# Creating the Conditions for Safe Prescribing

## A framework for expanding independent prescribing in community pharmacy

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Q is hosted by

The NHS Alliance

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NPA NATIONAL PHARMACY ASSOCIATION

Health Education Foundation

th'scovery

# Contents

# 1. Introduction

Creating the Conditions for Safe Prescribing is a framework that identifies the conditions needed for independent prescribing to expand safely and sustainably, providing UK consistency while allowing local flexibility in how conditions are met.

## Why now?

From September 2026, all newly qualified pharmacists will enter the register as independent prescribers, and thousands of existing pharmacists are gaining this qualification too.[19] But system readiness hasn't kept pace with professional readiness: access still varies by geography, and the conditions needed to support safe prescribing are inconsistently in place.

Without a shared, structured way to close this gap, expansion risks happening unevenly. This framework responds directly to that moment. The fuller case for why a shared framework, rather than local action alone, is the right response is set out below.

## How the framework was developed

The framework is grounded in evidence. It draws on three linked surveys which had 482 respondents. These included pharmacists, GPs, other prescribing professionals as well as commissioners. The survey and framework was commissioned by The National Pharmacy Association (NPA) and delivered in partnership with Thiscovery and Q. It was tested and refined at a roundtable of 29 stakeholders on 15 July 2026.

It is further shaped by the wider policy and evidence base, including national policy direction, NHS England's commissioning guidance, and learning from early implementation, such as the Pathfinder programme evaluation and devolved nation experience, which grounds the framework in what is already working in practice.

It also draws on established systems change models – Six Conditions for Systems Change and Donella Meadows' Places to Intervene – reflecting the view that lasting change depends on relationships and culture, not structural fixes alone.

## Intended audience

The key intended audiences are UK policy makers and decision-makers, sector decision-makers across community pharmacy, and local system commissioners and primary care leaders.

## Framework scope

The framework defines what needs to shift for independent prescribing to expand. How that shift happens in practice can and should vary by local context. This includes how prescribing is embedded within emerging neighbourhood-level structures, which will differ by area as neighbourhood working matures across the UK.

# 2. Context

The framework is grounded in what matters most to patients, what's important for professionals delivering care, and what the system needs to function safely and sustainably. It brings together insights from patients and professionals, and the wider policy and evidence base.

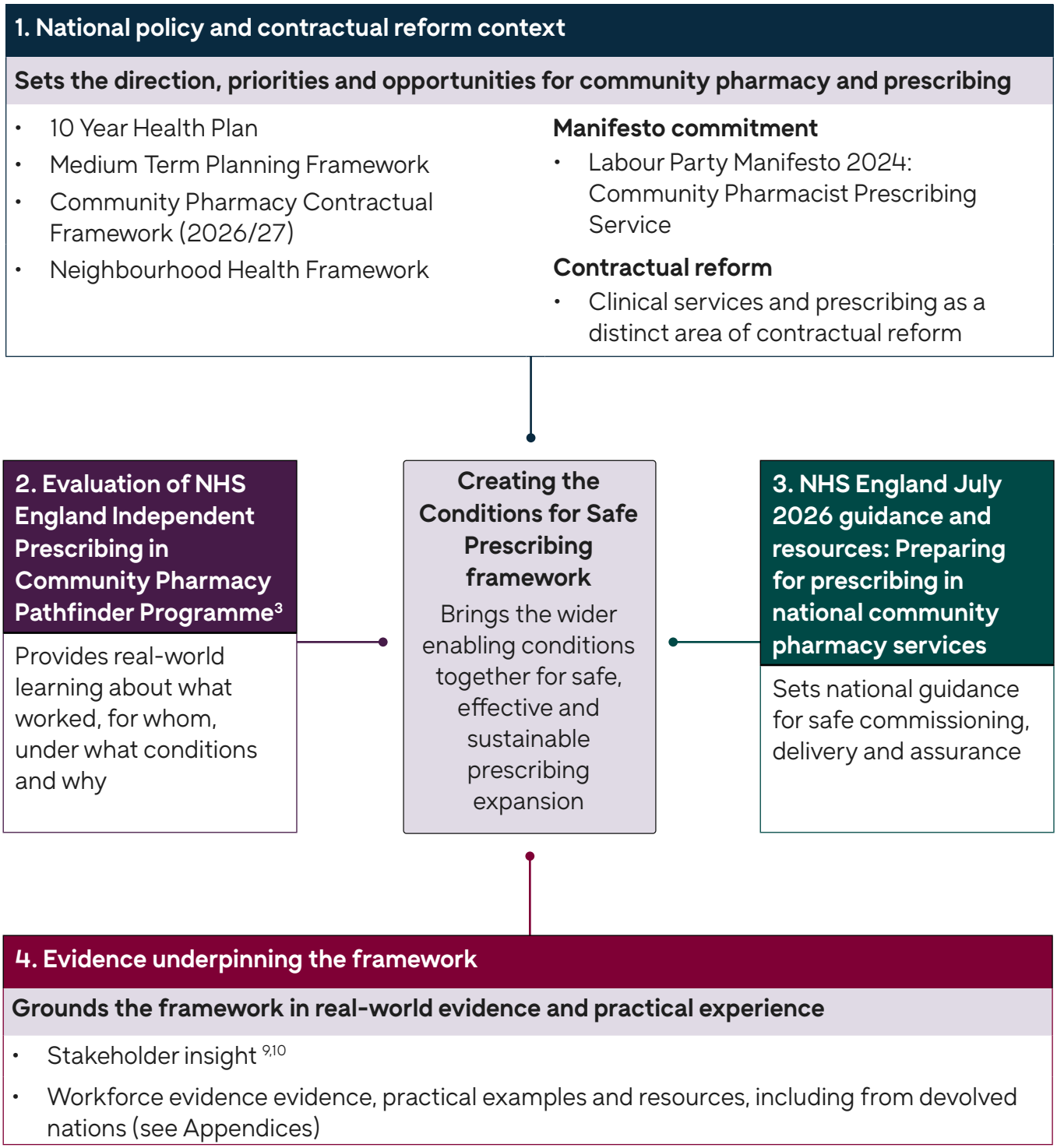
## Evidence and policy landscape

The visual below illustrates how the framework is positioned within the evidence, policy and implementation context for community pharmacy independent prescribing.

The framework is a strategic tool for the system-level development and deployment of community pharmacy prescribing, with the patient positioned at its core. It provides a shared framework for identifying the conditions, gaps and priorities that need to be addressed as prescribing develops, grounded in a wider policy and evidence ecosystem.

UK policy and NHS England's commissioning package set the direction and guidance for delivery. The evaluation of the NHS England Independent Prescribing in Community Pharmacy Pathfinder Programme[3], alongside a broader evidence base, including stakeholder insight, workforce evidence and practical examples, ground the framework in real-world learning.

Illustration 1: How the framework fits within wider policy and evidence base



## The case for the framework

This evidence base highlights what matters most to patients, what the system needs to sustain safe delivery, and how these connect to the broader structural changes needed to make expansion durable. Research commissioned by NPA and published in July 2026 found strong support, in principle, for expansion. 84% of pharmacists agreed that expanding prescribing would improve access to timely treatment. 70% of patients, who did not have prior experience of pharmacist prescribing, said they would be happy to try it. Structural obstacles, particularly funding and IT access, were cited as significant barriers.[9]

### Why it matters to patients

- Patients value faster, more convenient access to care, but trust it only once collaboration between professionals is visible.[1,8]
- Access to full medical history and shared records builds patient credibility and confidence in the pharmacist.[1,3]
- Confidence depends on knowing the prescriber is properly trained and supervised, not just able to prescribe.[3,4]
- Privacy and adequate consultation space remain longstanding, unresolved patient concerns.[5,9]

### Why it's important for the system

- Clinical supervision and peer support networks are essential to building pharmacists' prescribing confidence, especially early in their careers.[3,4]
- Fragmented IT systems increase consultation time and safety risk; full record access builds professional trust and credibility with GPs.[3,8]
- Adequate skill mix and staffing protect clinical time, but current funding makes this difficult to sustain.[3,8]
- Training and supervision capacity must scale alongside the growing prescriber workforce.[3,4]

### Why this needs a system-wide response

- A shared Single Patient Record is needed to close safety, access and interoperability gaps identified across pharmacy evaluations.[1,6]
- Community pharmacy medicines optimisation services are shown to be cost-saving, but only if record-sharing barriers are resolved.[1,11]
- Referral pathways, commissioning clarity and remuneration must reflect service complexity to ensure sustainability.[2,8]
- Supervision responsibilities taken on by GPs add workload that current funding models don't account for.[3,7]

Together, this evidence base points to the conditions this framework sets out to address - explored in the following section.

# 3. Why this framework is needed

Patients and professionals consistently describe how the safe expansion of independent prescribing is about more than prescribing rights. It requires many structural, relational and confidence conditions to be actively built and sustained, not assumed.

This framework sets out those conditions and supports policymakers, sector bodies and system leaders to close the gaps between them.

## What a framework adds

A framework describes the core standards of safety and quality that need to apply everywhere, while giving local teams the flexibility to build these conditions in ways that suit their context.

Where these conditions are met today, it is often through individual initiative and local goodwill rather than system-wide support. This means what a patient experiences can still vary depending on where they live.[1,2,3]

A shared framework turns that inconsistency into a deliberate, actively managed process, instead of leaving progress to emerge unevenly.

# 4. Design principles

The framework is built on a shared set of principles, shaping how it should be used, applied and evolved over time.

**Patient-centred:** patient experience and voice run through every part of the framework.

**Systems thinking:** structural, relational and confidence conditions are understood as connected and interdependent.

**Consistent across the UK, flexible within it:** shared minimum standards across all four nations, with room for local delivery models.

**Evidence-based:** grounded in what's already known and is working.

**Embedded:** recognising that prescribing is built into existing services and pathways.

**Living:** the framework evolves through ongoing feedback.

# 5. Introducing the framework

The Creating the Conditions for Safe Prescribing framework is a conceptual framework for understanding what needs to be in place for independent prescribing in community pharmacy to expand safely and sustainably. It is intended to act as a shared reference point for understanding and improving readiness across all four nations of the UK.

## Who is the framework for?

The framework will be of interest to anyone with a role in enabling independent prescribing in community pharmacy, though the intended key audiences are UK policy makers and decision-makers, sector decision-makers across community pharmacy, and local system commissioners and primary care leaders.

## How it will help

- Gives policymakers, sector bodies and system leaders a shared language for discussing what's working and what isn't, across the UK.
- Helps identify specific gaps and priorities within structural, relational and confidence conditions, to inform decisions on policy, investment and commissioning.
- Supports UK-wide consistency in what matters, while allowing local systems the flexibility to determine how conditions are best met in their own context.
- Provides a basis for ongoing, system-level assessment through the maturity matrix.

## Features of the framework

This framework shows the patient at the centre, surrounded by three interdependent conditions: structural, relational and confidence. Each condition can be at a different stage of maturity, from emerging to established, and each is connected through an ongoing cycle of learning. Together, these conditions are supported by flexible implementation and guided by outcomes that are designed to measure what matters most.

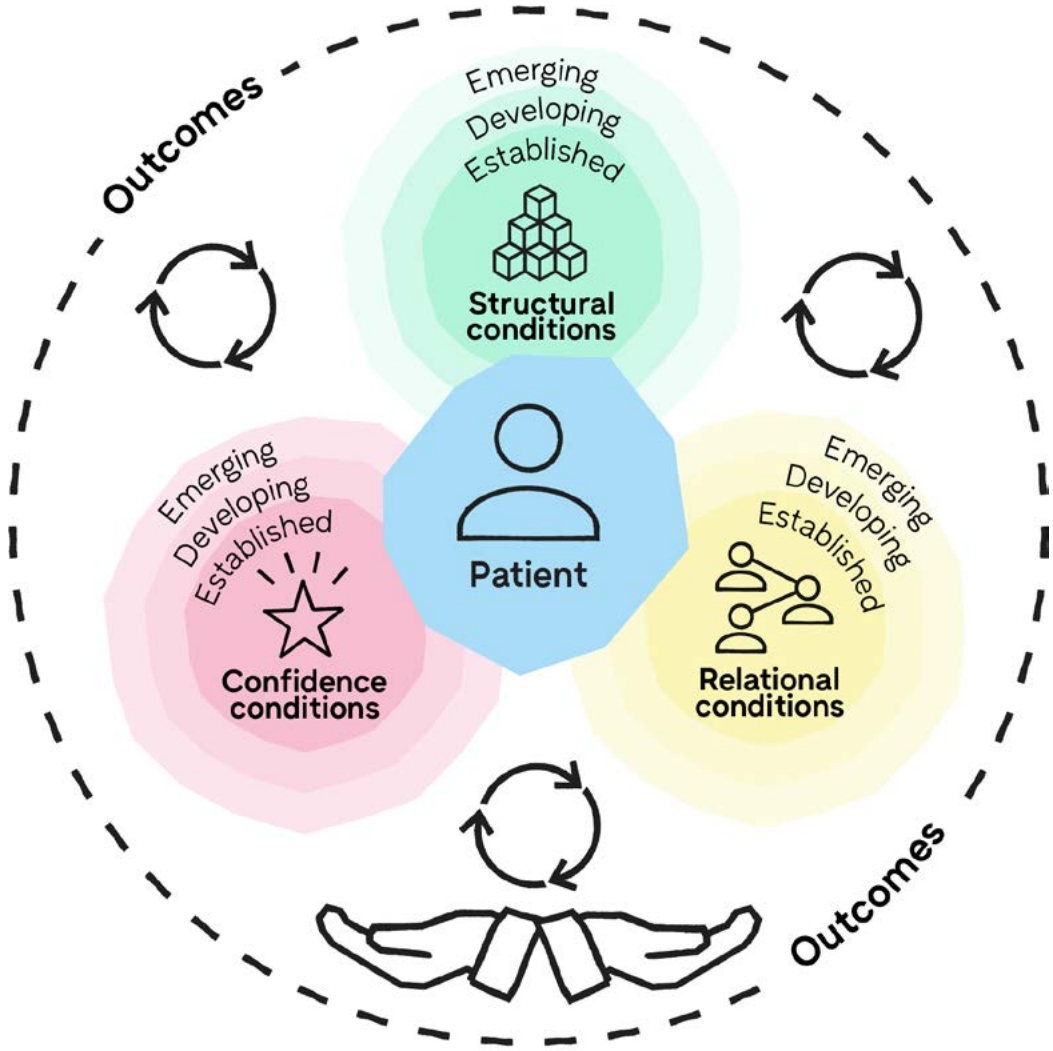
## How to use the framework

The framework defines what needs to shift for independent prescribing to expand. How that shift happens in practice can and should vary by nation and local context.

- Start with the framework at a glance to understand the overall model, before exploring individual conditions in detail.
- Use the structural, relational and confidence sections to identify specific gaps and priorities relevant to your role, whether shaping national policy, sector strategy, or local commissioning.
- Apply the maturity matrix to assess system-level progress in deploying prescribing across a nation or local system, and to track progress over time.
- Refer to Appendix A for detailed case studies, Appendix B for an example implementation programme, and Appendix C for practical resources mapped to each condition.
- Treat the framework as a living model. Revisit it as conditions evolve and evidence, including responses from ongoing stakeholder engagement, feeds back learning over time.

# 6. Framework for expanding independent prescribing in community pharmacy

Illustration 2: The framework at a glance




## Key features of the framework

**Patient:** Needs, safety and voice at the heart of every decision.

**Structural conditions:** Systems, records and infrastructure that enable safe prescribing.

**Relational conditions:** Collaboration and trust between pharmacy, general practice and the wider system.

**Confidence conditions:** Confidence in professionals' skills, and in the system that supports them.

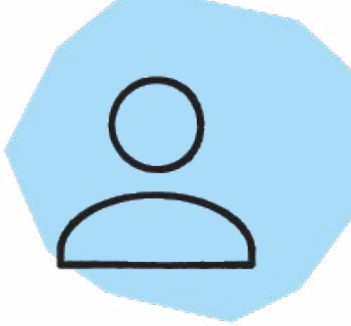
**Maturity:** Confidence, structural and relational conditions vary in how developed they are across the system.

**Implementation:** Flexible implementation support helps teams put these conditions into practice in ways that suit their local context.

**Learning:** An ongoing cycle of learning, so conditions improve as the system evolves.

**Outcomes:** Focused on what matters most to patients, professionals and the system.

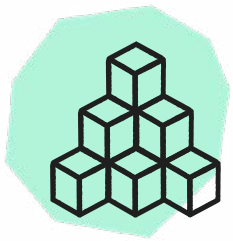
# 6.1 Patient at the centre



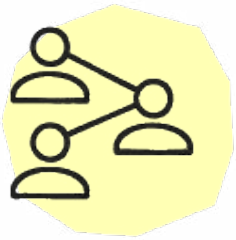
> Being patient-centred in this framework means that the patient's needs, safety and voice actively shape the structural, relational and confidence conditions. It also means that patients have a genuine role in how the framework itself evolves.

## What this means in practice

As conditions strengthen across the system, patients should notice a difference, from confidence in the basics, through to visible trust in the people delivering their care.



**Structural conditions**
Patients trust that their records, referrals and care pathways are joined up behind the scenes, so continuity feels automatic rather than something they have to chase.



**Relational conditions**
Patients see pharmacists and GPs working as one team, meaning no one has to repeat their story or wonder who's in charge of their care.

**Confidence conditions**
Patients recognise the training and supervision behind every consultation. They can speak privately and openly in a proper consultation room. These are visible signals that build trust.

## What patients should expect from community pharmacy prescribing

The framework recognises that patients' confidence in community pharmacy prescribing will depend on their experience of the service. Survey findings demonstrate that patients strongly support pharmacy-based prescribing, recognising the benefits of accessible clinical care through community pharmacy.[9] Maintaining patients' confidence requires safe, professional and responsive care that meets patients' needs.

The following sets out what patients should experience when accessing community pharmacy prescribing and how this is supported through the framework conditions.

### A private and professional consultation experience

Patients should have access to an appropriate private space where they can discuss their health concerns confidentially, receive a clinical assessment and make decisions about their care. This relies on structural conditions that enable prescribing to be delivered through an appropriate consultation, with the right environment, systems and resources in place.

### A two-way conversation about their care

Patients should feel listened to, have the opportunity to ask questions, understand their options and be involved in decisions about their treatment. This is enabled by relational conditions that support meaningful communication, trust and shared decision-making between patients and pharmacist prescribers.

It is also supported by confidence conditions that enable pharmacists to develop and maintain the clinical consultation skills they need in order to provide personalised care across different clinical pathways.

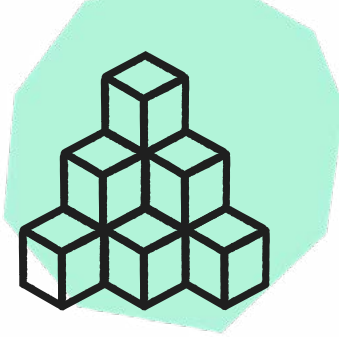
### Confidence in the pharmacist prescriber role

Patients should understand the role of the pharmacist prescriber, and when pharmacy-based prescribing is appropriate for their needs. This understanding is supported by confidence conditions that build trust through clear information, professional credibility and positive experiences of care.

### Connected care beyond the pharmacy consultation

Patients should feel confident that their care is joined up across services, with appropriate communication and information-sharing between healthcare professionals whenever further support or input is needed - including when care extends beyond the pharmacist prescriber's role. This is enabled by structural and relational conditions: effective links between services, access to relevant clinical information, and collaborative working between professionals.

# 6.2 Structural conditions



### Defining structural conditions

Structural conditions are the practical foundations that determine whether independent prescribing can function safely and routinely – the visible, system-level scaffolding of funding, infrastructure, pathways and governance.

## Why structural conditions matter

Structure is what makes safe prescribing possible at scale. Without the right foundations, prescribing becomes dependent on individual initiative and goodwill. This can mean what a patient experiences varies according to where they live, or which pharmacy they visit, as opposed to being consistent and dependable.

## What are the structural conditions for independent prescribing

The list below shows how structural requirements sit at different points in a system's journey. Some are prerequisites before prescribing can begin, others are ongoing standards. Some vary by clinical model or context, and others represent more advanced capability.

1. **Prerequisites before prescribing begins** – The foundational conditions a system needs before prescribing can start safely at all.
    a) **Capacity (workforce and skill mix):** sufficient prescriber numbers and supporting pharmacy team capacity in place before a service launches, so prescribing can be delivered safely without displacing other essential pharmacy activity.
    b) **IT and records access:** baseline prescriber visibility of patient records, sufficient for safe initial decision-making.
    c) **Governance and safety infrastructure:** core indemnity, incident reporting and clinical oversight arrangements in place from the outset.
    d) **Premises and consultation space:** a private, appropriate space for confidential consultations in place before a prescribing service begins, so patients can discuss their health without being overheard.
2. **Ongoing core standards** – Conditions that must be sustained continuously once prescribing is underway, not one-off setup requirements.
    a) **Funding and commissioning:** sustainable remuneration and routine NHS commissioning, rather than one-off or pilot-based funding.
    b) **Clinical pathways and referral routes:** clearly defined scope, escalation routes and referral processes, maintained and kept current as services evolve.
    c) **Service specifications and contract alignment:** service specifications need to clearly define expectations for follow-up, responsibility and safety learning, with contracting arrangements aligned to support this.

3. **Requirements that vary by clinical model or local context** – Conditions that legitimately look different depending on setting, service model or population served.
    a) **Designated Prescribing Practitioner (DPP) capacity and supervision:** the pipeline of DPPs and protected training time, which will vary depending on local workforce supply, service scale and clinical model.
4. **More advanced capabilities** – Conditions that represent a more mature stage of system development, beyond what's needed to operate safely.
    a) **Full IT integration:** prescriber visibility extending to a shared Single Patient Record. This framework treats shared record access as a working ambition across all four nations, while recognising that the specific mechanism differs by nation. What matters for safe prescribing is the underlying outcome: full record visibility for the prescriber, and the digital readiness of systems and professionals to use it effectively, however that is delivered locally.

See Appendix A (Case studies 2, 3 and 4) and Appendix C (Section C.1) for practical examples of how structural conditions have been established in practice.

## How community pharmacy prescribing interacts with other healthcare services

As the scale of community pharmacy prescribing practice expands, there will need to be continued clarity around the scope and boundaries of practice, including how pharmacy roles interact with those of other healthcare professionals and services.

Service specifications should clearly define responsibilities and map the interfaces between settings of care, including how information is shared, when further action is required and how patients move between services. These interfaces must support connectivity and continuity of care, avoiding duplication, fragmentation or gaps in responsibility as prescribing roles develop. The aim should be to strengthen coordinated, person-centred care, ensuring that expanding prescribing roles contribute to a more joined-up system and avoid creating confusion or fragmentation.

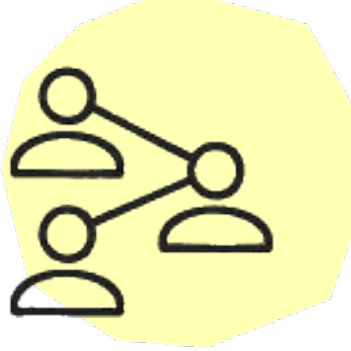
## The limits of structure alone

Current evidence and stakeholder insight[3,9,10] suggests that the extent to which these foundations are in place varies significantly across the system today.

Systems-change and quality improvement thinking[12–15] consistently shows that structural fixes are necessary, but rarely sufficient on their own. Funding, IT and governance create the conditions for prescribing to happen, but whether it happens safely, consistently and with trust depends equally on the relationships and confidence built around that structure.

Strengthening structural foundations is necessary groundwork, but lasting change also depends on relationships and confidence, which are explored in the next sections.

# 6.3 Relational conditions



### Defining relational conditions

Relational conditions are the partnerships, shared understanding and ways of working that determine whether independent prescribing is genuinely embedded in local primary care – the trust, communication and collaboration built between pharmacists, GPs and wider neighbourhood teams.

## Why relational conditions matter

Relationships are what turn structural foundations into safe, joined-up care in practice. Where GP-pharmacy relationships are strong, prescribing works well and patients experience continuity; where they are weak or absent, prescribers can end up operating in isolation, limiting both safety and scope. Strong relationships are what allow prescribing to feel like a natural extension of the wider care team.

## What are the relational conditions for independent prescribing

The GP-pharmacy relationship remains the core relational condition for safe, joined-up prescribing, but this needs to be underpinned by clear, consistent ways of working that any pharmacist and GP practice can rely on. This includes:

- **Communication and information-sharing:** routine, reliable channels for sharing relevant patient information between pharmacy and general practice, not dependent on ad hoc contact.
- **Two-way referral and escalation:** clear, agreed pathways for pharmacists to refer into general practice, and for GPs to refer into community pharmacy prescribing services. This includes defined escalation routes when a patient's needs exceed a pharmacist's scope.
- **Access to clinical advice:** a reliable route for pharmacists to seek clinical input or a second opinion, both from within community pharmacy and from general practice when needed.
- **Handover and follow-up:** consistent arrangements for handing over care between settings, and for following up on outcomes after a prescribing decision, so continuity of care isn't lost at transition points.
- **Feedback loops:** routine mechanisms for pharmacy and general practice to feed back to each other on how joined-up working is going, surfacing and resolving friction points.
- **Shared understanding of roles and scope:** a clear, accurate picture – held on both sides – of what prescribing pharmacists are trained and authorised to do.
- **Joint learning and development:** shadowing, multi-disciplinary team participation and shared training that build mutual trust and understanding over time.
- **System support for collaboration:** funding and contracting arrangements that incentivise joined-up working.

See Appendix A (Case study 1) and Appendix C (Section C.2) for examples of how GP-pharmacy relational arrangements have been built in practice.

## Beyond GP-pharmacy: the wider pathway

Where other organisations sit within the relevant patient pathway, such as secondary care, urgent care services, or other primary care and community providers, their role and relationship with community pharmacy should also be reflected as relational conditions.

The specific arrangements will vary by pathway and local context, but the same underlying principle applies: joined-up care depends on clear, consistent ways of working between all parties involved, not on individual relationships alone.

## The limits of relationships alone

Current evidence and stakeholder insight[3,9,10] suggests that where relational conditions exist today, they often rest on individual initiative and goodwill rather than being system-supported.

Established models for change in complex health systems[12–15] show that strong relationships cannot substitute for structural foundations. Trust between individuals can only extend so far without the funding, infrastructure and governance that support that trust at scale.

Strengthening relationships is essential, but lasting change also depends on the confidence conditions explored next.

# 6.4 Confidence conditions

### Defining confidence conditions

Confidence conditions are the safeguards and signals that give patients, pharmacists and other professionals assurance that independent prescribing is safe, appropriate and well-integrated - the beliefs and perceptions that underpin trust in the model of care itself.

## Why confidence conditions matter

Confidence is what allows structure and relationships to translate into genuine trust. Even where funding is in place and working relationships are strong, prescribing will not be trusted or embraced at scale unless patients and professionals can see that it is safe, competent and properly overseen. Confidence is what allows prescribing to move from something tolerated to something actively trusted by the people relying on it.

## What are the confidence conditions for independent prescribing

Confidence isn't built immediately at the point a pharmacist is qualified. It needs to be actively supported as a pharmacist moves from newly qualified prescriber into active, sustained practice. This includes both the ongoing support that builds a prescriber's own confidence, and the visible signals that build confidence for patients and other professionals.

### Building prescriber confidence

- **Supervision:** structured clinical oversight in the early stages of prescribing, tapering as competence and experience grow.
- **Peer support:** access to a network of fellow prescribers to share experience, discuss cases and reduce professional isolation.
- **Continuing professional development:** ongoing training and learning opportunities that keep pace with a prescriber's expanding scope.
- **Access to advice:** a reliable route to clinical advice or a second opinion when facing an unfamiliar or complex case, both from within pharmacy and from general practice.

### Visible signals that build confidence in others

- **Visible training, qualifications and scope:** a clear picture – for professionals and patients alike – of what prescribing pharmacists are trained and authorised to do.
- **Governance, oversight and escalation:** clinical oversight arrangements that reassure professionals working alongside prescribers, and pharmacists themselves.
- **Records, follow-up and GP communication:** patients' confidence that their care remains joined up beyond the consultation itself.
- **Safe consultation environments:** private, appropriate spaces for confidential conversations.
- **Staged expansion and earned trust:** demonstrated competence in lower-complexity cases, building confidence before scope expands further.

See Appendix A (Case studies 3 and 4) and Appendix C (Section C.3) for examples of supervision, training and scope-development approaches in practice.

## A note on scope: the individual prescriber journey versus system-level progress

This section describes confidence at the level of individuals: the ongoing support that builds a prescriber's own confidence as they move from newly qualified into active, sustained practice, and the visible signals that build confidence for patients and other professionals who rely on that prescriber's care. Both are about the lived experience of individuals within the system, not about the system's overall stage of development.

This is a distinct concept from the maturity matrix set out later in this framework, which assesses system-level progress in deploying prescribing across nations and local systems.

An individual prescriber can be well supported and confident even where their wider system is still developing structurally, and a system can be structurally mature while individual prescribers still need career-stage support.

## The limits of confidence alone

Current evidence and stakeholder insight[3,9,10] suggests that confidence today is uneven and often depends on individual reassurance rather than system-wide visibility of safety and competence.

Cross-system approaches to change in health and care[12–15] consistently show that confidence cannot be manufactured through messaging alone and it can't be built in isolation. It must be earned, often through structural and relational conditions that make it credible. It is easiest to build when there are strong structural and relational conditions that underpin it.

# 7. Maturity matrix: Assessing and building progress

This maturity matrix offers a shared way of tracking system-level progress in the deployment of community pharmacy prescribing, guided by what patients would notice and experience at each stage. It is intended to help nations and local systems understand where deployment currently stands and what progress looks like next. It does not assess individual pharmacists, pharmacies, or their competence or readiness.

The matrix is an early, developing tool, offering a starting framework for discussion and self-reflection at system level, and is expected to be refined further as it is tested and applied in practice.

This matrix is designed to:

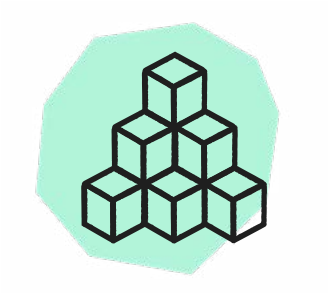
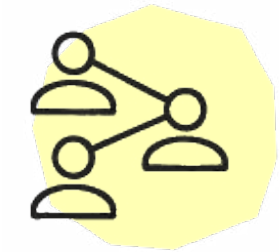
- Give nations and local systems a shared language to describe progress.
- Signal system-level next steps for progression.
- Recognise that different nations, systems and localities can be at different stages.
- Work as a starting point for shared reflection, at four-nations, local-system and potentially neighbourhood level.

## What variation can look like in practice

One local system might already offer joined-up, established care across its pharmacies. This may differ from the wider four-nations picture where funding models remain in an earlier, more pilot-based stage, and neighbourhood-level commissioning is still developing consistency across providers.

The matrix makes this variation visible at system level, and points toward practical next steps for nations, local systems and neighbourhoods.

Used this way, the matrix keeps patient experience at the centre of how system-level progress is judged, without assessing individual pharmacists or pharmacies.

| | Emerging | Developing | Established |
|---|---|---|---|
| **Structural conditions**  | Patients experience gaps in continuity where systems work around incomplete records and inconsistent pathways. | Patients generally experience continuity as systems establish clearer pathways, though funding and IT can still feel inconsistent across providers. | Patients experience the same safe, joined-up care across the system, within sustainable funding and integrated infrastructure. |
| **Relational conditions**  | Patients' experience depends on whether individual pharmacists and GPs happen to have a good relationship, built on local goodwill. | Patients increasingly see pharmacy and general practice working as one team, supported by system-wide training and referral norms. | Patients experience seamless collaboration as standard, within a system that actively incentivises and sustains it. |
| **Confidence conditions**  | Patients may be unaware pharmacists can prescribe, while trust is built case by case without visible system-wide support. | Patients are told clearly about training and given privacy, as the system develops clearer governance and growing peer support. | Patients trust pharmacist prescribing as safe and familiar, backed by system-wide outcome data and visible support structures. |

# 8. Community pharmacy prescribing balanced scorecard

## Introduction

The framework identifies the conditions needed for independent prescribing in community pharmacy to expand safely and sustainably. To understand whether these conditions are translating into meaningful improvements for patients, professionals and the wider health system, an appropriate approach to measuring progress will be needed.

The Maturity Matrix approach described earlier in the framework provides a way of assessing progress in establishing the conditions required for prescribing. A balanced scorecard provides a complementary approach by bringing together measures across different perspectives to understand whether prescribing capability, service delivery, patient impact and wider system value are developing together and delivering the right outcomes.

The balanced scorecard that follows is illustrative only. It demonstrates possible domains and examples of indicators that could support future measurement of community pharmacy prescribing. It is not intended to represent a final agreed dataset. Further work will be required to define indicators, establish data sources, agree reporting arrangements and determine how measures should be interpreted.

## What is a balanced scorecard?

A balanced scorecard brings together measures across different areas of performance to provide a broader understanding of progress, rather than relying on a single measure of success.

For community pharmacy prescribing, this approach could help assess whether the conditions required for safe prescribing are being established and whether these are translating into positive outcomes for patients and the wider health system.

## When to use it

The balanced scorecard could support system-level monitoring of progress, helping policy makers, commissioners and sector organisations understand whether prescribing services are being developed safely, effectively and sustainably.

## How to use it

The balanced scorecard should complement the maturity matrix by providing evidence to support understanding of progress over time. The maturity matrix describes the stage of system development, while the balanced scorecard provides measures that can help assess implementation, outcomes and impact.

Developing a final scorecard will require agreement on a proportionate set of indicators, including definitions, data sources, reporting frequency and ownership.

## Developing the scorecard measures

The indicators included within an eventual scorecard may draw from different sources:

- Adoptable: existing measures, methodologies or data sources that can be applied directly.
- Adaptable: existing measures or data sources that could be modified or extended.
- Additional: new measures or approaches required where important gaps exist.

Further development with relevant stakeholders will be required to identify the most feasible and meaningful measures.

Illustrative balanced scorecard

### 1. People and capability

**What this card covers:** workforce capability, confidence and support needed for safe prescribing.

**Examples of indicators to consider**

- % of Independent Prescribing (IP)-qualified community pharmacists actively prescribing
- % of active prescribers confident to prescribe within their scope
- % of active prescribers able to access clinical or peer support

### 2. Delivery, integration and governance

**What this card covers:** how widely services are implemented, how safely they run, and how well they connect into wider care.

**Examples of indicators to consider**

- % of community pharmacies providing prescribing services
- % of consultations with access to the clinical information needed
- % of prescribing decisions communicated to the patient's GP / wider care team

### 3. Patient experience and outcomes

**What this card covers:** whether patients can access timely care, experience safe and trusted services, and achieve good outcomes.

**Examples of indicators to consider**

- % of patients whose presenting condition is successfully managed
- % of patients reporting improvement at follow-up
- % of patients experiencing deterioration, unexpected reconsultation or significant safety events following prescribing

### 4. System value and sustainability

**What this card covers:** the contribution of pharmacy prescribing to NHS capacity, efficiency and reduced duplication of care.

**Examples of indicators to consider**

- % of prescribing consultations completed without onward referral
- % of patients re-contacting the NHS for the same condition
- Estimated NHS cost impact of pharmacy prescribing per consultation or prescribing pathway

The scorecard is intended as a starting point for further development. Future work should agree a core set of indicators, define measures consistently, identify appropriate data sources and test feasibility before wider implementation.

# 9. Implementation, Learning and Outcomes

Surrounding the three conditions, the framework includes three connected elements that describe how conditions translate into practice, improve over time, and demonstrate benefit.

## What each element means

### Implementation support

**The practical, hands-on help needed to translate conditions into local reality.**
Because contexts vary - a single pharmacy has very different needs to a multi-site chain or a whole system – this support needs to be flexible rather than one-size-fits-all. Without it, conditions risk staying theoretical rather than becoming lived practice.

Local pharmacy leadership bodies have been suggested as a natural home for implementation support.[10]

### Learning

**The framework's built-in expectation that conditions are not fixed once assessed, but evolve as the system does.**
As practice develops locally, what's learned through experience, evaluation and feedback should continuously refine how conditions are understood and supported, rather than the framework being a one-off diagnostic.

### Outcomes

**The framework's orientation toward benefit, and how we will know conditions are shifting.**
Conditions and implementation exist to produce something - safer prescribing, better patient experience, reduced system pressure. Outcomes are how that benefit becomes visible and demonstrable.

Specific outcome measures are not yet defined within this version of the framework but are flagged as a priority area for further development.

# 10. Real world application

Independent prescribing is already working in places across the system, with evidence from England's Pathfinder programme and from national schemes in Scotland and Wales that have matured over time. Four case studies in Appendix A explore this evidence in more depth, each showing the three conditions of the framework – structural, relational and confidence – operating together within a different service model.

## Evidence from across the UK

NHS England's Pathfinder programme has delivered over 33,000 patient consultations across 197 pharmacies, with 97% concluding without onward referral, and 55% resulting in prescribing activity that would otherwise have happened elsewhere.[3]

Three examples from the Pathfinder evaluation show what the three conditions of the framework might look like in practice.

- **Structural conditions:** A pharmacist with direct GP IT access could order tests, view results and manage the full patient pathway – "that creates the credibility... they can read everything we write".
- **Relational conditions:** A GP and pharmacy sharing a building co-designed a new triage pathway: "a win-win... I created a SOP [standard operating procedure] to triage our patients correctly".
- **Confidence conditions:** Phased, low-risk starts let pharmacists build GP trust gradually - one described the programme as having "saved me," giving "a massive upskill".

These themes are explored further in Appendix A, Case study 2 (Pathfinder), which draws on evidence from 197 sites across 40 ICBs, and Case study 1 (Evans Pharmacy, East Leake), which shows how independent prescribing extended an existing GP-referral pathway in practice, reducing onward referral rates while covering a wider range of conditions.

Scotland's Pharmacy First service surpassed 2 million consultations by late 2021 and reached 4.2 million in 2023 alone, with around a third of pharmacies offering Pharmacy First Plus via independent prescribers by the end of 2024.[16,17] Appendix A, Case study 3 sets out how Pharmacy First Plus embeds prescribing within a national service framework, backed by defined funding and structured post-qualification development through NHS Education for Scotland's Teach and Treat model.

Wales's Choose Pharmacy scheme freed up almost 26,000 GP appointments in a single month through its national Common Ailments Service.[18] Appendix A, Case study 4 shows how the Welsh Pharmacy Independent Prescribing Service combines consistent national governance with a formal Health Board process for individual prescribers to expand their clinical scope. Service availability grew from 192 sites in 2023/24 to 271 in 2024/25.

The appendices in this document provide further detail: Appendix A sets out these four case studies in full, Appendix B describes an example implementation programme, and Appendix C maps practical resources against each condition in the framework.

# 11. Priority areas requiring further development after publishing the framework

The NPA Prescribing Development Programme has begun to create and curate a broad set of practical materials to support independent prescribing. Further collaborative input is needed to support independent prescribing to expand safely and sustainability. Priority areas are described below.

| Area | What insight suggests[10] |
|---|---|
| **Implementation support** | Each UK country has a set of deployment needs for managing the expansion in scale and scope of community pharmacy prescribing services.<br>There is an obvious need for continued four-nation health service project leadership, connecting to and mobilising local and regional system leadership eg Integrated Care Boards (ICBs), Health Boards, into Places and Neighbourhoods.<br>Structures which represent local community pharmacy, such as Local Pharmaceutical Committees, could potentially play a role in ensuring frontline progress is enabled.<br>Given that health care is devolved across the UK, variation in service availability is likely at both national and local system levels. To reduce unwarranted variation, NPA wish to stimulate a UK-wide debate on what could constitute core pharmaceutical care services. |
| **Learning** | The framework highlights the need for professional learning to be embedded into the safe and effective expanded deployment of prescribing, using approaches such as peer support, supervision and communities of practice. Protected learning time for newer community pharmacy prescribers needs considering. As does the strengthening of national and localised professional support structures, drawing on the range of leaders and bodies who can support this, including Chief Pharmacy Officers (CPOs) and the Royal Colleges. |
| **Outcomes** | Throughout the NPA Prescribing Development Programme there were consistent calls to describe the system-level benefit and how success will be measured. Two key outcomes elements have been added to this framework in the form of a maturity matrix and a balanced scorecard. The versions developed to date are illustrative and require further iteration. The relevant National Pharmacy Contract leadership bodies across the UK could play a valuable role in generating a country-specific version of each. |

| Area | What insight suggests[10] |
|---|---|
| **Patient voice** | Contributors to this framework highlighted that patient experience should be reflected explicitly across the structural, relational and confidence conditions, with ongoing feedback mechanisms that are co-designed with patients.<br>What this looks like in practice needs to be explored next. The balanced scorecard refers to the application of measures that give voice to patient experience and outcome. In England there is a current review on how the voice of patients gets magnified in the NHS. NPA wish to contribute to this national drive to hear more clearly from patients on their health needs and experiences that relate to community pharmacy prescribing. |
| **Awareness and alignment** | While this framework has attempted to cover a UK-wide perspective, further strategic development work is needed to align community pharmacy prescribing policy and practice across the four countries. NPA look to the leadership of the four nations' Chief Pharmaceutical Officers to enable a more aligned roadmap of service development. |

# Appendices: Case studies and practical resources supporting the expansion of community pharmacy prescribing

The appendices provide illustrative examples of how the conditions identified within the framework can be supported in practice. They are not intended to represent an exhaustive catalogue of all existing examples, tools or resources available across the wider healthcare system and professional organisations. Additional resources, examples of good practice and implementation approaches exist across NHS organisations, professional bodies and other stakeholders.

The materials presented provide selected examples of practical support that can enable safe, effective and integrated community pharmacy prescribing, and are intended to support further discussion, learning and development as prescribing models continue to evolve and mature.

The appendices are structured around three complementary areas of practical evidence and implementation support:

1. Case studies showing community pharmacy prescribing in practice, illustrating how the conditions identified in the framework can operate together within different service models.
2. An example of implementation support through the NPA Prescribing Programme, demonstrating how pharmacies and prescribers can be supported to establish the capabilities, processes and relationships needed for prescribing delivery.
3. Practical resources that can help systems, organisations and prescribers establish and strengthen individual conditions within the framework.

# Appendix A: Community pharmacy prescribing in practice

## Case study 1. Evans Pharmacy, East Leake – integrating community pharmacy prescribing with general practice

### What this demonstrates

East Leake shows how independent prescribing can extend an established GP-community pharmacy pathway so that more patients with same-day illness can complete their care in the pharmacy. The model combined GP referral into known pharmacy capacity, a wider prescribing scope, access to GP advice for challenging cases, clear escalation and clinical supervision. The pharmacy also monitored onward referral to test whether patients were being managed safely and appropriately.

The case primarily demonstrates relational conditions through referral, communication, access to clinical advice and joint working with general practice. It also demonstrates structural conditions through agreed capacity, defined service scope and escalation arrangements, and confidence conditions through clinical supervision and access to GP support.

### The model

Evans Pharmacy in East Leake participated in NHS England's Community Pharmacy Independent Prescribing Pathfinder Programme. The pharmacy and Village Health Group already worked together on Pharmacy First and other patient group directions (PGD)-based services for on-the-day illness. A recurring limitation was that patients excluded by PGD criteria had to be passed back to another provider even when the presentation could potentially be managed by a competent pharmacist prescriber.

Independent prescribing was added to this pathway. GP practices could refer patients from triage into agreed pharmacy appointment slots. The pharmacy reported aiming to offer at least eight slots a day, with additional appointments where capacity allowed, and GPs were available for guidance and debriefing on challenging cases. The prescribing offer extended to presentations such as chest infections, adult ear pain and cellulitis.

The pharmacy used referral data as a measure of how well the model was working. In the published East Leake account, referral back to general practice from prescribing consultations was less than half the level seen following Pharmacy First consultations, despite the prescribing service covering a wider range of conditions. Separate published reporting on the East Leake site indicated that around 5% of patients seen by the independent prescriber subsequently needed GP referral.

The wider Nottinghamshire service also showed strong uptake and patient experience. NHS Nottingham and Nottinghamshire Integrated Care Board (ICB) reported more than 1,100 independent prescriber consultations across the participating pharmacies in 2025. In a small patient survey, 97% of respondents rated the service 5 out of 5. The ICB subsequently extended the service to March 2027, with continued NHS treatment for additional same-day illnesses including chest infections, ear infections, oral thrush and skin infections.

The local relationship had developed over time. NHS England had previously highlighted East Leake as an example of GP referral into community pharmacy where a patient could be seen and treated on the same day, providing an existing pathway on which prescribing could build.

**Further information**

- NHS Nottingham and Nottinghamshire ICB – Independent Prescriber trial at three Nottinghamshire pharmacies
- NHS Nottingham and Nottinghamshire ICB – Pharmacy prescriber trial extended by another 12 months
- NHS England Midlands – East Leake patient example within community pharmacy care

## Case study 2. Community Pharmacy Prescribing Pathfinder – learning across different prescribing models

### What this demonstrates

The Pathfinder provides evidence from multiple prescribing models and shows that the arrangements needed for implementation vary with the type and complexity of care. Long-term condition models, for example, depended more heavily on access to patient information, diagnostics and close working with general practice, while minor illness models placed greater emphasis on referral flows, pharmacy capacity and efficient escalation.

Across the programme, five areas repeatedly shaped implementation and longer-term viability. These were clinical governance, clinical supervision and support, pharmacy-team skill mix, digital infrastructure and a financially viable funding model. The Pathfinder therefore demonstrates structural conditions through governance, funding, digital infrastructure and workforce capacity, relational conditions through integration with general practice and ICB-enabled collaboration, and confidence conditions through supervision, mentorship and professional development.

### The model

As of 31 July 2025, 197 sites across 40 ICBs were registered in the Pathfinder Programme. The programme tested existing community pharmacy services such as minor illness, long-term condition models including cardiovascular and respiratory care, and newer models such as deprescribing and menopause services.

Pathfinder sites delivered more than 33,000 consultations, with 97% concluding without the patient needing to be seen by another healthcare professional. The evaluation found that pharmacists with read/write access to patient records could collaborate more easily and provide more holistic care. Clinical supervision, commonly provided by GPs, helped build pharmacist confidence and GP trust. Appropriate skill mix within the wider pharmacy team was also needed to create capacity for prescribing consultations.

The independent evaluation includes five implementation vignettes covering long-term condition management, multiple clinical models, minor illness in an independent pharmacy, hypertension management and minor illness in a chain pharmacy. These provide practical examples of how different prescribing models worked, the barriers encountered and the actions that supported implementation.

### Further information

- University of Manchester - Pathfinder evaluation and five implementation vignettes
- University of Manchester - Pathfinder final report

## Case study 3. NHS Pharmacy First Plus, Scotland – embedding prescribing within a national community pharmacy service

### What this demonstrates

Pharmacy First Plus shows how independent prescribing can be embedded within an established national community pharmacy service and supported by defined service requirements, funding and post-qualification clinical development. It demonstrates how prescribing can move from isolated local activity into a recognised part of a wider community pharmacy offer.

The case primarily demonstrates structural conditions through the national service framework, contractor requirements and funding arrangements. It also demonstrates confidence conditions through clinical assessment training and Teach and Treat support for qualified community pharmacist independent prescribers.

### The model

NHS Pharmacy First Plus is an enhancement to NHS Pharmacy First Scotland. It enables community pharmacists who are independent prescribers to assess, diagnose within their competence and prescribe for a broader range of conditions than can be managed through the standard Pharmacy First service and its nationally agreed patient group directions (PGDs).

The service operates within national arrangements. Community Pharmacy Scotland describes a contractor payment model and service requirements, including minimum independent prescriber availability. Scottish Government reporting showed that, by 2024, approximately 400 of Scotland's 1,258 community pharmacies were offering Pharmacy First Plus.

Post-qualification development is linked directly to service delivery. NHS Education for Scotland and Community Pharmacy Scotland support qualified community pharmacist independent prescribers to strengthen consultation and clinical assessment skills for Pharmacy First Plus. Teach and Treat hubs provide supported opportunities to develop these skills with experienced practitioners.

### Further information

- Community Pharmacy Scotland - NHS Pharmacy First Plus
- NHS Education for Scotland - Independent prescribing, consultation and clinical assessment skills

## Case study 4. Pharmacy Independent Prescribing Service, Wales - national standards with structured scope expansion

### What this demonstrates

The Welsh Pharmacy Independent Prescribing Service shows how a national community pharmacy prescribing model can combine consistent service and governance requirements with a controlled route for individual prescribers to expand their clinical scope. A core range of clinical areas is defined nationally, while additional conditions or circumstances can be added through a formal Health Board approval process where the pharmacist can demonstrate appropriate competence.

The case primarily demonstrates structural conditions through the national service specification, governance, security and provider requirements. It also demonstrates confidence conditions through competence declarations and the formal process for extending clinical scope.

### The model

The Pharmacy Independent Prescribing Service enables patients to be assessed by a pharmacist independent prescriber in community pharmacy and, where appropriate, receive treatment without first requiring a GP appointment. The national service covers a defined range of common ailments and contraception, with pharmacists required to work within declared competence.

NHS Wales Shared Services Partnership maintains a national resource suite that includes the service specification, governance arrangements, security protocol, pharmacy and prescriber sign-up requirements, annual declarations and a formal request process for clinical conditions and circumstances outside the standard specification.

The service has expanded in availability. NHS Wales data recorded 271 Pharmacy Independent Prescribing Services in 2024/25, compared with 192 in 2023/24.

### Further information

- NHS Wales Shared Services Partnership - Pharmacy IP Services resource suite

# Appendix B: Implementation support example – NPA Independent Prescribing Programme

## What this demonstrates

The National Pharmacy Association (NPA) Independent Prescribing Programme provides an example of a coordinated implementation approach designed to support the transition from independent prescribing qualification to active prescribing practice in community pharmacy.

The programme brings together support for service set-up and governance, communication with general practice, post-qualification development, supervision, peer learning and scope development. This exemplifies the range of support needed to help pharmacists move from being qualified prescribers to delivering and developing prescribing services within community pharmacy.

## The programme

The NPA launched its expanded Independent Prescribing Programme in August 2026 for newly qualified independent prescribers and existing prescribers seeking to make fuller use of their prescribing skills in community pharmacy. The programme combines training, clinical guidance, service resources and ongoing support, organised across four stages: **Learn, Launch, Deliver and Grow.**

- **Learn** supports the development of prescribing knowledge, consultation skills and understanding of professional and governance requirements.
- **Launch** supports pharmacies and prescribers preparing to establish prescribing services, including consideration of service design, governance arrangements and engagement with local healthcare partners.
- **Deliver** supports safe and effective prescribing practice through ongoing professional development, clinical support, review processes and quality improvement activity.
- **Grow** supports the continued development of prescribing services, including expansion of clinical scope and strengthening of service delivery over time.

The programme supports the three conditions identified in the framework in the following ways:

- **Structural conditions** – supporting pharmacies to establish the governance and operational arrangements needed for prescribing services, including service design, risk management, documentation, audit and review processes.
- **Relational conditions** – supporting communication and collaboration with general practice and other healthcare professionals, helping establish the connections needed for integrated prescribing pathways and information sharing.
- **Confidence conditions** – supporting pharmacists to develop and maintain prescribing capability through structured learning, supervision, peer support, competency assessment and opportunities to expand clinical scope.

Specific practical resources within the NPA programme that support these areas are highlighted in **Appendix C**.

Within the NPA Independent Prescribing Programme, the Clinical Excellence in Prescribing Practice – The Fundamentals Programme provides structured post-qualification development to support pharmacists moving from independent prescribing qualification into active prescribing practice. It covers prescribing competency, consultation skills, prescribing governance, risk assessment, advertising requirements and service review. Participants also gain access to a professionally moderated Community of Practice, providing opportunities for peer discussion, reflection and shared learning from prescribing practice.

**Further information**

- NPA - Independent prescribing clinical support and IP resource suite
- NPA - Independent prescribing training and Communities of Practice
- NPA - Launching independent prescribing services
- NPA - Growing independent prescribing services

# Appendix C: Practical resources supporting individual conditions within the framework

The selected resources below provide practical tools and guidance to support the establishment, delivery and development of community pharmacy prescribing services. Resources are mapped to the condition they most directly support, with additional contributions identified where they support more than one condition.

**Note on access to NPA resources:** The NPA resources included within this section represent selected examples from the wider suite of practical support available through the NPA Independent Prescribing Programme. These materials are hosted within the NPA membership hub and access is provided through membership arrangements.

## C.1 Resources to support structural conditions

| Resource | How it supports expansion | Additional relevance |
|---|---|---|
| **NHS England – Commissioning guidance for community pharmacy prescribing-based services and implementation toolkit** | Provides system-level guidance for planning, commissioning and implementing prescribing-based services. The supporting toolkit includes an ICB readiness checklist, service-level agreement and service-specification template, risk-assessment template, cost-centre guidance, incident-recording guidance and pharmacist-authentication guidance. | Relational – includes integrated pathways, communication and stakeholder responsibilities. |
| **NHS England – Preparing for prescribing in national community pharmacy services** | Sets out funded implementation actions for ICBs, including governance, pharmacy approval and onboarding, monitoring prescribing activity and supporting rollout of prescribing within national community pharmacy services. | Relational – requires ICBs to work with community pharmacy and local stakeholders. |

| Resource | How it supports expansion | Additional relevance |
|---|---|---|
| **NHS England – Professional assurance framework for delivering NHS community pharmacy clinical services** | Provides best-practice professional-assurance guidance for pharmacists and pharmacy technicians delivering NHS community pharmacy clinical services. | Confidence – links service assurance with professional readiness and ongoing practice. |
| **NPA – Prescribing service Standard Operating Procedure, policy and risk-assessment resources** | Provides adaptable pharmacy-level tools for defining how a prescribing service operates, setting governance responsibilities and identifying and mitigating prescribing risks. | – |
| **NPA – Record keeping, prescribing audit and incident-management resources** | Provides practical mechanisms for documenting clinical decisions, reviewing prescribing practice and managing and learning from prescribing incidents after a service is established. | Confidence – audit and safety learning can identify development needs. |
| **NPA – Digital solutions for independent prescribing in community pharmacy** | Supports pharmacies in considering the digital functionality and prescribing platforms needed to operate prescribing services. | – |
| **NHS Wales – Pharmacy Independent Prescribing Service (PIPS) specification and governance resource suite** | Provides an established national example of service specification, governance, security, prescriber and premises requirements and formal management of clinical scope. | Confidence – scope expansion is linked to competence and approval. |

## C.2 Resources to support relational conditions

| Resource | How it supports expansion | Secondary relevance |
|---|---|---|
| **NPA – Prescribing Service GP Engagement Template** | Provides an editable mechanism for introducing a community pharmacy prescribing service to local GP practices and starting communication about the service offer, referral and joint working. | – |
| **NPA – Prescribing Service GP Summary Template** | Supports communication of relevant information following a community pharmacy prescribing consultation, helping maintain continuity between the pharmacy and the patient's wider primary-care team. | Structural – supports consistent information exchange and documentation. |
| **NHS England – Commissioning guidance for community pharmacy prescribing-based services** | Supports formal arrangements for integrated pathways, referral and escalation, communication, clinical support and clearly defined responsibilities between community pharmacy and other parts of primary care. | Structural – embeds these relationships in commissioned service design. |
| **Community Pharmacy England – Walk in My Shoes (WIMS) toolkit** | A toolkit supporting community pharmacy and GP practice teams to undertake inter-professional exchange visits, understand each other's roles, identify opportunities for improvement and strengthen local working relationships. | Confidence – builds professional confidence through greater understanding of roles, responsibilities and capabilities across sectors. |

## C.3 Resources to support confidence conditions

| Resource | How it supports expansion | Secondary relevance |
|---|---|---|
| NPA – Clinical Supervisor Guidance and Template | Provides a structure for clinical supervision, reflection and development as pharmacists move into and continue active prescribing. | Relational – supervision can strengthen access to clinical advice and professional trust. |
| NPA – Prescribing Competency Assessment and Declaration | Supports newly qualified and experienced prescribers, those returning to practice and those entering a new prescribing area to document competence and identify development needs. | Structural – provides a formal assurance mechanism around competence. |
| NPA – Independent Prescribing Expanding Scope of Practice Guide | Supports pharmacists to identify learning needs, develop knowledge and practical skills and build evidence before extending into a new clinical area. | Structural – supports controlled and evidenced scope expansion. |
| NPA – Peer Review Guidance and Template | Provides a structured process for professional feedback, identification of learning needs and follow-up actions once prescribing is underway. | – |
| NPA – Clinical Excellence in Prescribing Practice: The Fundamentals and Communities of Practice | Provides structured post-qualification learning across competency, consultation, governance, risk and service review, with ongoing professionally moderated peer learning. | Structural – includes governance, risk and service-review content. |
| NHS Education for Scotland – Clinical assessment and Teach and Treat support | Provides qualified community pharmacist independent prescribers with clinical-assessment development and supported practical experience for Pharmacy First Plus. | Relational – creates access to experienced practitioners and supported clinical learning. |

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