**Text for letter or email to your MP**

Dear X,

***Delivering the right care, in the right place, at the right time for your constituents: extending prescribing responsibilities***

As one of your constituents, and as a X, I am writing to ask you to lend your backing to the recently launched #PrescribingNow campaign.

I understand that the British Dietetic Association, the Royal College of Occupational Therapists, the British and Irish Orthoptic Society, the Society of Radiographers, the Royal College of Speech and Language Therapists and the British Association of Prosthetists and Orthotists have written to you collectively on this issue. I fully support their call and hope you can press the government to move forward with extending independent prescribing responsibilities for dietitians, occupational therapists, orthoptists, diagnostic radiographers, and speech and language therapists where it is safe and appropriate to do so within the scope of their professional practice.

As you know, this simple reform would help your constituents to receive more timely care from the allied health professionals working with them. It would ease pressure on GPs and other healthcare professionals by removing the need for them to undertake unnecessary admin which the allied health professionals working with your constituents could do. It would also support the professional development of allied health professionals by devolving decision-making to them and giving them greater freedom to do their job rather than having bureaucracy getting in the way of them treating patients in as quick a way as possible.

Extending independent prescribing responsibilities is a simple reform and one which could have many benefits for your constituents, the healthcare professionals working with them and the wider health and care system. So, I do hope you are able to support the #PrescribingNow campaign.

You can do this in two ways:

* Express your support on social media using the #PrescribingNow hashtag and dedicated graphic accessible on the campaign’s dedicated webpage: https://www.rcslt.org/policy/england/campaigns
* Use the template letter to the Secretary of State for Health and Social Care that I understand you have been sent, but which is also accessible on the webpage.

If you need any assistance with this, please contact [elissa.cregan@rcslt.org](mailto:elissa.cregan@rcslt.org)

I look forward to hearing back from you soon.

Yours sincerely,

**Personalise your email to your MP**

Your MP is much more likely to take action in response to your email if you are speaking from personal experience. Try if you can to personalise your email with short examples from your professional practice.

For example:

*“A patient I saw in Glaucoma clinic presented with visual field defects associate with glaucoma. I advised a treatment of drops (Latanoprost) to both eyes. There was a week delay before the Consultant responded with a prescription, delaying treatment unnecessarily.”*

*“Working in a neuro-ophthalmology clinic, I saw a patient with a new visual field defect. This required a change to the blood thinners and statins. The on-call stroke consultant was shocked that, as an experienced consultant orthoptist, I was could not make a change to the patient’s medicines when they knew the causation.”*

*“As an orthoptist working in a macular clinic, I am able to diagnose wet macular degeneration but am unable to prescribe the Anti-VEGF agents required to treat it. If a consultant is not in clinic, this often means we are required to bring the patient back in on another day, causing a delay in treatment and putting the patient and greater risk of sight loss, as well as putting unnecessary extra pressure on the clinic.”*

*“In my extended role in a retinal clinic, I am able to review and interpret OCT imaging. However, if a patient, having had cataract surgery, is found to have developed Cystoid Macular Oedema (CMO), I would need to find a doctor or book the patient in for a further appointment rather than being able to start them on the necessary treatment. If left untreated vision can be compromised with devastating loss. Having to rebook the patients also overburdens the emergency clinics and leaves the patient in discomfort.”*

*“Medical exemptions have been hugely advantageous and is invaluable for the future of this profession. With the NHS 10-year plan in mind, AHPs are being utilised in ways they never have before and with the current shortage of Ophthalmologists and with paediatric Ophthalmologists being even rarer, the time is now to implement the change we need. IP is essential to those within the profession who choose to head down the ACP route, to allow us to effectively contribute to the gaps that are forming in the NHS with the ophthalmological shortfall.”*