



Preparing for NHS Services with Prescribing;
What pharmacy owners and pharmacy professionals need to know

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Community Pharmacy: From PGD-Led Supply to Prescriber-Led Clinical Care

September 2026 marks a governance shift in community pharmacy.

Newly qualified pharmacists register as independent prescribers, and NHS England is embedding prescribing into national community pharmacy services.

The question changes

The question changes from "Can I supply this medicine under the PGD?" to "Is prescribing this medicine clinically appropriate for this individual patient?"

FROM

**PGD-led
supply**



**Prescriber-led
clinical care**

PGD vs Independent Prescribing: The Core Difference

The decision moves from protocol eligibility to individual clinical judgement.

Patient Group Direction (PGD)

Supply within a predefined legal framework. Patient meets criteria
→ medicine predetermined → supply permitted.

The governance question: "Does the patient meet the PGD?"

Independent Prescribing

Individual clinical assessment. The pharmacist makes the prescribing decision based on clinical reasoning and patient-specific factors.

The governance question: "What is the appropriate clinical decision for this patient?"

The governance shift moves responsibility from a protocol to a person — the prescribing pharmacist owns the clinical decision.

PGD vs Independent Prescribing: The Core Difference

Core legal, clinical and decision-making differences at a glance.

Dimension	Patient Group Direction (PGD)	Independent Prescribing
What is it?	A legal mechanism allowing authorised healthcare professionals to supply and/or administer specified medicines without a prescription	A qualified prescriber makes an individual prescribing decision for a specific patient
Is it prescribing?	No. Working under a PGD is not prescribing	Yes. The pharmacist is the prescriber and takes responsibility for that prescribing decision
Starting point	Does this patient fit the PGD?	What does this patient need?
Patient eligibility	Patient must fall within the defined patient group and inclusion criteria	Determined following individual clinical assessment, within the prescriber's competence and any applicable service criteria
Exclusions	If an exclusion applies, the medicine cannot be supplied under that PGD	An exclusion from one treatment/pathway may prompt further assessment, an alternative treatment, no treatment or referral
Clinical assessment	Assessment determines whether the patient meets the PGD requirements	Assessment informs the prescriber's diagnosis/clinical impression and treatment decision
Clinical judgement	Used, but within the boundaries of the PGD	Greater individual clinical judgement is required to determine the appropriate management
Choice of medicine	Medicine(s) are pre-specified within the PGD	Prescriber selects an appropriate medicine, subject to competence and relevant formulary/pathway/service restrictions
Dose / formulation / route	Defined within the PGD; practitioner cannot simply deviate outside it	Can be individualised where clinically appropriate and legally permitted, within competence and applicable guidance
Treatment duration	Defined within the PGD	Determined for the individual patient, subject to relevant guidance/service requirements

PGD vs Independent Prescribing: The Core Difference (Continued)

Further differences in flexibility, monitoring, accountability and governance.

Dimension	Patient Group Direction (PGD)	Independent Prescribing
Deviation from pathway	You cannot modify the PGD for an individual patient	Prescriber can exercise professional judgement, but must be able to justify decisions and remain within competence/service requirements
Differential diagnosis	PGDs are designed for predefined clinical situations; NICE advises against their use where uncertainty remains about differential diagnosis	Considering differential diagnoses becomes an important part of clinical reasoning where relevant
Complexity	Generally suited to defined, relatively straightforward clinical situations	Can accommodate greater individual complexity, provided the prescriber has the necessary competence, information and service framework
Long-term conditions	NICE advises PGDs should not be used to manage long-term conditions such as hypertension or diabetes	Independent prescribing can be used in long-term condition management where the prescriber is competent and appropriate governance is in place
Monitoring	Monitoring requirements are specified within the PGD	Prescriber must determine and arrange appropriate patient-specific monitoring/follow-up
Documentation	Record should demonstrate that the PGD requirements were followed and required information recorded	Record should demonstrate assessment + clinical reasoning + prescribing decision + rationale + follow-up/safety-netting
Responsibility	Practitioner is professionally accountable for assessing the patient and correctly operating within the PGD	Prescriber is professionally accountable for the individual prescribing decision
Competence	Must be trained, competent and specifically authorised to work under the PGD	Must be appropriately annotated as an IP and prescribe only within their knowledge, skills and competence
Scope	Scope is substantially defined by the PGD itself	Prescriber must understand, define and maintain their own scope of prescribing practice, alongside service boundaries
Governance	PGD development, authorisation, version control, practitioner authorisation, competence and audit	Prescriber competence, scope, clinical pathways, records, prescribing audit, peer review, supervision, risk management, incidents and CQI

PGD: Does the patient fit the framework? | PRESCRIBING: What is the right clinical decision for this individual patient — and can I justify it?

Use a PGD only when it is the appropriate route

Where individual prescribing is available and appropriate, it should remain the preferred clinical pathway.

What the guidance says

A PGD it's not necessary and should not be used when there's an opportunity in the care pathway for the medicine to be safely prescribed on an individual basis by a qualified prescriber. The majority of clinical care involving supply and or administrative medicines should be undertaken on an individual patient specific basis where this does not compromise individuals' timely access to care

Source: SPS

WHAT THIS MEANS

Therefore, if your pharmacy is set up to undertake prescribing and you have a prescriber, you should not be using a PGD

Use the prescribing pathway when the pharmacy and prescriber are ready.

"I Can Prescribe It" ≠ "I Should Prescribe It"

Legal authority is only the starting point; safe prescribing depends on clinical judgement.

**"I CAN
PRESCRIBE IT"**

≠

**"I SHOULD
PRESCRIBE IT"**

Clinical Sufficiency

Do I have sufficient information? Is this within my competence? What are the differential diagnoses?

Safety Checks

Have I checked red flags, history, medicines, allergies, contraindications? Are investigations required?

Decision Justification

Is treatment necessary? What are alternatives? What monitoring is needed? Have I documented my reasoning?

The prescription is the end product. Governance is everything that supports the decision.

The Governance Message: Prescribing Requires More Than Qualification

Safe prescribing depends on competence, embedded governance and clear system oversight.

Establishing Competence

Registration ≠ automatic competence. Establish scope, competence, clinical pathways, and formularies before prescribing begins.

Embedding Governance

Information governance, audit, incident reporting, peer review, and escalation arrangements must all be in place.

NHS England Expectations

ICBs are expected to oversee prescribing pharmacists through professional assurance, risk assessment, and governance processes.

The future will be judged not by how much we prescribe, but by how safely, appropriately, and consistently we prescribe.

Commissioning guidance for pharmacy prescribing services

NHS England reference document supporting the service-readiness requirements.

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Date published: 31 July, 2026
Date last updated: 31 July, 2026

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Commissioning guidance for community pharmacy prescribing-based services

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Contractor readiness for prescribing-based services

Readiness must be demonstrated at pharmacy level before go-live and maintained throughout delivery.

The contractor must be satisfied that the pharmacy can deliver the commissioned service safely, effectively and consistently.

Before go-live, the contractor must

- Review the service specification, contract and applicable clinical pathway
- Assess the pharmacy against all relevant readiness requirements
- Identify and complete outstanding actions before commencement
- Record proportionate evidence and complete the readiness declaration

The contractor must also assure

- Clinical, operational, workforce and digital arrangements are in place
- Prescribers are registered, competent, trained and indemnified
- Premises, equipment, systems and access arrangements are ready
- Requirements remain in place and evidence can be provided on request

Establish safe clinical delivery

The service model, risks, prescribers and governance arrangements must be assured before delivery begins.

1. Understand and implement the service

- Review and understand the service specification
- Implement the clinical pathway locally
- Understand inclusion and exclusion criteria
- Make the prescribing protocol and formulary available
- Document escalation and referral pathways
- Confirm access to required diagnostics or pathology
- Meet training and competency requirements

Plan governance, monitoring and audit

2. Assess and manage service risks

- Complete a service-specific risk assessment
- Identify and mitigate clinical, digital and operational risks
- Manage risks where the same professional may prescribe and dispense
- Safeguard high-risk patients, complex presentations, vulnerable people and minors
- Consider commercial incentives, conflicts and patient choice
- Put continuity arrangements in place
- Develop SOPs for safe, consistent delivery

3. Assure prescribers and indemnity

- Verify GPhC registration
- Verify the independent prescriber annotation
- Document declared scope of practice
- Confirm competence aligns with the commissioned service
- Confirm service-specific training is complete
- Ensure each prescriber has professional indemnity
- Ensure the contractor holds appropriate service indemnity

Prepare the premises, systems and access

The service must not start until the physical and digital infrastructure is secure, available and operational.

Premises and equipment

- Meet GPhC and relevant NHS premises requirements
- Provide a suitable, private consultation environment
- Have required diagnostic equipment, materials and guidance available

Information governance

- DSPT status of at least “Standards Met”
- Data protection and records-management arrangements in place
- Required data-sharing agreements completed

Digital clinical safety

- Implement DCB0160 responsibilities
- Complete clinical risk management for relevant systems
- Obtain and review supplier DCB0129 documentation
- Mitigate residual and locally introduced risks

EPS and consultation records

- Procure and finance an NHS-assured EPS prescribing solution
- Enable and test EPS before delivery
- Provide a digital consultation-record platform
- Apply role-based access controls and continuity arrangements

Patient clinical information

- Provide access appropriate to the service scope, including:
- Medical and medication history
- Diagnoses and allergies
- Relevant test results
- Maintain continuity and escalation arrangements if information is unavailable

Identity and prescribing access

- Care Identity and appropriate authenticator for each IP
- CIS2 authentication and AAL3 requirements met
- RBAC-compliant independent prescribing access assigned
- Access tested successfully before go-live

Support the workforce and patient journey

Contractors must maintain a capable workforce and a safe, informed and connected patient pathway.

Workforce capacity and support

- Confirm sufficient pharmacist capacity
- Define wider pharmacy-team roles and support
- Establish clinical and professional support arrangements
- Maintain service continuity during staff or prescriber absence
- Maintain service-specific competence and ongoing CPD
- Provide access to ongoing learning
- Maintain peer support or clinical supervision

Safeguarding, consent and choice

- Keep safeguarding training current at minimum Level 3
- Explain the consultation and treatment options
- Explain information-sharing arrangements
- Give patients the opportunity to ask questions
- Support informed choice
- Document consent appropriately

Clinical records and prescriptions

- Maintain the consent process
- Follow clinical-pathway documentation requirements
- Record consultations digitally
- Use electronic prescriptions by default
- Manage records in line with the Records Management Code of Practice
- Maintain information-governance and confidentiality responsibilities

Communication and access

- Maintain a secure messaging route
- Share consultation information within agreed timescales
- Communicate outcomes and prescribing decisions
- Communicate non-prescribing or deprescribing decisions where relevant
- Keep access appropriate to role
- Remove access promptly when prescribers leave

The patient journey must remain safe, documented and connected to the patient's primary healthcare provider.

Monitor safety, quality and performance

Go-live is the start: contractors must maintain controls, review performance and act on learning.

Maintain core controls

- Communicate SOPs to relevant team members
- Maintain SOP review and version control
- Keep organisational and professional indemnity current
- Maintain IG, confidentiality and data-sharing arrangements
- Maintain system access and continuity plans
- Maintain and calibrate equipment and devices where required

Monitor service and prescribing

- Record clinical service and prescribing activity
- Review prescribing against declared scope of practice
- Review against local or national formularies and guidance
- Monitor relevant prescribing metrics
- Review volume and cost where required
- Record patient outcomes, experience and referral activity

Audit and improve

- Complete regular prescribing and quality-improvement audits
- Record findings and agreed actions
- Act on audit findings
- Use monitoring, audit and patient feedback to improve delivery
- Retain evidence that actions have been completed

Maintain patient safety

- Keep a compliant incident-reporting system
- Ensure staff understand reporting responsibilities
- Identify, record and act on errors, near misses and concerns
- Report through LFPSE where appropriate
- Ensure relevant staff know prompt code COIN1
- Use incident learning to improve the service

Professional assurance framework for NHS clinical services

NHS England reference document defining employer, contractor and professional responsibilities.

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Date published: 31 July, 2026

Date last updated: 31 July, 2026

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Professional assurance framework for delivering NHS community pharmacy clinical services

Guidance for commissioners, employers, pharmacists and pharmacy technicians.

< Publication

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Professional assurance for NHS community pharmacy clinical services

A clear division of responsibilities between employers or contractors and individual pharmacy professionals.

Professional assurance confirms that people delivering NHS clinical services are registered, competent, supported and working within scope.

Part A | Employer or contractor

- Complete registration, employment and fitness-for-purpose checks
- Assure competence, scope, indemnity and service readiness
- Provide supervision, appraisal, development and oversight
- Retain assurance records and manage concerns

Part B | Individual professional

- Confirm personal readiness before delivering a service
- Work within competence and defined scope of practice
- Maintain revalidation, CPD, records and confidentiality
- Declare concerns and complete an individual assurance declaration

Employer and contractor: assure the workforce

Employers and contractors must confirm that each person is eligible, capable and appropriately protected before service delivery.

Registration and employment checks

- Confirm current GPhC registration for all pharmacists and pharmacy technicians
- Review and manage any sanctions or conditions affecting practice
- Complete and record enhanced DBS checks
- Complete relevant employment checks
- Confirm individuals are suitably skilled and qualified
- Complete fitness-for-purpose checks

Scope and competence

- Ensure staff work within competence and scope of practice
- Require independent prescribers to complete fitness-for-purpose and prescribing-scope declarations
- Record prescribing-scope declarations
- Put appropriate development-support arrangements in place

Indemnity and prescribing

- Put professional indemnity in place for all staff delivering services
- Confirm cover includes prescribing where applicable
- Review exclusions or limitations
- Verify independent prescriber annotation
- Ensure prescribers are listed within relevant NHS prescribing arrangements
- Provide clinical supervision and professional support

Service governance

- Ensure staff read service specifications, SOPs and relevant SLAs
- Complete clinical risk assessments before new services commence
- Provide appropriate induction
- For PGDs or VGDs: training, authorisation and current versions must be in place
- Ensure legal and professional responsibilities are understood

Employer and contractor: maintain assurance

Professional assurance must remain current and be supported through oversight, appraisal, records and fair management of concerns.

Professional assurance oversight

- Review scope-of-practice declarations at least annually
- Ensure professional registration remains current
- Keep professional indemnity current
- Maintain appropriate supervision
- Support access to peer support and communities of practice

Appraisal and development

- Complete annual appraisal for pharmacists and pharmacy technicians
- Complete annual prescribing appraisal for prescribing pharmacists
- Maintain development plans where required
- Provide structured support to newly qualified prescribers

Records and evidence

- Retain records supporting fitness-for-purpose checks
- Make professional-assurance records available on request
- Retain records for at least five years
- Keep declarations, appraisals and development evidence accessible

Managing concerns

- Have arrangements to manage concerns relating to professional performance
- Provide appropriate wellbeing support
- Ensure escalation routes are understood
- Manage concerns in line with just-culture principles

Individual professional: confirm readiness

Each pharmacist or pharmacy technician must understand the service, confirm personal competence and complete role-specific requirements.

All pharmacists and pharmacy technicians

- Hold current GPhC registration
- Understand and define scope of practice
- Review relevant service specifications
- Review and understand relevant SOPs
- Complete required training
- Confirm appropriate professional indemnity arrangements

Additional requirements for independent prescribers

- Confirm independent prescriber annotation on the GPhC register
- **Define prescribing scope of practice**
- **Self-assess prescribing competence**
- **Establish a professional portfolio**

Additional requirements for pharmacy technicians using PGDs

- Review and understand the relevant PGD or VGD
- Complete authorisation documentation
- Complete service-specific training
- Complete the employer declaration of competence

Individual professional: maintain safe practice

Individuals remain accountable for professional standards, clinical practice and ongoing competence within their role and scope.

Professional responsibilities

- Complete GPhC revalidation requirements
- Follow GPhC professional standards
- Undertake CPD relevant to services delivered
- Complete annual peer discussion
- Inform the employer of concerns affecting ability to practise
- Review scope of practice regularly

Clinical practice

- Keep patient records accurate, clear and timely
- Maintain patient confidentiality
- Keep clinical decisions within competence and scope of practice
- Seek support or escalate where practice is outside current competence

Independent prescribing

- Complete prescribing-related CPD
- Self-assess prescribing competence annually
- **Maintain a professional portfolio**
- **Engage regularly with clinical supervision**
- **Complete annual prescribing appraisal**
- **Maintain development plans when practice changes**
- **Obtain support before expanding scope**

Individual declaration

- Review assurance requirements relevant to the role
- Identify any outstanding actions
- Confirm readiness through name, role, signature and date
- Keep evidence of professional development and assurance up to date

Supporting contractors and pharmacy teams to implement Community Pharmacy Prescribing Services

Working in collaboration GM ICB leads and CPGM are planning implementation and deployment support

Operational readiness

Getting ready to deliver the service

Developing local guidance and support

Signposting to national guidance, developing toolkits and support webinars and training offers to support governance, safety and assurance

System support and enablement

Collaboration and joint working with ICB and NHSE colleagues to support enablement and engagement to support the sector

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