

2026



INTRODUCING INDEPENDENT PRESCRIBING TO COMMUNITY PHARMACIES IN ENGLAND



Financial support has been provided to the Company Chemists' Association as a grant by Pfizer Ltd (PP-UNP-GBR-13800) April 2026

Introducing independent prescribing
to community pharmacies in England

EXECUTIVE SUMMARY

In 2026 all new pharmacists will be independent prescribers.

- These pharmacists will have new skills allowing them to treat more patients, resolve more complex needs, and reduce the number of times patients are referred on to their GP.
- Currently there are almost no NHS funded opportunities to use these skills. Increasing patient access to NHS urgent care offers a clear route to introduce IP skills to the whole workforce.

- Patient demand on the community pharmacy workforce has grown significantly in recent years.
- The overall workforce capacity has not kept up with demand. Changes to better use skill mix and technology are needed to meet this demand.
- Change requires the commissioning of new services using the new skills of IP pharmacists.

- **The NHS should expand Pharmacy First to include prescribing for those with the appropriate skills and qualifications.**
- **This would expand access to NHS urgent care, and help address workforce challenges.**
- **Prescribing pathways will require additional funding and the adoption of new digital enablers.**



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PHARMACIST INDEPENDENT PRESCRIBING TRANSFORMS COMMUNITY CARE

In 2026 all newly registering pharmacists will be Independent Prescribers (IPs).

This offers the NHS a new and incremental capability within the third largest healthcare profession. [1] The ability of pharmacists to prescribe offers NHS commissioners a cohort of clinicians with a wide scope of care. New IPs will be able to provide more in-depth assessment, apply their decision-making to more complex care needs, and have more solutions available to them. This will provide patients with better access to care, resulting in fewer referrals to general practice or A&E.



At present there are **almost no NHS funded pathways for community pharmacists to prescribe for patients** in England. Recent pilots are approaching the end without any certainty of future commissioning.

An IP community pharmacy workforce will be able to meet the needs of many more patients, particularly in urgent care. The current community pharmacy urgent care service (called Pharmacy First) relies on the use of Patient Group Directions (PGDs) – which allow pharmacists to supply prescription-only medicines without the input from a doctor. However, PGDs set out very defined patient criteria and pathways – with patients needing specific personal particulars (age, gender, etc.) and symptoms to receive treatment. Any variation to the specified criteria requires onward referral, often to a GP. IP pharmacists will be able to prescribe around any PGD restrictions and so will have the skills and tools to better meet patient needs.

A Patient Group Direction (PGD) is a legal document that allows certain health professionals, including pharmacists, to supply prescription-only medicines to a group of patients without a prescription.

The transition to a new IP workforce is essential to the future of NHS primary care, but to enable this there is a need for cultural change, new training, and critically, **appropriately funded commissioning**.



COMMUNITY PHARMACY ALREADY ENHANCES ACCESS TO NHS URGENT CARE

The Pharmacy First service was launched across pharmacies in England in January 2024. [2]

This service allows patients to access NHS funded urgent care for seven common clinical conditions, without having to see a GP. The conditions are earaches, uncomplicated Urinary Tract Infections (bladder infections) in women, sore throats, sinusitis, infected insect bites, impetigo, and shingles. Treatments available for these conditions through the service include antibiotics and other prescription-only medication, where appropriate.

The service has proved extremely popular with patients and pharmacists alike. Between April 2024 and March 2025, 92% of community pharmacies provided care for one of these conditions. [3] Together they provided **2.5m consultations**, with demand continuing to grow. [3]

This is impressive but reflects only a small proportion of the potential of community pharmacy. Pharmacists are limited to the criteria set out in the applicable PGDs. This includes restrictions such as the age of patients who can receive care (only children with earache) or condition specifics, such as only treating inner ear infections but not outer ear infections.



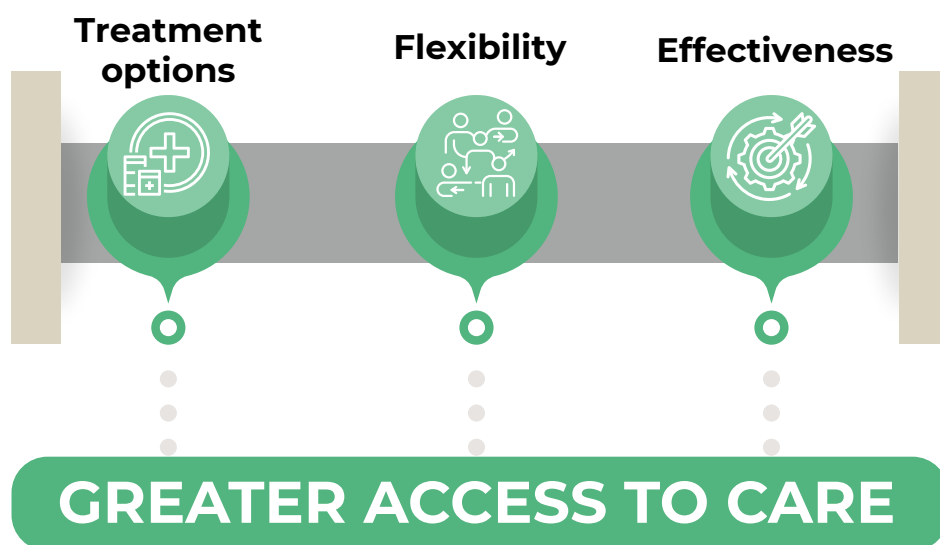
INDEPENDENT PRESCRIBING EXPANDS PATIENT ACCESS TO CARE

Pharmacists with IP skills have more options available to them. This means that fewer patients need to be referred onwards for additional care, and more patients can be included in pharmacy-based service pathways. Independent prescribing pharmacists can manage more complex patients with more **treatment options**, offer more **flexibility** in interventions, and greater **effectiveness** in care.

IP pharmacists can assess a much broader scope of conditions with greater depth of assessment. Part of the training to become a prescriber includes enhanced diagnostic skills and medical history taking. This allows IPs to treat more complex cases with confidence, where non-prescribers would need to refer these patients onwards – likely to their GP.

With the greater flexibility that prescribing provides, IP pharmacists can choose from a range of medicines, without the pre-set restrictions of a PGD. PGDs by the nature of their design must offer options that work for a defined group of patients. Independent prescribing allows more personalised care, as well as a wider range of treatment options.

IP pharmacists are more effective in resolving patient needs. Without the restriction of eligibility criteria, or limited treatment options, IP pharmacists are more likely to be able to resolve a patient's needs without input from another clinician. Pharmacists able to prescribe (rather than supply under PGD) are more likely to be able to treat urgent conditions themselves, reducing the number of GP referrals. [4]



INTRODUCING INDEPENDENT PRESCRIBING REQUIRES NEW COMMISSIONING

In its current form, the number of PGD-led Pharmacy First consultations will grow to 9 million appointments every year. [5] This could grow to reach 40 million consultations annually, in the right circumstances. [5] This would substantially increase patient access to urgent care and reduce GP demand.

Independent prescribing is a straightforward way to add more conditions to Pharmacy First, enhancing patient access to care. New conditions could include:

- Headaches, including migraines
- Back pain
- Respiratory tract infections
- Eye infections such as conjunctivitis
- Skin conditions such as acne, eczema and psoriasis.



CASE STUDY

An 8-year-old child presented in the pharmacy with eczema. The symptoms had developed over 2 weeks and were causing distress, to both the child and their parent. Unfortunately, the medicines available to buy 'over the counter', or supply through existing PGDs, can't be used for children under 10.

As an IP I was able to prescribe licensed creams, providing immediate relief and removing the need for a referral to the GP. I was able to give advice on how to safely and effectively use the creams, and the parent was able to apply the cream straight away. I checked that they knew how to use them for maximum effect. A week later the parent and child came back feeling much better. I then spent some time making sure they understood how to stop the eczema flaring up again.



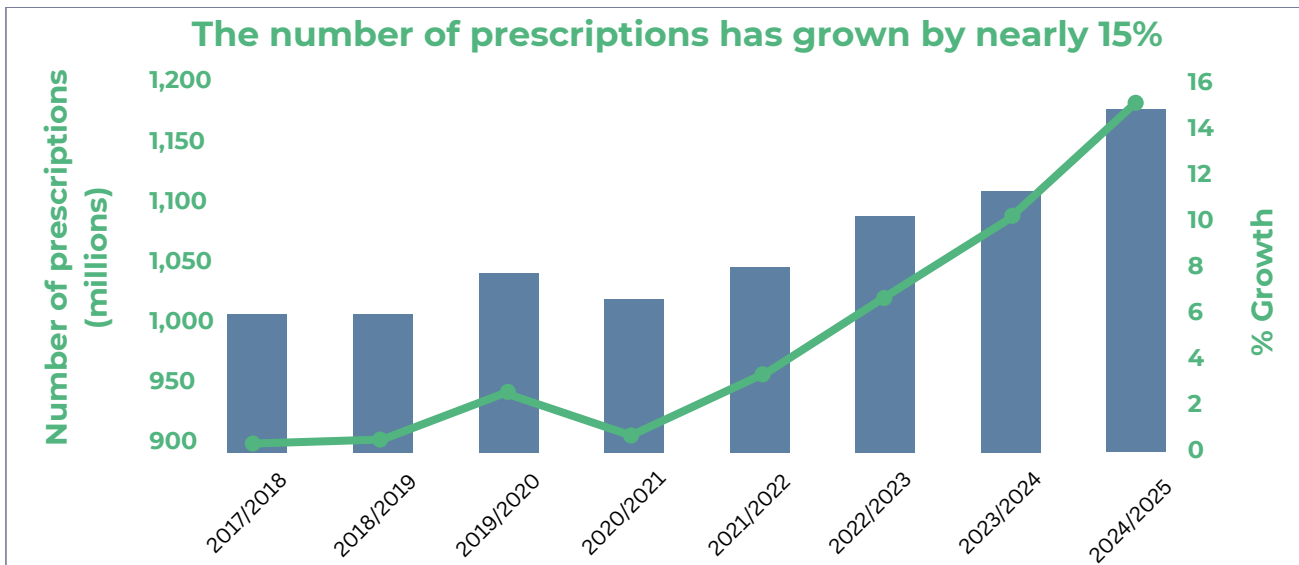
Adding independent prescribing to Pharmacy First would also provide a clear route to introduce the new prescribing capability into the community pharmacy workforce at scale. With this development, pharmacy businesses would also be encouraged to develop the existing pharmacist workforce, towards prescribing qualifications. With 28,000 pharmacists working across 10,000 locations in the community pharmacy network, this change could greatly enhance NHS primary care capacity. [6]



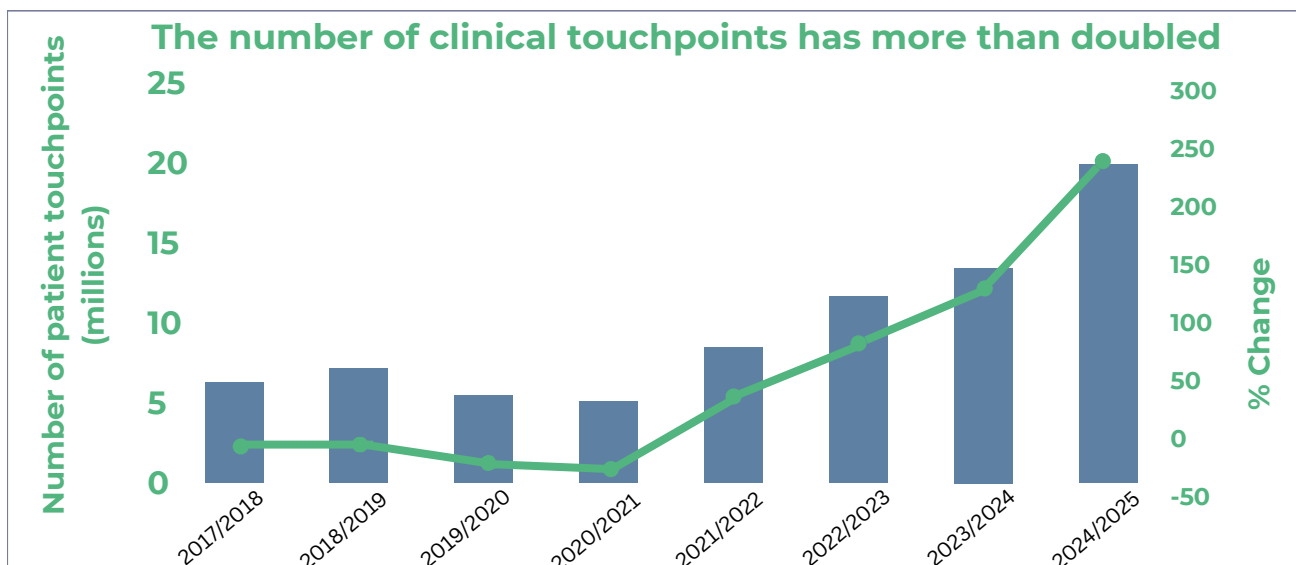
THE GROWING NHS DEMAND FOR PHARMACY SERVICES

Independent prescribing will increase access to care, but this is against a backdrop of ever-increasing existing workload and **inadequate NHS funding**.

In 2024/2025 community pharmacies in England dispensed nearly 1.2 billion NHS prescription items. This is nearly 150 million (14%) more than in 2017/18 and a 4% growth compared with the previous year. [3]



At the same time the increase in the number of NHS clinical services delivered by pharmacies has resulted in a rapid increase in the number of “patient touchpoints” (occasions where there is an interaction between a patient and a pharmacy professional).



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In 2017/18 there were around 5.7 million patient touchpoints associated with national clinical services. [7] Despite a dip during the COVID-19 pandemic, in 2024/25 community pharmacies provided over 19 million clinical touchpoints. This is a **240% increase since 2017/18** and a year-on-year growth of 66%. [3,7]

Other workload has also increased, with pharmacists spending more time on providing 'informal consultations'. These are consultations not linked to a commissioned NHS service – such as simple advice with their health. Community Pharmacy England estimated that community pharmacies in England delivered 69 million informal consultations in 2024 - a 46% increase on 2020. [8]

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Unfortunately, this significant increase in NHS demand has not been matched by any increase in NHS funding. Recent independent analysis demonstrated the sector is underfunded by over £2bn. [9] This has an effect not just on pharmacy's ability to introduce independent prescribing, but also the pressures felt by the whole pharmacy workforce.

CASE STUDY

In a high-profile community pharmacy in central London, a hybrid model offers both NHS and private healthcare. Lack of opportunities to prescribe through NHS pathways, and challenges with GP access have led to growing demand for private prescribing care.

A private prescribing service focuses on weight management, menopause, and aesthetics and skin health. Demand for the service continues to grow, now supporting around 100 patients per month. The lack of NHS-funded pathways limits the potential of this service.



WORKFORCE CAPACITY IS NOT ABLE TO MATCH INCREASED DEMAND

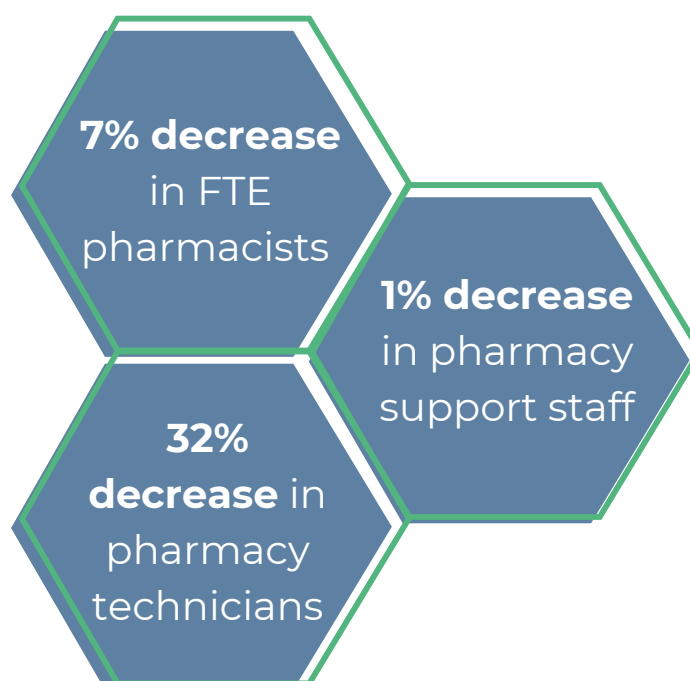
Meeting increased NHS demands requires additional capacity in the pharmacy network. This demand could be met by a combination of a growing workforce, innovative ways of working, and new technologies.

Unfortunately, the community pharmacy workforce is not growing at the pace required to meet increased demand. Since 2021, the sector has seen a decrease in capacity across all roles. This improved marginally in 2024 but is not growing in line with patient demand.

The NHS Long Term workforce plan set out ambitions to grow the community pharmacist workforce from 20,500 Full-Time Equivalent

(FTE) pharmacists to 34,000 FTE by 2036/37. [10] The increased workforce would be one way for the sector to meet growing patient demand.

SINCE 2021



Full Time Equivalent (FTE) measures total staffing based on the number of hours worked, where 1.0 FTE equals one person working 40 hours a week. For example, one person working 20 hours a week would be 0.5 FTE. This allows for more useful comparisons of actual hours worked.



INTRODUCING INDEPENDENT PRESCRIBING TO COMMUNITY PHARMACIES IN ENGLAND

The growing demand for providing NHS services, combined with a shrinking workforce, has created a downward spiral of increased pressure and burnout. Unfortunately, this is leading some pharmacy professionals to consider leaving the community pharmacy sector. Many pharmacists have moved to other roles such as those in primary care networks, funded through the Additional Roles Reimbursement Scheme (ARRS).

To improve access to general practice the government has invested over £8bn since 2019 to recruit additional health care professionals. Pharmacists are one of the key roles recruited to expand the general practice workforce.

This has moved many health care professionals, including physiotherapists, paramedics, and pharmacists into already congested primary care locations, whilst removing them from an existing network of access.

Since March 2019 the number of pharmacists working in primary care has increased by 8,137 (900%). [11] The majority of these roles are funded through the ARRS scheme. This increase has not been matched by the number of new registrants entering the workforce. The ARRS initiative has had a destabilising effect as pharmacists have been recruited directly from community pharmacy and secondary care. The NHS has recognised the unintended consequences of ARRS recruitment and committed to reviewing activity. [12]

However, there is still a need to address workforce challenges in community pharmacy. There are several ways to support the workforce, including an uplift in funding for existing service provision to allow employers to invest, provide support for new ways of working to manage increasing workload, and commissioning new IP based clinical care.

...the lack of opportunities to prescribe becomes a disincentive to community pharmacy as a career of choice.

As more pharmacists become independent prescribers, the lack of current opportunities to prescribe in community pharmacy could make the sector less attractive as a career choice. Insufficient workforce resource would impact the ability of pharmacies to meet NHS demands and further increase costs in what is already a financially challenging environment.



INTRODUCING INDEPENDENT PRESCRIBING TO COMMUNITY PHARMACIES IN ENGLAND

Community pharmacists want to use all the skills and capabilities they have to support their patients. Feedback from pharmacists following the introduction of Pharmacy First is that this has increased job satisfaction. Independent prescribing will supercharge this feeling, allowing pharmacists to meet the needs of patients in ways not previously available to them.

Independent prescribing will also positively impact on other members of the pharmacy team. At present pharmacists spend much of their time directly involved in the dispensing of medicines. Around three quarters of medicines in primary care, roughly 800m each year, are for ongoing treatment of previously diagnosed conditions. [13] Much of the operational work involved in procuring, assembling, and supplying these medicines could be undertaken by other members of the team. [7] CCA analysis shows that most technical tasks associated with dispensing don't require direct pharmacist involvement.

However, current regulation and a lack of funded clinical work for pharmacists to provide, means that they are too often used to perform tasks better suited to others. Legislation changes currently being enacted will change how the assembly and supply of medicines is 'supervised' by pharmacists. The intended changes will allow registered pharmacy technicians to take on more responsibility for the dispensing process. If there was a significant volume of new clinical workload commissioned by the NHS, for pharmacists to deliver, pharmacy businesses would be able to diversify their team structures and increase their capacity. Commissioning and funding Independent Prescribing services clearly offers a route to change pharmacy practice and improve patient outcomes.

CASE STUDY

A 67-year-old lady came into my pharmacy presenting with symptoms of a lower UTI. We were unable to treat her using the PGD due to her age but as it was within my scope as an Independent Prescriber, I booked her in for a consultation.

I was able to safely assess and treat her whilst getting her to drop a sample at the doctors to make sure we had provided the correct antibiotics. I safety netted and counselled on how to speed up recovery and what to watch out for 'medication-wise'. She left satisfied and with timely treatment.



SUMMARY

The advent of pharmacist independent prescribing offers the government and NHS significant additional clinical capacity in primary care. It will increase access to care for patients.

Expanding Pharmacy First to include independent prescribing offers clear benefits for patients and for the pharmacist workforce. Commissioned prescribing opportunities will allow pharmacists to increase the number of consultations provided and reduce the number of patients referred to general practice.

Without such change, a lack of opportunities to prescribe will make community pharmacy a less attractive sector for pharmacy professionals. It will also restrict public access to NHS care at a time of growing need. If not met by community pharmacy, this growth in need will only place additional pressure on the wider health system.



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WHO WE ARE

COMPANY CHEMISTS' ASSOCIATION

Established in 1898, the CCA is the trade association for multiple pharmacy operators in England, Scotland and Wales. The CCA membership includes ASDA, Boots, Lincolnshire Co-op, Morrisons, Pharmacy2U, Rowlands Pharmacy, Superdrug, Tesco, and Well, who between them own and operate around 4,000 pharmacies across England, Scotland and Wales. CCA members deliver a broad range of healthcare and wellbeing services, from a variety of locations and settings, as well as dispensing 400 million NHS prescription items every year. The CCA represents the interests of its members and brings together their unique skills, knowledge, and scale for the benefit of community pharmacy, the NHS, patients and the public.



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COMPANY CHEMISTS' ASSOCIATION

This report was produced as part of a collaborative working project between The Company Chemists' Association (CCA), The National Pharmacy Association (NPA), Gen X Media (Trading as Pharmacy in Practice) and Pfizer Limited. This project aims to increase access to care through community pharmacy.



Financial support has been provided to the Company Chemists' Association as a grant by Pfizer Ltd (PP-UNP-GBR-13800) April 2026