

Expanding independent prescribing in community pharmacy: professionals' and patients' views.



Executive Summary

Prepared to accompany the full Insights Report

July 2026



Introduction

This research was commissioned by the National Pharmacy Association (NPA), in partnership with Q, and delivered by Thiscovery, to build a practical, multi-stakeholder evidence base on independent prescribing in community pharmacy.

The project set out to capture community pharmacists' first-hand experience of prescribing in practice, and their views about expanding independent prescribing in community pharmacy. It aimed to set their experience and views alongside the perspectives of other primary care professionals, NHS commissioners, and patients, so that areas of alignment and disagreement between groups could be identified. The findings are intended to inform the development of a national framework for expanding independent prescribing in community pharmacy, developed by Q. The framework will be tested and refined with a group of senior stakeholders at a Deliberative Stakeholder Roundtable before wider publication.

This research sits within a fast-moving policy environment. The government's 10-Year Health Plan for England sets out a shift toward a 'Neighbourhood Health Service', with community pharmacy moving from a primarily dispensing role towards a more clinical one. Independent prescribing is central to that shift: from 2026, all newly qualified pharmacists will be independent prescribers on registration. The recent end of NHS England's Community Pharmacy Independent Prescribing Pathfinder Programme, without a confirmed successor commissioning model, creates a time-limited opportunity to secure consistent national arrangements. This report presents the survey findings intended to inform that process.

Report Overview

Between April and June 2026, three linked online surveys gathered the views of **482 participants** on the expansion of independent prescribing in community pharmacy:



Each survey combined closed-ended and open-ended questions allowing both statistical comparison across groups and rich free-text insight into

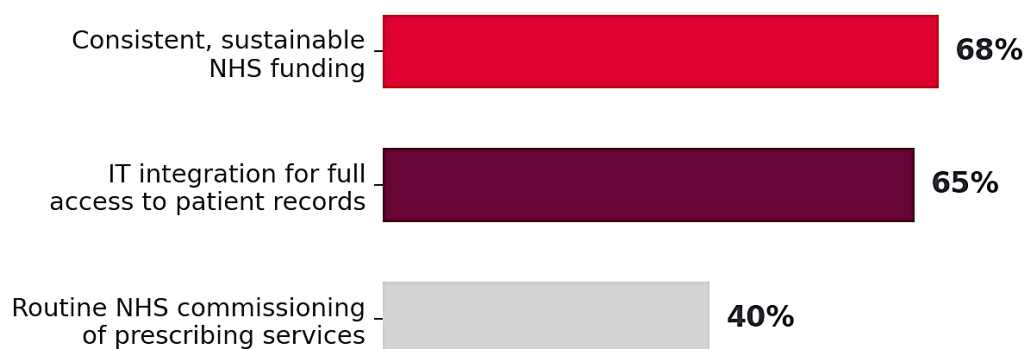
individual experience and reasoning. Full methodology, sample characteristics and limitations are set out in the Technical Appendix of the main report.

Note:

While recruitment was UK-wide, the great majority of responses came from England, and the devolved nations differ in their policy, commissioning and infrastructure context for independent prescribing. Conclusions and recommendations should not be assumed to transfer directly to Scotland, Wales or Northern Ireland without local consideration.

Key insights

What pharmacists say matters most for expanding prescribing



- **Community pharmacists are strongly supportive of expansion but face a system not yet built for it:** 84% agreed or strongly agreed that expanding prescribing would improve access to timely treatment for patients, and the same proportion, 84% agreed or strongly agreed that the NHS should commission and fund prescribing as a standard part of primary care. Yet only 30% felt the current infrastructure was adequate for scale, a gap between aspiration and system readiness that runs through the survey findings as a whole.
- **A substantial share of qualified pharmacists are not yet prescribing at all.** With 68% reporting that there were actively prescribing, it means **nearly a third of qualified pharmacists responding to this question were not using their qualification to prescribe at all**. This points to a need for expansion to focus not only on training more prescribers, but also on enabling pharmacists who are already qualified to use their skills, through commissioning, clinical pathways and wider support.
- **Funding and IT are the two critical bottlenecks pharmacists identify:** 76% of prescribing pharmacists identified appropriate remuneration and funding as needed for improvement; 70% cited access to clinical IT systems; sustainable NHS funding was identified as the top priority for expansion (68%) with IT integration coming in second (65%).

- **The Designated Prescribing Practitioner (DPP) bottleneck is a critical barrier:** Multiple pharmacists described it as extremely difficult to secure a DPP for training placements, with some reporting that they have paid informally (at their own expense) to secure one. Free text analysis also identified this as a frequently mentioned structural barrier to expanding the qualified prescriber workforce, alongside the absence of funded protected learning time.

"Having local or national funding to pay for DPP, often the Pharmacist has to pay an underhanded payment to their DPP to be their DPP. There is no official contract in place and training could be withdrawn at any time by DPP." **Community pharmacist**

- **Patients are broadly positive but have clear expectations:** 68% already knew pharmacists could prescribe, and 70% said they had not yet had a pharmacist prescription but would be happy to try. Comfort was highest for minor acute conditions (88% comfortable for an infected insect bite) and more mixed for higher-complexity scenarios (55% comfortable for worsening asthma). Patients' top factors for comfort were quick access (56%), privacy (51%), and access to medical history (49%).

"It was excellent as I would probably have ended up in A&E otherwise. It was the weekend and the infection in my arm was spreading. It would have been unlikely that I would have been seen on Monday by my GP. The consultation was very thorough and reassuring." **Patient**

- **Other professionals recognise potential benefits but raise concerns about readiness for expansion:** 64% of other professionals agreed or strongly agreed that expansion would improve timely access to patient care. At the same time, the majority, 74% of clinical prescribers and managers, said community pharmacy does not currently have the workforce and infrastructure needed for scale, and one in four (24%) felt prescribing in community pharmacy added no particular value. Concerns expressed centred on clinical competence and patient safety.
- **There is a striking convergence between pharmacists, other professionals and patients on what safe prescribing requires:** All three groups identified access to medical records, clear escalation pathways, and privacy in consultations as essential, and there is no meaningful disagreement across groups about the common requirements for safe, scaled prescribing. The disagreement is not about what is needed, but about whether it is in place yet.

What this means

The aspiration-readiness gap is the central tension

Pharmacists believe strongly in the model and in their own readiness and frame the absence of commissioning and IT as the primary obstacle. Other professionals are more cautious, wanting evidence that systems and safeguards are in place before expansion proceeds. Patients want reassurance that they already are.

The private prescribing question is a policy issue, not a goodwill issue

Since the Pathfinder pilot ended without a national successor, some pharmacists report shifting from NHS to private-only prescribing, which they describe as widening health inequality and adding to GP workload. No amount of relationship-building between professions will resolve this without a national commissioning decision.

Patients offer a practical, staged path forward

The comfort gradient across clinical scenarios very high for minor acute conditions, and more mixed for complex or chronic presentations, suggests a natural, trust-building approach to staged expansion: starting where patient confidence is already high, demonstrating governance and quality, and building outward. This could also help satisfy other professionals' preference to see competence demonstrated before scale-up.

Next steps

These findings will feed into the development of a national framework for expanding independent prescribing in community pharmacy, developed by Q. The framework will be tested and refined with a group of senior stakeholders at today's Deliberative Stakeholder Roundtable before wider publication. Thiscovery's role is limited to this Insights Report and presenting these findings today; decisions on implications and next steps beyond the Roundtable rest with the NPA and Q.

Acknowledgements

Thank you to the 187 community pharmacists, 76 other healthcare professionals and commissioners, and 219 patients who took the time to share their experiences, professional insights and views. The depth and candour of responses, particularly to the open-ended questions, has made this a rich and genuinely informative dataset.

Thank you to the National Pharmacy Association for commissioning this work and to Q for their partnership and network support in reaching participants.