Private (non-NHS) prescribing: call for evidence document

About you

In what capacity are you responding to this survey?

- On behalf of an organisation
- As a healthcare professional sharing my personal views and experiences
- As a member of the public sharing my personal views and experiences

Questions for organisations

What is the name of your organisation? (Optional) The Pharmaceutical Society NI

~~**Questions for healthcare professionals**~~

~~Do you work in a healthcare role that requires you to either prescribe medicines, or work with prescriptions and/or prescription-only medicines?~~

- ~~Yes~~
- ~~No~~

~~What profession do you belong to?~~

~~Are you registered in the UK or European Economic Area (EEA)?~~

- ~~UK only~~
- ~~EEA only~~
- ~~Both the UK and EEA~~
- ~~Other location, please specify~~
- ~~None of the above~~

~~Considering the total number of non-NHS UK private prescriptions you receive and dispense, what proportion are for patients under the age of 18? (Optional)~~

- ~~Less than 25%~~
- ~~25 to 49%~~
- ~~50 to 75%~~
- ~~More than 75%~~
- ~~Not applicable~~

~~Considering the total number of EEA prescriptions you receive and dispense, what proportion are for patients under the age of 18? (Optional)~~

- ~~Less than 25%~~
- ~~25 to 49%~~
- ~~50 to 75%~~
- ~~More than 75%~~
- ~~Not applicable~~

Questions for both organisations and healthcare professionals

Which of these prescribing or dispensing services do you provide? Select all that apply.

- In person
- Online
- Telephone
- Other, please specify
- None of the above

Do you provide NHS or private services?

- NHS only
- Private only
- Both NHS and private
- Not applicable

Where do you work? Select all that apply.

If you offer international services or work internationally, please select 'other' and provide details.

- England
- Northern Ireland
- Scotland
- Wales
- Other, please specify
- Prefer not to say

Section 1: oversight and regulation

This section of the call for evidence is focused on the effectiveness of existing mechanisms to oversee and regulate private prescribing.

To what extent do you agree or disagree that existing mechanisms enable the effective oversight and regulation (including enforcement) of UK registered private prescribers? (Optional)

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

To what extent do you agree or disagree that existing mechanisms enable the effective oversight and regulation (including enforcement) of EEA registered prescribers (with medicines dispensed in the UK)? (Optional)

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

To what extent do you agree or disagree that existing mechanisms enable the effective oversight and regulation (including enforcement) of medicines supplied under private PGDs? (Optional)

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

What are the strengths of the current regulatory regime for medicines accessed through private providers? (Optional, maximum 500 words)

The existing regulatory framework provides a clear statutory foundation for oversight of prescribers and suppliers of medicines. UK registered healthcare professionals are subject to professional regulation by bodies such as the GMC, NMC, GPhC and PSNI, which maintain fitness-to-practise processes and professional standards.
Community pharmacies, whether dispensing NHS or private prescriptions, are regulated entities that must meet legal requirements for record keeping, prescription validity, and supply controls.
The Human Medicines Regulations 2012 and the Misuse of Drugs Regulations 2001 provide a strong legislative base for safe prescribing, supply, and accountability.
Pharmacists act as a final safeguard in ensuring the legality, appropriateness, and clinical safety of medicines supplied

What are the limitations of the current regulatory regime for medicines accessed through private providers? (Optional, maximum 500 words)

Despite clear legislation, oversight and enforcement of private prescribing remain fragmented and inconsistently applied across the UK. Current systems do not allow for adequate visibility of private prescriptions, particularly those issued remotely or cross-border. There is limited data capture on volumes, therapeutic categories, or patient outcomes associated with private prescribing.
Enforcement action relies heavily on retrospective investigation following patient harm or regulatory referral. Oversight of EEA prescribers and online platforms presents particular challenges, with verification of credentials and prescription authenticity often difficult for pharmacists.
Private PGDs are not centrally recorded or routinely audited, leaving uncertainty around governance and accountability.
The Society also notes the strain on pharmacy teams asked to validate prescriptions where prescriber legitimacy or clinical context is unclear, without access to integrated digital systems or shared patient records.

How could the current regulatory regime for medicines accessed through private providers be strengthened? (Optional, maximum 500 words)

A UK-wide, coordinated approach to the oversight of private prescribing is needed, ensuring parity of regulation between NHS and private sectors.
The Society recommends:

1. Establishing a national registry of private prescribers and private PGDs accessible to dispensers and regulators.

2. Strengthening requirements for private prescribers to share prescribing data with the patient's NHS GP or health record system.

3. Enhancing verification systems to allow pharmacists to confirm prescriber registration, scope, and prescribing authority in real time.
4. Requiring pharmacies supplying private prescriptions, particularly online, to report volumes and classes of medicines dispensed to a central authority for analysis.
5. Embedding pharmacists in multidisciplinary prescribing and governance committees to provide independent oversight of medicines use across both private and public sectors, ensuring accountability and alignment with national standards.
   These measures would help prevent duplication, misuse, and unsafe prescribing while maintaining patient choice and access

If you are aware of any data captured on medicines accessed through private providers, please provide details on the source of the data and how it is currently used. (Optional, maximum 500 words)

Limited routine data exist on medicines obtained privately. Pharmacy dispensing systems record private prescriptions locally but are not collated or analysed at national level. Some NHS England and MHRA datasets capture adverse events or misuse trends, but these are incomplete. No centralised mechanism currently monitors the scale, type, or frequency of medicines accessed privately, including through online platforms or PGDs.

To what extent do you agree or disagree that this data is sufficient to appropriately monitor this activity? (Optional)

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don’t know
- Not applicable

To what extent do you agree or disagree that medicines advertising in the UK is effectively regulated? (Optional)

Please consider both digital advertising (for example, websites and social media) and traditional advertising (for example, leaflets and print advertisements).

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

Please share any additional evidence you would like to contribute regarding the effectiveness of existing mechanisms to oversee and regulate private prescribing. (Optional, maximum 750 words)

The Society is concerned that current oversight mechanisms do not sufficiently capture or control the growth of online and cross-border private prescribing. The lack of integrated systems means pharmacists often rely on professional judgment to verify prescriptions in the absence of clinical context or patient history, heightening safety risks.
Digital advertising of prescription-only medicines via social media often circumvents regulatory oversight, potentially leading to inappropriate demand and expectation.
The Society supports tighter regulation of online advertising, mandatory transparency of prescriber details, and clear accountability for the clinical governance of online providers.
Overall, greater integration of data, governance, and pharmacy oversight will strengthen safety and public confidence in private prescribing.

Section 2: patient safety and access to medicines

This section of the call for evidence seeks to understand the impact of private prescribing on patient safety and access to medicines.

What do you understand to be the main reasons for patients to access medicines from private providers? (Optional, maximum 500 words)

Patients may seek private prescribing for several reasons:

- Perceived delays or barriers to accessing treatment through the NHS.
- Desire for discreteness, convenience, flexibility, or continuity of care via online or remote consultations.
- Seeking medicines not routinely available on the NHS, such as for weight management, hormone therapies, or lifestyle-related conditions.
- A perception of more personalised care or faster access to specialist input.

While patient autonomy and choice are important, the Society is concerned that some private providers may operate outside established governance structures, offering limited clinical oversight or continuity with NHS records. This increases the risk of inappropriate prescribing, duplication, or medicine misuse. Improved data sharing and integration between private and NHS systems are essential to safeguard patients while supporting legitimate access.

What do you understand to be the main reasons for patients to access medicines from healthcare professionals under private PGDs? (Optional, maximum 500 words)

Private PGDs are often used to provide rapid access to medicines for vaccination, travel, or minor ailment services. Patients may value convenience, accessibility, and speed of treatment.
However, the Society notes that governance arrangements for private PGDs are variable. Not all private providers have access to robust multidisciplinary oversight or pharmacist input. Without clear accountability structures, there is potential for inconsistency in medicine selection, patient assessment, and documentation.
Embedding pharmacy involvement in the approval and review of all PGDs, public or private, would strengthen governance and ensure consistency with national standards and medicines optimisation principles.

To what extent do you agree or disagree that patients can safely access medicines from UK private providers? This includes access under private PGDs. (Optional)

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don’t know

To what extent do you agree or disagree that patients can safely access medicines from EEA providers? (Optional)

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree

- Strongly disagree
- Don't know

What are the risks of patients accessing medicines through private providers? This includes access through online platforms. (Optional, maximum 500 words)

Key risks include:

1. Lack of clinical oversight and continuity**:** Private prescribers may not have access to the patient's full medical record, leading to unsafe prescribing or drug interactions.
2. Inconsistent governance: Varying standards among providers, particularly online, may compromise patient safety.
3. Inappropriate or high-risk prescribing: Examples include overprescribing of controlled drugs, antibiotics, and medicines with dependency potential.
4. Limited follow-up and monitoring: Patients may not be routinely reviewed or supported to manage side effects.
5. Verification challenges: Pharmacists may struggle to confirm the legitimacy of prescribers, especially EEA-based.
6. Risk of counterfeit or diverted medicines where supply chains are not robustly regulated.

The Society stresses that pharmacists are the final safety checkpoint, but they require access to secure verification systems and clear governance arrangements to fulfil this role effectively.

What are the benefits of patients accessing medicines through private providers? This includes access through online platforms. (Optional, maximum 500 words)

Appropriately regulated private providers can enhance access and choice for patients, particularly for time-sensitive care (e.g., travel vaccines, contraception, or dermatology treatments). They may also reduce pressure on NHS services for minor or routine interventions.
Private prescribing can complement NHS provision if governance, information sharing, and accountability are robust. However, the benefits are only realised where prescribing is evidence-based, safely integrated with NHS records, and supported by pharmacist input in supply, monitoring, and reporting processes.

How can the risks to patients from accessing medicines through private providers be mitigated? (Optional, maximum 500 words)

1. Mandatory data sharing: Require private prescribers to share prescribing information with the patient's NHS GP or summary care record.
2. Enhanced verification systems: Develop a UK-wide digital verification tool enabling pharmacists to confirm prescriber registration, authority, and scope in real time.
3. Mandatory training and audit: Introduce standardised training on safe prescribing and medicines optimisation for all private prescribers.
4. Stronger inspection and enforcement: Extend oversight by regulators to cover online providers and international prescribers supplying to UK patients.
5. Public education: Improve public understanding of safe medicines access and risks associated with unregulated online sources.

To what extent do you agree or disagree that sufficient safeguards are in place to prevent harm caused by medicines accessed through private providers? (Optional)

Please consider medicines accessed for their licensed indication (what they have been approved to treat), medicines accessed off-label (prescribed in a different way than that stated in its licence), controlled drugs (medicines that are closely regulated due to their potential to be abused or cause addiction) and medicines accessed that are not authorised for use in the UK.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

To what extent do you agree or disagree that appropriate safeguards are in place to protect patients against counterfeit (fake) medicines? (Optional)

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree

- Strongly disagree
- Don’t know

How easy or difficult is it for dispensers (pharmacists) and other healthcare professionals to verify the authenticity of prescriptions from UK private prescribers? (Optional)

- Very easy
- Easy
- Neither easy nor difficult
- Difficult
- Very difficult
- Don’t know

How easy or difficult is it for dispensers (pharmacists) and other healthcare professionals to verify the authenticity of prescriptions from EEA prescribers? (Optional)

- Very easy
- Easy
- Neither easy nor difficult
- Difficult
- Very difficult
- Don’t know

What are the risks associated with prescriptions received electronically from private providers, compared to on paper? (Optional, maximum 500 words)

Electronic private prescriptions can improve efficiency but also introduce risks. These include:

- Limited assurance on the prescriber’s identity or registration, particularly when using unverified e-signature systems.
- Potential for prescription tampering or duplication when sent directly to dispensing pharmacies.
- Lack of integration with NHS digital systems, creating gaps in medication histories and pharmacovigilance.
- Inconsistent formatting and absence of clinical context for pharmacists to assess appropriateness.

The PSNI supports the development of a secure, UK-wide digital prescribing standard for both NHS and private sectors, ensuring authentication, traceability, and interoperability with health records.

In your experience, what medicines are patients seeking to access through alternative legal routes (non-NHS), and why? (Optional, maximum 500 words)

In your experience, what is the impact on patient safety of medicines supplied under private PGDs? (Optional, maximum 500 words)

Private PGDs can support timely access to medicines, but variability in governance presents risk. Without pharmacist-led oversight, patient assessment, record keeping, and clinical justification may be inconsistent.
Embedding pharmacist representation in all PGD approval and review processes, supported by regular audit and outcome monitoring, would ensure medicines supplied under private PGDs meet the same safety and quality standards as NHS services.

To what extent do you agree or disagree that private prescribing improves medicines access for people with protected characteristics within the meaning of the Equality Act 2010? (Optional)

The protected characteristics under the act are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don’t know

Please describe any benefits or barriers related to inequalities you’ve observed that have been caused by private prescribing. (Optional, maximum 500 words)

Private prescribing may improve access for some groups able to afford rapid or specialist care, but it can also exacerbate inequalities for those unable to pay. Language barriers, digital exclusion, and inconsistent accessibility of online platforms can further widen disparities. Equitable access to safe, affordable medicines should remain a core policy goal across all healthcare sectors.

To what extent do you agree or disagree that sufficient training and education on private prescribing is available to healthcare professionals? (Optional)

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

Please share any additional evidence you would like to contribute regarding the impact of private prescribing on patient safety and access to medicines. (Optional, maximum 750 words)

The Pharmaceutical Society of Northern Ireland emphasises that patient safety must be the foundation of all prescribing activity, irrespective of funding model. While private prescribing can offer timely access to treatment, fragmented oversight, poor information sharing, and variable governance pose systemic risks.
The Society highlights the need for a unified medicines governance framework across NHS and private sectors, ensuring consistent standards for training, audit, and accountability. Pharmacists play a critical role in safeguarding medicines use, detecting inappropriate prescribing, and ensuring patients understand how to use their medicines safely.

Questions about recent restrictions on the sale and supply of puberty-suppressing hormones

In 2025, following 3 temporary emergency orders, the government introduced indefinite legislation placing restrictions on the sale and supply of puberty-suppressing hormones for under 18s with gender incongruence and/or gender dysphoria through private prescriptions, and for any indication for under 18s through EEA prescriptions. This followed in the wake of findings from the Cass Review about the safety of these medicines and advice from the Commission on Human Medicines about the current prescribing environment.

We are seeking evidence to understand the impact of this change.

Do you wish to answer questions regarding placing restrictions on the sale and supply of puberty-suppressing hormones?

If you select 'no' you will go straight to section 3 which is focused on quality of care.

- Yes
- No

~~To what extent do you agree or disagree with the following statements?~~

~~Restrictions on the sale and supply of puberty-suppressing hormones to under 18s for gender incongruence and/or gender dysphoria have been effective in limiting prescribing by UK private prescribers. (Optional)~~

- ~~Strongly agree~~
- ~~Agree~~
- ~~Neither agree nor disagree~~
- ~~Disagree~~
- ~~Strongly disagree~~
- ~~Don't know~~

~~Restrictions on the sale and supply of puberty-suppressing hormones to under 18s for gender incongruence and/or gender dysphoria have been effective in limiting prescribing by EEA registered prescribers. (Optional)~~

- ~~Strongly agree~~
- ~~Agree~~
- ~~Neither agree nor disagree~~
- ~~Disagree~~
- ~~Strongly disagree~~
- ~~Don't know~~

~~The prescribing of cross-sex hormones to under 18s for gender incongruence and/or gender dysphoria is undertaken in accordance with NHS guidelines (offered with extreme caution and with a clear clinical rationale) by UK private prescribers. (Optional)~~

- ~~Strongly agree~~
- ~~Agree~~
- ~~Neither agree nor disagree~~
- ~~Disagree~~
- ~~Strongly disagree~~
- ~~Don't know~~

~~The prescribing of cross-sex hormones to under 18s for gender incongruence and/or gender dysphoria is undertaken in accordance with NHS guidelines (offered with extreme caution and with a clear clinical rationale) by EEA registered prescribers. (Optional)~~

- ~~Strongly agree~~
- ~~Agree~~
- ~~Neither agree nor disagree~~
- ~~Disagree~~
- ~~Strongly disagree~~
- ~~Don't know~~

~~Government and NHS guidance on the sale and supply of medicines for gender incongruence and/or gender dysphoria to under 18s (puberty-suppressing hormones and cross-sex hormones) is sufficiently clear for frontline practitioners. (Optional)~~

- ~~Strongly agree~~
- ~~Agree~~
- ~~Neither agree nor disagree~~
- ~~Disagree~~
- ~~Strongly disagree~~
- ~~Don't know~~

~~Is there anything else you would like to tell us about the recent restrictions on the sale and supply of puberty-suppressing hormones? (Optional, maximum 500 words)~~

Section 3: quality of care

This section of the call for evidence seeks to understand the impact of private prescribing on quality of care.

In your experience, what impact does patient access to UK private prescribers typically have on the quality of care received? (Optional)

- Positive
- Negative
- No impact
- Don't know

In your experience, what impact does patient access to healthcare professionals operating under private PGDs typically have on the quality of care received? (Optional)

- Positive
- Negative
- No impact
- Don't know

In your experience, what impact does patient access to EEA registered prescribers have on the quality of care received? (Optional)

- Positive
- Negative
- No impact
- Don't know

How can the quality of patient care received from private providers be strengthened? (Optional, maximum 500 words)

Quality of care can be strengthened through consistent governance, transparency, and integration between private and NHS services.
The Society recommends:

1. Mandatory governance frameworks – All private providers should operate under defined medicines governance structures, equivalent to NHS standards.
2. Integration of prescribing data – Private prescribing should feed automatically into the patient's NHS record, ensuring visibility for all healthcare professionals involved in care.
3. Pharmacist involvement – Pharmacists should be core members of multidisciplinary governance and prescribing committees to ensure safe, evidence-based practice and rational medicines use.
4. Audit and accountability – Regular audit of prescribing trends, safety incidents, and patient feedback should be required for all private providers.
5. Training and competence – Private prescribers should demonstrate ongoing competence and access to supervision or peer review, with transparent standards.
6. Patient education and informed consent – Clear communication of treatment rationale, alternatives, and follow-up arrangements should be mandatory before medicines are supplied.

Embedding these principles across both NHS and private sectors would help deliver safe, consistent, and accountable care.

To what extent do you agree or disagree that patients receive appropriate consultation and clinical advice when prescribed or supplied medicines by private providers? (Optional)

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

To what extent do you agree or disagree that patients are routinely monitored by an authorised healthcare professional when prescribed or supplied medicines by private providers? (Optional)

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

If there is anything else you would like to tell us about patient consultation and monitoring when accessing medicines through private providers, please include it here. (Optional, maximum 500 words)

The Society believes that safe prescribing requires comprehensive assessment, documentation, and follow-up. In many private settings, particularly online, these safeguards are limited. There is often no direct communication with the patient's NHS GP, leaving potential risks unmonitored.

To address this, the Society recommends:

- Clear national standards for consultation quality in private prescribing, including mandatory patient identity verification and clinical history capture.

- Defined expectations for monitoring and review, including clear handover to NHS services where long-term management is required.
- Oversight of remote consultations to ensure equivalence with in-person clinical assessments.
- Pharmacist involvement in monitoring frameworks, particularly where repeat supplies are made.

Without these safeguards, patients risk fragmented care, duplication, and potential harm.

In your experience, what patient medical information is relied upon when prescribing privately? (Optional)

Select all that apply.

- Patient supplied
- NHS GP supplied
- Core NHS record
- Private provider's own records
- Other, please specify

How effectively is patient medical information shared between NHS and private prescribers, and vice versa? (Optional, maximum 500 words)

Information sharing may be perceived as inconsistent. Private prescribers are not routinely required to inform NHS services of prescriptions issued, leading to incomplete records and potential safety risks. Data transfer often depends on patient consent or ad-hoc communication.

The Society strongly supports the establishment of secure, standardised data-sharing pathways between NHS and private systems. Private providers should be legally required to share relevant prescribing information, such as medicine name, dose, duration, and indication, with the patient's NHS GP or summary care record.

Improved interoperability of digital systems and clear guidance from professional regulators would help ensure that all prescribers and pharmacists work from the same, up-to-date clinical picture.

If there is anything else you would like to tell us about private prescribing data, please include it here. (Optional, maximum 500 words)

There is currently no systematic national dataset capturing the scale or nature of private prescribing activity. This limits regulators' ability to identify trends, address inappropriate practice, or plan for system-wide risks.

The Society supports the creation of a UK-wide data-collection mechanism for private prescribing and PGD use. Data should include medicine type, volume, indication, and prescriber category, while respecting patient confidentiality. This would enable proactive regulation and policy development based on accurate evidence.

What impacts does private prescribing have on the wider healthcare system? (Optional, maximum 500 words)

Private prescribing can relieve pressure on some NHS services by offering faster access for patients able to pay. However, it can also create downstream pressures when patients return to the NHS for follow-up, monitoring, or management of side-effects initiated privately.

It risks widening health inequalities, with differential access based on ability to pay. Inconsistent clinical communication also places additional administrative burdens on NHS teams and pharmacists who must reconcile medicines histories retrospectively.

The Society believes a collaborative, transparent model, where private and NHS sectors share responsibility for patient safety, medicines governance, and information flow, is essential. This would help ensure private prescribing complements, rather than fragments, the wider healthcare system.

Please share any additional evidence you would like to contribute regarding the impact of private prescribing on quality of patient care. (Optional, maximum 750 words)

The Society's overarching concern is the lack of coherence in governance between NHS and private prescribing. While private healthcare can broaden access, inconsistent oversight and weak data integration risk undermining the safe, effective, and rational use of medicines.

Pharmacists are uniquely positioned to safeguard continuity and quality across both systems. Their inclusion in governance structures, particularly within multidisciplinary Prescribing and PGD Committees, would strengthen accountability, reduce duplication, and ensure consistent application of clinical standards.

To support this, the Society recommends:

- National minimum standards for consultation, monitoring, and data sharing.
- A central register of private prescribers and private PGDs.

- Enhanced pharmacist access to relevant clinical information.
- Coordinated governance frameworks so pharmacists can contribute effectively without being required across multiple separate committees.

These measures would help align professional accountability, strengthen patient safety, and ensure the quality of care remains high regardless of where or how medicines are accessed.

Submitting further evidence

We welcome contributions of data, research and other reports relating to:

- the efficacy of existing mechanisms for the oversight and regulation of private prescribing by UK and EEA registered healthcare professions, and supply and administration of medicines under private PGDs
- the impact the existing arrangements for private prescribing and supply of medicines have on patient safety and access to medicines
- how private prescribing by UK and EEA registered healthcare professions and the use of private PGDs affect the quality of care received by patients

Documents of up to 5 pages will be accepted. You may upload up to 3 files.

Would you like to upload a contribution of data, research or other reports?

- Yes
- No

Which themes does your evidence best relate to?

Select all that apply.

- The efficacy of existing mechanisms for the oversight and regulation of private prescribing by UK and EEA registered healthcare professions, and supply and administration of medicines under private PGDs
- The impact the existing arrangements for private prescribing and supply of medicines have on patient safety and access to medicines
- How private prescribing by UK and EEA registered healthcare professions and the use of private PGDs affect the quality of care received by patients

The efficacy of existing mechanisms for the oversight and regulation of private prescribing by UK and EEA registered healthcare professions, and supply and administration of medicines under private PGDs

Please upload your contribution of data, research and other reports. For this section, we are particularly interested in:

- your views on the strengths and weaknesses of the existing oversight and regulatory mechanisms, and any changes you would suggest making to them
- your insights into what action is needed to ensure effective enforcement of existing regulations
- examples of good or bad behaviours from UK private and EEA prescribers
- case studies of effective enforcement, or how regulations have limited enforcement activity
- any gaps in research and evidence

Do not include any personal information in your response.

The impact the existing arrangements for private prescribing and supply of medicines have on patient safety and access to medicines

Please upload your contribution of data, research and other reports. For this section, we are particularly interested in:

- your insight into the factors driving patients to seek medical treatment from private providers
- your suggestions on what safeguards are needed to better support patient safety when accessing medicines online through private providers.
- any gaps in data or evidence in these areas

Do not include any personal information in your response.

How private prescribing by UK and EEA registered healthcare professions and the use of private PGDs affect the quality of care received by patients

Please upload your contribution of data, research and other reports. For this section, we are particularly interested in:

- your views as to how private prescribing is currently meeting the needs of patients
- your views as to how private prescribing is currently impacting the wider healthcare system
- examples of solutions that have improved or hindered patient access to high-quality medicines

- recommendations for how regulations can improve how we interact with private prescribers
- any gaps in data or evidence

Do not include any personal information in your response.