interaction more of a commercial transaction rather than a professional clinical consultation with shared decision-making.

  The highly respected providers interacting in the DiCE Forum would strongly refute that their service was unprofessional or solely commercially driven. They are responding to the established public demand and the benefits of digitally enabled care. All DiCE participants work within the GPhC guidelines where patients cannot chose a medication before a consultation commences.

- On some systems, patients can subsequently alter the answers they provide on the questionnaire resulting in them being able to obtain a medicine when supply was previously declined.

  DiCE has not been developed to challenge fraudulent activities by some people or those aiming to manipulate a system. It does however, through its BPGs, aim to reduce the risk of this activity, which occurs throughout healthcare services.

- False information can be provided to ensure a supply is obtained when the patient does not fit the supply criteria, without sufficient safeguards to detect this.

  The BPGs have been developed to improve safeguards and collectively enable the legitimate digital independent sector to manage risk in a service that is unlikely to be curtailed. Indeed, the NHS is utilising digital care more and more and BPGs may help to guide in managing these risks.

- The lack of access to the patient's clinical record means that prescribers cannot be assured that a supply is safe and appropriate.

  This is recognised and is a problem shared by other healthcare services, for example some out of hours, emergency or remote care. DiCE is trying to help minimise this.

- The failure to inform patients' GPs about the medicine that has been supplied exposes patients to potential harm and leaves GPs unaware of what additional medication their patient is taking.

  DiCE supports the timely and digital transfer of information back to the registered general practice and is working with the NHS to enable this. Unfortunately, it is the data security systems in the NHS which does not allow this transfer at this time.

- To optimise the efficacy of GLP1-RA medicines, NICE guidance and marketing authorisations require patients to receive regular diet and exercise support and monitoring in addition to the medication – the asynchronous model can usually only provide leaflets and further periodic online supplies.

  Online care is so much more that the supply of a prescription and aims to develop a holistic approach to the patient's need. Many providers of asynchronous consultations supplement that care with other complimentary patient support services.

When a clinical expert was asked by the GPhC to consider whether online questionnaire-based (asynchronous) provision of weight loss medications, including Glucagon-like Peptide-1 Receptor Agonists, was appropriate, the expert stated that in *"my opinion weight loss medications should not be prescribed from an online questionnaire"*.

The expert also said, *"…prescribing from a questionnaire without a face-to-face consultation is not and cannot be in a patient's best interests as the prescriber does not have a full and complete clinical picture of the patient, only self-reported information. Therefore, the prescriber cannot assess the patient clinically, assess their emotional and mental health, or have any kind of meaningful therapeutic dialogue with them."*

DiCE has been trying to ascertain some further background into what appears to be an individual and personal opinion from a single quoted expert. DiCE will be exploring the experience and expertise of this expert in relation to digital care, and in particular their training, practice and personal provision of this type of service. As a highly specialised area of healthcare, it would be reasonable to expect that this expert would have extensive experience and expertise in online and asynchronous digital care to be able to furnish an opinion which may question the provision of online weight management in its entirety. This would be in the light of the combined and anonymised data shared by DiCE participants which reveals (and possibly a conservative estimate) that up to 250,000 people have sought GLP1-RA treatment from legitimate sources. It is unknown how many people are seeking this treatment from unregulated sources. It would be important to recognise the enormity of this issue.

The guidance includes many recommendations about how to provide an asynchronous weight management service, including relatively detailed guidance on prescribing decisions (to be found at the end).

It notes the measures that can be taken to try to verify information provided by patients but admits that "*it is the consensus of the DiCE Working Group that there is no completely foolproof way to safeguard against wilful misuse of GLP-1RA in the context of digital asynchronous prescribing".*

Despite this clear risk, whilst advising prescribers that they should employ a combination of verification methods to confirm information volunteered by prospective patients, the guidance stops short of advising prescribers that they **must** undertake any specific mitigating actions to enhance patient safety, leaving this for individual clinicians to decide, on the grounds that it does not seek to be 'overly prescriptive'.

Pharmacists prescribing GLP1-RA medication based upon an asynchronous model expose themselves to the risk of possible regulatory action should their practice come to the attention of the GPhC because of a routine inspection, complaint, or patient safety incident.

This is noted and well understood. As stated before, DiCE is trying to help support regulators and build digital trust.

Our view is that this guideline cannot be regarded as 'best practice' when it promotes a questionnaire-based prescribing model which is described as unsuitable in a GPhC clinical expert's report specifically commissioned to consider online pharmacist prescribing.

Best practice relates to online, digitally enable care.

The PDA calls upon the GPhC to issue unambiguous guidance about its expectations of prescribers who use questionnaire-based/asynchronous models to provide online prescribing services.

DiCE supports this.

Notes to Editor

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