Title: Impact assessment of introduction of limited independent prescribing authorities for physiotherapists and chiropodists	Impact Assessment (IA)
IA No: HO0182	**Date: 13.03.15**
Lead department or agency: Home Office	**Stage:** Final
Other departments or agencies: Department of Health	**Source of intervention:** Domestic
	Type of measure: Secondary legislation
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Summary: Intervention and Options

RPC Opinion: NOT IN SCOPE

Cost of Preferred (or more likely) Option				
Total Net Present Value	**Business Net Present Value**	**Net cost to business per year** (EANCB on 2009 prices)	**In scope of One-In, Two-Out?**	**Measure qualifies as**
£35.7m	0	0	Yes	OUT

What is the problem under consideration? Why is government intervention necessary?

Physiotherapists and chiropodists (allied health professionals, AHPs) can currently prescribe controlled drugs (CD) under supervision of a doctor. Allowing these practitioners to prescribe CDs independently could maximise the use of healthcare skills and improve patient care.

What are the policy objectives and the intended effects?

The objective of introducing independent prescribing for physiotherapists and chiropodists is to enhance patient care by improving access to medicines through a more flexible approach. The intended effects are to improve access to controlled drugs for patients and improve patient care and satisfaction.

What policy options have been considered, including any alternatives to regulation? Please justify preferred option (further details in Evidence Base)

Option 1: Do nothing - make no changes.
Option 2: Introduce independent prescribing (with no supervision) of a limited formulary of controlled drugs for AHPs.

Option 2 is the preferred option. It enables the best use of professional skills and supports the promotion of health and wellbeing within all clinical interventions. Benefits include: improving the patient's treatment and experience, reducing the risk of an acute condition becoming a long term condition, reducing the care pathway, reducing requirements on GPs, and reducing A&E admissions and follow up treatments.

Will the policy be reviewed? It will not be reviewed. **If applicable, set review date:** Month/Year

Does implementation go beyond minimum EU requirements?			Yes / No / N/A		
Are any of these organisations in scope? If Micros not exempted set out reason in Evidence Base.	**Micro** Yes/No	**< 20** Yes/No	**Small** Yes/No	**Medium** Yes/No	**Large** Yes/No
What is the CO_2 equivalent change in greenhouse gas emissions? (Million tonnes CO_2 equivalent)			**Traded:**	**Non-traded:**	

I have read the Impact Assessment and I am satisfied that (a) it represents a fair and reasonable view of the expected costs, benefits and impact of the policy, and (b) that the benefits justify the costs.

Signed by the responsible Minister: Lynne Featherstone Date: 20/03/2015

Summary: Analysis & Evidence

Policy Option 2

Description: Introduction of independent prescribing by AHPs

FULL ECONOMIC ASSESSMENT

Price Base Year 2013	PV Base Year 2014	Time Period Years 10	Net Benefit (Present Value (PV)) (£m)		
			Low: 17.9	High: 53.6	Best Estimate: 35.7

COSTS (£m)	**Total Transition** (Constant Price)	Years	**Average Annual** (excl. Transition) (Constant Price)	**Total Cost** (Present Value)
Low	0	1	0	**0**
High	0		0	**0**
Best Estimate	0		0	**0**

Description and scale of key monetised costs by 'main affected groups'

Increased training required for physiotherapists and chiropodists to prescribe controlled drugs - but thought to be of negligible additional cost.

Other key non-monetised costs by 'main affected groups'

No key non-monetised costs have been identified.

BENEFITS (£m)	**Total Transition** (Constant Price)	Years	**Average Annual** (excl. Transition) (Constant Price)	**Total Benefit** (Present Value)
Low	0	1	**2.2m**	17.9
High	0		**6.5m**	53.6
Best Estimate	0		**4.3m**	35.7

Description and scale of key monetised benefits by 'main affected groups'

Key monetised benefits will accrue to GPs and patients through time saved by avoiding consultations. Net benefit of time saved estimated at £11.21 per controlled drug prescribed. Scaling this up by the total number of controlled drugs expected to be prescribed by AHPs (see Appendix A) gives the total benefit.

Other key non-monetised benefits by 'main affected groups'

Key non-monetised benefits will accrue to patients through improved care, improved healthcare access, better patient experience and reduced requirement for follow up. Physiotherapists and chiropodists will benefit through increased confidence from patients and other medical professionals.

Key assumptions/sensitivities/risks — **Discount rate (%)** 3.5%

Key assumptions are that the additional costs required to train AHPs to prescribe CDs are negligible.

A key risk resulting from AHP independent CD prescribing is increased scope for diverting controlled dugs and increased likelihood of over-prescribing. This risk is minimised by the restrictions placed on AHPs.

BUSINESS ASSESSMENT (Option 2)

Direct impact on business (Equivalent Annual) £m:			In scope of OITO?	Measure qualifies as
Costs: 0	**Benefits:** N/K	**Net:** N/K	Yes	OUT

Evidence Base (for summary sheets)

A. Strategic Overview

A.1 Background

1. This Impact Assessment considers the proposal of introducing independent prescribing of a limited formulary[1] of controlled drugs for physiotherapists and chiropodists.

Independent prescribing by Allied Health Professionals

2. Independent prescribing – where a prescriber takes responsibility for clinical assessment and medication without the oversight of a doctor – is an established Department of Health (DH) policy. Its aim is to increase flexibility, safety and responsiveness in health and social services by improving access to medicines and treatment in a timely manner. This policy is supported by the Home Office.

3. Qualified physiotherapists and chiropodists are already able to prescribe controlled drugs as supplementary prescribers (on a prescription plan supervised by a medical prescriber, such as a doctor), and can also supply medicines under exemptions in medicines legislation.

4. In July 2012, following a UK-wide public consultation, DH Ministers agreed to the Commission on Human Medicines' recommendations to introduce independent prescribing responsibilities for physiotherapists and chiropodists. At the same time, the introduction of independent prescribing of a limited formulary of controlled drugs was also consulted on. The majority of respondents supported the introduction of limited controlled drug independent prescribing rights.

5. Following statutory consultation, The Advisory Council on Misuse of Drugs (ACMD) also recommended changes to the Misuse of Drugs Regulations 2001 (the 2001 Regulations) to enable physiotherapists and chiropodists to independently prescribe a limited formulary of controlled drugs.

6. The Government is seeking to add physiotherapists and chiropodists to the list of healthcare professionals authorised to independently prescribe controlled drugs, but from a limited formulary.

A.2 Groups Affected

7. The policy will affect physiotherapists, chiropodists, other healthcare professionals able to prescribe controlled drugs (all in both public and private sectors) and patients.

A.3 Consultation

Within Government

8. The Home Office has consulted with the Department of Health and the ACMD. The Devolved Administrations were also consulted and were supportive of the proposals.

Public Consultation

9. The policy proposals on independent prescribing authorities for physiotherapists and chiropodists in general were the subject of a public consultation in 2011. The majority of respondents were in favour of introducing independent prescribing rights for physiotherapists and chiropodists[2].

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[1] A formulary is a list of drugs or medicines, http://dictionary.reference.com/browse/formulary

[2] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216881/Physiotherapist-Consultation-Summary.pdf and https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216882/Podiatrist-Consultation-Summary.pdf

B. Rationale

10. Current legislation permits physiotherapists and chiropodists to prescribe medicines as supplementary prescribers (on a prescription plan supervised by an independent prescriber) but not independently. The process of obtaining a prescription is therefore inefficient because patients are required to attend a consultation with a physiotherapist or chiropodist and a GP. Allowing these practitioners to independently prescribe controlled drugs from a limited formulary would ease the requirements on GPs' and patients' time in obtaining prescriptions and allow more accessible and flexible patient care. These changes can only be brought about through a change in existing legislation.

C. Objectives

11. The objective of introducing independent CD prescribing for AHPs is to enhance patient care by improving access to medicines, and to ease the requirements on GPs and patients in obtaining prescriptions for these drugs.

D. Options

The options considered in this Impact Assessment are:

Option 1: Do nothing - make no changes.

Option 2: Introduce independent prescribing of a limited formulary of controlled drugs for physiotherapists and chiropodists.

12. The Government's **preferred option is option 2**. This option will enable the utilisation of the skills of physiotherapists and chiropodists in the independent prescribing of a limited formulary of controlled drugs.

E. Appraisal (Costs and Benefits)

GENERAL ASSUMPTIONS & DATA

Training AHPs to prescribe

13. Training for independent prescribing of controlled drugs by physiotherapists and chiropodists will be included as part of the general training provided for independent prescribing of medicines and so will not impose any further cost.

GP and AHP salaries

14. Average hourly salary for a GP is £36.25[3]. Average hourly salary for a physiotherapist is £15.83[4]. Average hourly salary for a chiropodist is £15.83. (All calculated assuming 40-hour working week.)

UK Controlled Drug prescriptions

15. 47 million prescriptions in NHS primary care were issued for controlled drugs in England in 2012[5]. Scaling this up by population would result in an estimated 54 million prescriptions across England, Scotland and Wales. Assuming growth in line with the population, we estimate that 59 million controlled drugs will be prescribed across England, Scotland and Wales by 2023.

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[3] NHS, *Pay for Doctors,* http://www.nhscareers.nhs.uk/explore-by-career/doctors/pay-for-doctors/

[4] NHS, *Agenda for Pay Change Rates,* http://www.nhscareers.nhs.uk/working-in-the-nhs/pay-and-benefits/agenda-for-change-pay-rates/

[5] Care Quality Commission, *Annual Report 2012-13*, http://www.cqc.org.uk/public/reports-surveys-and-reviews/reports/annual-report-2012/13

Value of patients' time

16. Average value of non-working time is £5.69 per hour. Average value of working time is £34.04 per hour[6].

GP appointments

17. 17% of patients report that their GP surgery is not open at a time convenient for them. 38% of patients who were offered an appointment at an inconvenient time went to the appointment anyway[7]. From this, we conservatively estimate that 5% of GP appointments take place during working hours. While this proportion may seem low, it should be borne in mind that a disproportionately high number of GP patients are those not in full-time work: children and the elderly.

Extent of AHP prescribing of CDs

18. The number of physiotherapists and chiropodists who will prescribe controlled drugs will be some proportion of those who make use of the newly introduced independent prescribing authorities. It has been estimated that by 2023, 2,154 physiotherapists[8] and 550 chiropodists[9] will have trained as independent prescribers. In comparison, there are currently around 200,000 fully registered doctors in the UK[10] and around 40,000 dentists[11], all of whom are able to independently prescribe controlled drugs. As such, even if all physiotherapists and chiropodists trained as independent prescribers were also granted authority to prescribe controlled drugs, they would make up less than 1.1% of the total number of independent prescribers of controlled drugs. Our best estimate would therefore be to suggest that, by 2023, AHPs will be issuing 1% of controlled drug prescriptions, with a lower bound of around 0.5% and an upper bound of around 1.5% (allowing for some deviation from the Department of Health estimates). This assumes that the average number of drugs prescribed each year would be the same for a doctor or dentist as for a physiotherapist or chiropodist. For a breakdown of the estimated proportions of CDs issued by AHPs each year between 2014 and 2023, see Appendix A.

Option 2 – Introduce independent prescribing

COSTS

Introduction of limited independent prescribing authorities

Costs to the public sector (medical practitioners)

Increased requirements on physiotherapists and chiropodists

19. Expected costs would relate to those to be incurred in training physiotherapists and chiropodists to competently prescribe the limited formulary of controlled drugs. However, the required training to qualify as and independent prescriber of controlled drugs is the same as that which needs to be undertaken to qualify or be competent to independently prescribe medicines generally. As a result, no significant additional costs can be attributed to the training for the independent prescribing of controlled drugs.

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[6] 2010 Values of time from Department for Transport (DfT), *Values of Time and Vehicle Operating Costs,* http://www.dft.gov.uk/webtag/documents/expert/pdf/u3_5_6-vot-op-cost-120723.pdf. Uprated to 2013 prices in accordance with DfT guidelines, http://www.dft.gov.uk/webtag/documents/expert/pdf/u3_5_6-vot-op-cost-120723.pdf using ONS GDP data.

[7] The GP Patient Survey, http://www.gp-patient.co.uk/results/latest_weighted/ccg/

[8] Department of Health, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213478/DH-1018-Proposals-to-introduce-independent-prescribing-by-physiotherapists1.pdf

[9] Department of Health, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213480/DH-1019-Proposals-to-introduce-independent-prescribing-by-podiatrists.pdf

[10] General Medical Council, http://www.gmc-uk.org/doctors/register/search_stats.asp

[11] General Dental Council, http://www.gdc-uk.org/Newsandpublications/factsandfigures/Pages/default.aspx

20. The new prescribing powers granted to physiotherapists and chiropodists will increase the time required for consultation with these practitioners. Assuming that writing a prescription would add two minutes on to a consultation, and given an average hourly salary for physiotherapists and chiropodists of £15.83, each controlled drug prescription issued by these practitioners would impose a cost of £0.53. The total cost will depend on the extent to which prescription of controlled drugs by GPs is replaced by prescription by physiotherapists and chiropodists. We have estimated that by 2023, AHPs will account for between 0.51% and 1.53% of independent prescriptions of controlled drugs. We have also estimated that there will be 59 million controlled drug prescriptions in England, Scotland and Wales by 2023. As such, the cost from this can be estimated from the cumulative costs for each of the next ten years. The profile of estimated costs is presented in Table 1 below.

Table 1. Profile of estimated costs (£m)

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Best	0.04	0.09	0.14	0.18	0.21	0.23	0.26	0.28	0.30	0.32
Low	0.02	0.05	0.07	0.09	0.11	0.12	0.13	0.14	0.15	0.16
High	0.07	0.14	0.21	0.26	0.32	0.35	0.38	0.41	0.45	0.48

BENEFITS

Benefits to individuals (patients)

Health benefit to patient from timely treatment

21. Physiotherapists and chiropodists will be able to competently prescribe the limited formulary of controlled drugs without the oversight of a practitioner. This will mean easier access to the drugs required for treatment and therefore better health outcomes for the patient.

Reduced requirements on patients

22. Prescription by a physiotherapist or chiropodist will mean that the patient will not have to spend further time attending a GP consultation. A conservative assumption for a patient's time requirement for attending a GP consultation is 45 minutes[12]. This time and corresponding costs will be saved, allowing patients to either attend work, or carry out other duties.

23. If a patient saves 45 minutes by not having to attend a GP appointment, and requires two minutes longer than previously in a physiotherapist or chiropodist appointment in order for a prescription to be written, the value of 43 minutes will be saved from each appointment avoided. Assuming (conservatively) that 5% of GP appointments take place during working hours, the average value of time saved per controlled drug prescribed by a physiotherapist or chiropodist is £5.09[13]. The total saving will depend on the extent to which prescription of controlled drugs by GPs is replaced by prescription by physiotherapists and chiropodists. We have estimated that by 2023, AHPs will account for between 0.51% and 1.53% of independent prescriptions of controlled drugs. We have also estimated that there will be 59 million controlled drug prescriptions in England, Scotland and Wales by 2023. As such, the benefit from this can be estimated from the cumulative benefits for each of the next ten years. The profile of estimated benefits to both patients and GPs is presented in Table 2 below.

24. There would be an additional saving to these patients in relation to travel costs for attending the GP practice; these have not been monetised in this impact assessment.

Further benefits to patients

[12] Department of Health

[13] The value of these time savings can be derived from the average value of time at £5.69 per hour of non-working time and £34.04 for each hour of working time. The value of the 43 minutes saved will be £4.08 from each appointment avoided during non-working time and £24.40 from each appointment avoided during working time.

25. Improving specialised and multidisciplinary care may improve patient care and safety; extending prescription authorities may improve access to healthcare; more timely treatment of conditions may reduce A&E admissions and more tailored treatment may reduce the need for follow-up consultations.

Benefits to the public sector

Reduced requirements on GPs

26. The time savings derived from patients not having to attend a consultation with their GP to receive a prescription for the relevant controlled drugs will lead to a reduction in practitioner requirements, freeing them up to attend to other patients or other work.

27. The value of these time savings can be derived from the average hourly salary for GPs, £36.25. Since the average GP consultation lasts 11 minutes, the value of the savings to GPs from each consultation avoided under the new policy will be £6.65. The total saving will depend on the extent to which prescription of controlled drugs by GPs is replaced by prescription by physiotherapists and chiropodists.

The profile of estimated benefits to both patients and GPs is presented in Table 2 below.

Table 2. Profile of estimated benefits (£m)

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Best	0.98	2.01	3.10	3.90	4.71	5.18	5.65	6.13	6.60	7.07
Low	0.49	1.01	1.55	1.95	2.35	2.59	2.83	3.06	3.30	3.53
High	1.47	3.02	4.65	5.86	7.06	7.77	8.48	9.19	9.90	10.60

Further benefits to the public sector

28. Extending authorities may increase respect for physiotherapists and chiropodists from patients and other medical professions and help overcome barriers that exist for supplementary prescribers such as the Clinical Management Plan.

NET EFFECT

29. We have not been able to monetise the entire effect of the policy. However, we can estimate the monetised net benefit of the policy. The net benefit per controlled drug prescribed by a physiotherapist or chiropodist, calculated as the sum of the value of GP's time saved and the value of the patient's time saved less the value of the additional time required by the physiotherapist or chiropodist, is £11.21[14]. Using the predicted number of controlled drugs issued by the NHS in each of the next 10 years, we can estimate an NPV for the lower bound, upper bound and best estimates of the proportion of CD prescriptions that AHPs will assume;

Table 3 – Estimated Net Present Value (NPV) for Option 2

	Average annual net benefits (£m)	NPV (£m)
Lower bound	2.2	17.9
Upper bound	6.5	53.6
Best estimate	**4.3**	**35.7**

[14] £5.09 + £6.65 - £0.53 = £11.21

30. The best estimate of the net present value of Option 2 is £35.7 million discounted over 10 years. However, this does not include any of the non-monetised benefits described above.

ONE IN; TWO OUT (OITO)

COSTS (INs)

31. Costs to the private and third sector are similar to those identified above and arise from training costs for physiotherapists and chiropodists in the private and third sectors. However, as the cost of training for independent prescribing generally includes controlled drugs, no significant costs can be attributed to training to undertake controlled drugs prescribing separately. It is therefore expected that there will be negligible costs to the private or third sector.

BENEFITS (OUTs)

32. Private healthcare providers who make use of the enabling provisions are expected to see increased flexibility in the prescribing and treatment of patients. Physiotherapists and chiropodists in this sector will be able to prescribe without the need to be supervised as supplementary prescribers.

33. Private healthcare providers will benefit from a reduction in the time required of doctors within the sector to supervise supplementary prescribers and sign prescriptions for the specific controlled drugs. As doctors are paid more than physiotherapists and chiropodists, this will lead to cost savings for the sector. Doctors in this sector will be freed to undertake other work as a result of the reduction in the demand on their time for supervision and prescribing the relevant drugs. However, there is no evidence on the proportion of controlled drugs that are prescribed by doctors that work in the private sector, and no evidence on the proportion of independent AHP prescribers of controlled drugs that will be working in the private sector. Therefore we are unable to quantify the impact on private business.

34. Employers will benefit from the reduced need for patients to spend time away from work in order to obtain a prescription for controlled drugs. Furthermore, employers could profit from increased employee productivity if health benefits and improvements to patient care are realised.

NET

35. The Home Office assesses the costs to the public, private and third sectors from the proposals – arising from training, prescription requirements and storage – will be outweighed by the significant benefits to both healthcare professionals and patients through flexibility and better access to medicines. Because there is no evidence on the proportion of controlled drugs that are prescribed by doctors that work in the private sector, we are unable to quantify this effect. The policy option is therefore an unquantified OUT.

F. Risks

Option 2 – Introduce independent prescribing

36. Risks associated with the changes relating to independent prescribing by physiotherapists and chiropodists arise out of the ability to prescribe drugs that are considered dangerous or harmful and therefore a corresponding increase in the risk of diversion and of over-prescribing.

37. However, these risks are minimised to a great degree by the limited number of drugs that physiotherapists and chiropodists are able to prescribe, the restrictions placed on them not to requisition, stock or dispense the specified drugs, professional accreditation and regulation, and the approved training physiotherapists and chiropodists have to undertake to become

competent in prescribing these drugs. The framework underpinning the training requirements for independent prescribing are the same for other independent healthcare prescribers.

G. Enforcement

38. Enforcement of the proposed policy will be undertaken by health regulatory bodies, Accountable Officers, professional bodies and other relevant governmental agencies responsible for the provision of healthcare and management of medicines in England and the Devolved Assemblies.

H. Summary and Recommendations

The table below outlines the costs and benefits of the proposed changes.

Table H.1 Costs and Benefits

Option	Costs	Benefits
2	***Monetised***	***Monetised***
	N/A	£35.7m saving to GPs and patients from allowing physiotherapists and chiropodists to prescribe controlled drugs.
	Non-monetised	***Non-monetised***
	Increased time required in consultations with physiotherapists and chiropodists in order to prescribe controlled drugs.	Substantial time savings to GPs and patients from allowing physiotherapists and chiropodists to prescribe controlled drugs.
	Increased training required for physiotherapists and chiropodists to prescribe controlled drugs- but thought to be of negligible marginal cost.	Improved patient care and healthcare access from more tailored treatment.

Option 2 is the Government's preferred option.

39. This option will ensure optimal and flexible use of the skills of healthcare professionals leading to improved services to patients, whilst at the same time ensuring patients have access to controlled drugs under an effective regulatory framework.

40. The overall effect of the proposals under this option is a net savings to healthcare organisations, flexibility in the use of healthcare skills, and improved patient access to controlled drugs at the point of need. No significant costs are envisaged when these proposals are implemented as training for the independent prescribing of controlled drugs is an integral part of the training undertaken to independently prescribe medicines generally. Any future costs relating to the training are also expected to be outweighed by the benefits to be derived from implementing this policy.

41. Any risk associated with this option is mitigated by the training, accreditation and regulation of physiotherapists and chiropodists by their regulatory and professional bodies. Healthcare professionals are also expected to adhere to the requirements placed on them when prescribing, or administering controlled drugs under the legislative framework.

I. Implementation

42. The Government plans to implement these changes in **April 2015.**

J. Monitoring and Evaluation

43. The effectiveness of the new regime would be monitored by health regulatory bodies in England and the Devolved Administrations under the regulatory framework governing medicines and controlled drugs and also through the oversight of Accountable Officers.

44. Monitoring how many controlled drug prescriptions which would otherwise have been issued by GPs are issued by physiotherapists and chiropodists would allow better evaluation of the monetised impact of the new policy. Since the number of prescriptions issued by these practitioners under the current regime is, by default, zero, comparing the number issued under the new regime with a figure of zero (which is what the figure would have been had the current regime continued) would allow some of the impact of the policy to be evaluated.

K. Feedback

45. The observations gathered by health regulatory bodies in England and the Devolved Administrations and through the oversight of Accountable Officers will be used to inform future reviews of this policy and to inform future legislation.

Appendix A: Estimation of the monetary impact of AHP controlled drug prescription

Table A.1 – Relevant data, estimates and sources

		Constant	*2014*	*2015*	*2016*	*2017*	*2018*	*2019*	*2020*	*2021*	*2022*	*2023*
Annualised population growth rate (2014-2023)[1]		0.90%										
England, Scotland and Wales population[2]			62,859,454	63,423,932	63,993,479	64,568,140	65,147,962	65,732,991	66,323,273	66,918,856	67,519,787	68,126,115
Number of doctors and dentists in England, Scotland & Wales[3]			242,155	244,330	246,524	248,738	250,971	253,225	255,499	257,793	260,108	262,444
Number of independent CD prescribing AHPs in England, Scotland & Wales[4]			371	764	1,180	1,487	1,794	1,976	2,158	2,340	2,522	2,704
AHP proportion of all independent prescribers of CDs	***Best***		0.15%	0.31%	0.48%	0.59%	0.71%	0.77%	0.84%	0.90%	0.96%	1.02%
	Lower		0.08%	0.16%	0.24%	0.30%	0.35%	0.39%	0.42%	0.45%	0.48%	0.51%
	Upper		0.23%	0.47%	0.71%	0.89%	1.06%	1.16%	1.26%	1.35%	1.44%	1.53%
Total number of CD prescriptions[5]			54,484,920	54,974,195	55,467,863	55,965,964	56,468,539	56,975,626	57,487,267	58,003,503	58,524,374	59,049,923
Number of AHP CD prescriptions	**Best**		83,347	171,364	264,235	332,587	400,785	441,157	481,483	521,764	562,001	602,195
	Lower		41,674	85,682	132,118	166,293	200,393	220,579	240,742	260,882	281,000	301,098
	Upper		125,021	257,046	396,353	498,880	601,178	661,736	722,225	782,646	843,001	903,293
Benefit per AHP CD prescription		£11.74										
Cost per AHP CD prescription		£0.53										

1 http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Population
2 http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Population
3 http://www.gmc-uk.org/doctors/register/search_stats.asp and http://www.gdc-uk.org/Newsandpublications/factsandfigures/Pages/default.aspx
4 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213478/DH-1018-Proposals-to-introduce-independent-prescribing-by-physiotherapists1.pdf and https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213480/DH-1019-Proposals-to-introduce-independent-prescribing-by-podiatrists.pdf
5 http://www.cqc.org.uk/public/reports-surveys-and-reviews/reports/annual-report-2012/13