Community Pharmacy Prescribing Services

Operational Readiness Programme

Webinar 2: Clinical Governance, Statutory Duties & Prescriber Workforce Assurance

10th November 2026

Part of Greater Manchester Integrated Care Partnership

NHS Greater Manchester

Community Pharmacy Greater Manchester

NHS Greater Manchester Community Pharmacy Provider Board

Programme background and purpose

From Autumn 2026, the NHS Community Pharmacy Prescribing Service becomes part of the CPCF.

National reform

October 2026

The Community Pharmacy Prescribing Service formally joins the CPCF, expanding Pharmacy First and the Pharmacy Contraception Service, and adding new clinical pathways.

New workforce

Summer 2026

Newly qualified MPharm graduates can register directly as Independent Prescribers.

More pharmacists are qualifying as Independent Prescribers.

Aims of the programme

To support contractor readiness to deliver Community Pharmacy Prescribing Services through:

- **Delivering a series of six webinars, led by CPGM, CPPB and Allied Health in partnership with the GM ICB.**
- **Developing a Community Pharmacy Prescribing Services Operational Readiness Toolkit and Quick Start Guide to help contractors prepare for the safe delivery of Community Pharmacy Prescribing Services (coming soon).**
- **Providing guidance, references and key actions to be completed to prepare for ICB assurance processes, based on national guidance and supporting documentation.**

Funding the service: payments and costs

Understanding the potential costs, workload and impact of delivering prescribing.

Setup payment

£500 one-off

- Owner has signed up via the NHSBSA website declaration
- ICB has approved the application, assigned an NHS cost centre, confirmed a go-live date and approved prescribing consultations
- Paid in the first NHSBSA payment run after go-live

Monthly payment

£525 per month

- Supports ongoing costs, e.g. prescribing software, clinical supervision and governance
- Needs ICB approval, an approved EPS-capable IT system and a clinical records system
- Prescriber in pharmacy for at least 24 hours a week, for at least 45 weeks per financial year

Activity requirements

Within 3 months

- Evidence one completed NHS consultation via the MYS portal (manual entry, no API in place); a prescription is not required
- If not met future monthly Infrastructure Payments are withheld
- No activity within 6 months: Setup and all Monthly payments can be reclaimed by NHS England

Consultation fees

Usual Pharmacy First or PCS fees are paid for each consultation.

No CPCF payment is made for any prescription management activity.

Example software costs

Cleo: £500 + VAT set-up fee, then an annual fee of £2,500 + VAT.

Example only; costs will vary by supplier.

Expectation of prescribers

Prescribers are expected to complete all Pharmacy First and PCS consultations as an Independent Prescriber, not under PGDs.

Community Pharmacy Greater Manchester

Community Pharmacy Prescribing Services Operational Readiness Webinar Series

A series of live webinars supporting contractor readiness.

Webinar 1	Mon 2 Nov 2026	Community Pharmacy Prescribing Services – GM Governance Arrangements	Completed – slides and recording to be shared
Webinar 2	Tue 10 Nov 2026	Clinical Governance, Statutory Duties & Prescriber Workforce Assurance	Live registration link
Webinar 3	Tue 17 Nov 2026	Prescriber Competence, Scope of Practice & Clinical Risk Management	Live registration link
Webinar 4	Tue 24 Nov 2026	Digital Prescribing Systems, EPS, Smartcards & Information Governance	Live registration link
Webinar 5	30th Nov 2026	Operational Go-Live, SOPs, Audit & Incident Management	Live registration link
Webinar 6	Tue 8 Dec 2026	GM Care Record	Link to be provided

Community Pharmacy Greater Manchester

What future support will be available?

Support will continue to develop in line with contractor needs.

Webinars and training

Future webinars and training offers will be developed based on contractor needs and training requirements.

Please book onto the training now. Your feedback and participation will help us to develop the right support for you.

Clinical leadership

Working with GM ICB, clinical leadership support is being considered for contractors and Community Pharmacy prescribers.

Key messages

- Take your time to read and understand the requirements.
- The information provided will help you make an informed decision about whether you want to deliver the service.
- The guidance is intended to support you to work through the preparation over time – you don't have to do all the actions straight away.

Community Pharmacy Greater Manchester

Our planned support

Planned support to help contractors and prescribers prepare to deliver the service.

Dedicated drop-in sessions

Dedicated drop-in sessions for contractors and prescribers to ask questions and get support as they prepare to deliver the service.

Focus on IP briefings

Briefings focused on Independent Prescribers (IPs), covering what the service means for prescribers working in community pharmacy.

CPGM website page

A dedicated Independent Prescribing page on the CPGM website:

greatermanchester.communitypharmacy.org.uk/national-services/independent-prescribing/

Clinical training sessions

Clinical training sessions to help prescribers build the knowledge and skills needed to deliver the service safely.

IP Forum

A forum for Independent Prescribers to share learning, discuss practice and support one another.

Follow-up webinar

A follow-up webinar to consolidate learning and reinforce the key points from the webinar series.

Webinar 2: Clinical Governance, Statutory Duties & Prescriber Workforce Assurance

Getting the pharmacy and its prescribers assurance-ready.

CPGM

ALLIED HEALTH TRAINING



Purpose and practical outcomes

Purpose: equip pharmacy contractors and prescribers to establish and maintain safe, assured NHS prescribing.

Understand the framework

Explain how statutory duties, the prescribing specification and professional assurance fit together, and distinguish contractor responsibilities from individual clinical accountability.

Establish prescribing readiness

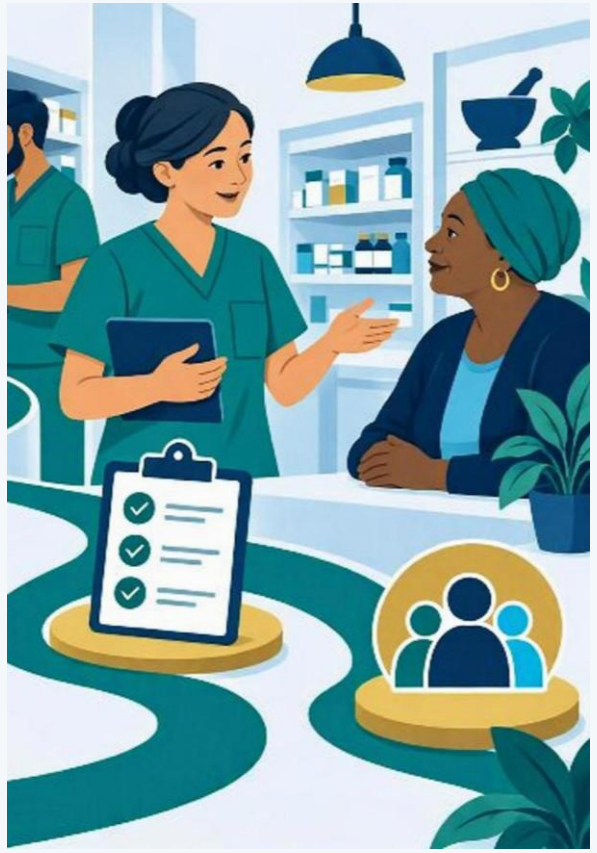
Identify the premises approvals, prescriber links and operational controls needed before go-live, including digital access, records and service availability.

Assure and support the workforce

Know what to verify before authorising a prescriber, and how supervision, protected time and annual appraisal support continuing competence.

Maintain safe, accountable delivery

Apply safeguards for clinical risk, patient choice and integrated prescribing and dispensing, and identify the evidence needed to demonstrate safe delivery.



By the end: identify readiness gaps, assign follow-up actions and know what evidence to retain.

ALLIED HEALTH TRAINING

Webinar 2 scope and the sessions ahead

Today establishes the duties and assurance requirements. Later sessions explain clinical and practical implementation.

In scope today

Legal foundation and service boundaries

Onboarding responsibilities and approval conditions

Contractor governance, patient choice and assurance evidence

Checks before authorisation, HPAN and employer accountability

Supervision, protected time and appraisal requirements

Introduced today, detailed later

Webinar 3: Competence, scope & clinical risk

Scope evidence and expansion, clinical pathways, contraception and prescription management. Consent, safeguarding, clinical risk and remote assessment.

Webinar 4: Digital systems, EPS & information governance

System procurement, cost centres and prescriber codes, smartcards and EPS. GP messages, records, confidentiality, retention and MYS payments.

Webinar 5: Go-live, SOPs, audit & incidents

Toolkit and readiness checklist, SOPs, premises and service delivery. Incident learning, audit evidence, claims verification and suspension or withdrawal.

ALLIED HEALTH TRAINING

Webinar structure

1. Legal framework

Statutory duties, specification and service boundaries

2. Pharmacy readiness

Approvals, prescriber linkage and digital access

3. Patient journey

Consultation safeguards and prescription management

4. Governance and evidence

Risk controls, records, reporting and payments

5. Workforce assurance

Checks, HPAN, supervision and appraisal

6. Safe integration

Clinical objectivity and patient choice

Slido poll: quick-fire true or false?

Open Slido and vote True or False on each statement.

1

Submitting the NHSBSA declaration means the pharmacy can start prescribing.

2

One declaration covers every branch in a multiple.

3

A GPhC independent prescriber annotation is enough to prescribe under this service.

4

If the only NHS PCP is absent, the pharmacy must not offer prescribing that day.

5

The same pharmacy may dispense the prescription its prescriber generated.

6

A prescription management intervention earns a service fee.

Quick-fire: the answers

Four myths and two truths. Each one is covered in detail later in the session

FALSE **Statement 1**

A declaration starts the process. ICB approval, a Prescribing Cost Centre, prescriber codes, readiness and a start-date notification must follow.

FALSE **Statement 2**

A separate declaration is needed for each pharmacy premises / Prescribing Cost Centre.

FALSE **Statement 3**

The prescriber must also be ICB-approved as an NHS PCP and linked to the premises' cost centre.

TRUE **Statement 4**

Prescribing must not be offered when no authorised NHS PCP is available at the premises.

TRUE **Statement 5**

Integrated prescribing and dispensing is allowed, with safeguards for objectivity and patient choice.

FALSE **Statement 6**

Prescription management carries no payment claim or service fee.

More detail: Webinar 3 (prescribing guidance), Webinar 4 (digital set-up), Webinar 5 (go-live)

The legal foundation for NHS community pharmacy prescribing

The 2026 Directions provide the enabling legal framework for the national service arrangements

The Pharmaceutical Services (Advanced and Enhanced Services) (Amendments Relating to NHS Community Pharmacy Prescribing) (England) Directions 2026



Statutory direction

The 2026 amendment Directions sit under the NHS Act 2006 and update the directed pharmaceutical service framework.

Legal enablement

They create the legal route for NHS community pharmacy prescribing within the relevant service arrangements.

Operational specification

The specification sets the conditions for contractors, approved premises and NHS PCPs.

ALLIED HEALTH TRAINING

How the legal and operational documents fit together

NHS Act 2006

Provides the overarching statutory framework for NHS pharmaceutical services.

2026 amendment Directions

Update the directed service framework to enable NHS community pharmacy prescribing.

Prescribing specification

Defines who may provide the activity and the clinical, digital, governance and operational requirements.

Supporting guidance

Service specifications and prescribing, prescription management, commissioning and professional assurance guidance support implementation.

Read the Directions and specification together. Legal authority does not replace the detailed conditions, safeguards and assurance requirements for delivery.

More detail: Webinar 3 (clinical guidance), Webinar 4 (digital systems), Webinar 5 (implementation)

The specification in one view

Who can prescribe

NHS-onboarded pharmacist independent prescribers with GPhC annotation and relevant ICB approval.

Where they can prescribe

At or from ICB-approved pharmacy premises under the specified service arrangements.

What the framework covers

Clinical and digital requirements, assurance, governance, prescriptions, records, reporting and payment.

What to read alongside it

Applicable national service specifications and prescribing, prescription management and commissioning guidance.



More detail: Webinar 3 (clinical guidance), Webinar 4 (digital systems), Webinar 5 (implementation)

What the specification is designed to achieve

Prescribing skills

Complete more episodes of care within NHS services.

Timely access

Consultations and medicines in a community setting.

Patient journeys

Reduce avoidable barriers when a new prescription is needed.

Future capacity

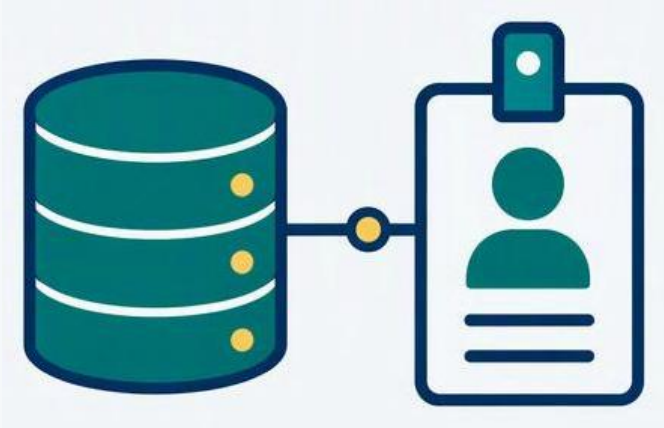
Support neighbourhood services and integrated pathways.



Key definitions and boundaries

NHS PCP

GPhC-registered independent **prescriber** with relevant ICB approval at specified premises.



NHS PCPS

ICB-approved **pharmacy premises** with an NHSBSA Prescribing Cost Centre.

Outside this specification

Non-pharmacist prescribers and pharmacist prescribers who have not completed NHS onboarding.

Each prescriber code links an approved NHS PCP to the pharmacy's ICB-approved cost centre.

More detail in Webinar 4: prescribing cost centres and unique prescriber codes

The route to becoming prescribing-ready

The specification makes onboarding a site-and-prescriber process, not simply an individual qualification check

1

Contractor declaration

Notify NHSBSA of the intention to provide prescribing-based services.

2

ICB approval

ICB identifies and approves the pharmacy as an NHS PCPS.

3

Cost centre

ICB requests an NHSBSA Prescribing Cost Centre for the premises.

4

Prescriber linkage

NHS PCPs are registered against the Cost Centre and receive unique Prescriber Codes.

5

Operational readiness

SOP, workforce assurance, digital access, equipment and service controls are in place.

Go-live depends on the whole chain being complete. Submitting a declaration is not ICB approval to prescribe, and a GPhC prescribing annotation alone does not confer authority under this specification.

More detail: Webinar 4 (cost centres and digital access), Webinar 5 (go-live readiness)

Onboarding: who does what

Contractor

Decides to implement NHS community pharmacy prescribing. Completes the online declaration through NHSBSA. Provides details of pharmacists who will prescribe.

ICB

Reviews the contractor declaration and approves the contractor. Identifies the pharmacy for prescribing. Asks NHSBSA to create the cost centre and prescriber codes.

NHSBSA

Creates the prescribing cost centre. Adds prescribing pharmacists using GPhC registration details. Informs the ICB when set-up is complete.

Pharmacy

Procures the EPS prescribing system and ensures pharmacists have required smartcard permissions. Completes all service, governance and infrastructure requirements before notifying the intended start date.



Successful onboarding is a joint process. No single declaration, approval or system action is sufficient on its own.

More detail: Webinar 4 (digital infrastructure and access), Webinar 5 (go-live implementation)

Onboarding: end-to-end workflow

Prescribing can start only after the full sequence is complete.

1. Decision

Contractor decides to implement NHS community pharmacy prescribing.

2. Declaration

Contractor submits a separate NHSBSA declaration per pharmacy premises/PCC, with relevant prescriber details.

3. Approval

ICB reviews and approves the declaration.

4. Set-up request

ICB asks NHSBSA to establish the cost centre and prescriber codes.

5. NHSBSA set-up

NHSBSA creates the cost centre and links approved prescribing pharmacists.

6. Digital access

Contractor procures EPS. Registration Authority updates smartcard permissions.

7. Readiness

Contractor confirms all specification, guidance, governance and infrastructure requirements are met.

8. Start notification

Contractor notifies the ICB of the intended start date before delivery begins.



Use detailed onboarding guidance alongside the prescribing specification when available.

More detail: Webinar 4 (cost centres, EPS and smartcards), Webinar 5 (readiness and start notification)

Core operational requirements at the pharmacy



SOP and escalation

Cover clinical and non-clinical escalation, record keeping, equipment maintenance, business continuity, staff training and same-premises dispensing.

Digital prescribing

Use an NHS England-approved EPS prescribing solution. The contractor procures and resources the system.

Equipment

Use appropriate calibrated equipment in line with manufacturer instructions when undertaking examinations.

Consultation

Provide confidential verbal consultations at or from approved premises, with contemporaneous access to the clinical record.

Identity and access

Ensure the NHS PCP has a care identity, appropriate CIS2/AAL3 authentication and required RBAC access.

Continuity

Document arrangements if EPS or consultation systems are unavailable, including safe escalation and recovery of records.

More detail: Webinar 3 (assessment), Webinar 4 (digital systems), Webinar 5 (SOPs and equipment)

Workforce, competence and availability



Competence

Prescribe within scope, use equipment competently and follow guidance. Plan further development.

Assurance and supervision

Retain evidence of competence and currency. Provide a named supervisor or mentor and regular appraisal.

Availability

National services: **at least 24 hours/week and 45 weeks/year.** No service without an authorised NHS PCP. Notify material delivery changes.

More detail: Webinar 3 (competence and scope development), Webinar 5 (service availability)

Activity 1: Go-live readiness

5 minutes: 1 min read, 3 min discuss, 1 min return and share

Groups of 8–10. Choose a reporter. Fictional scenario only.



Monday go-live is planned

Declaration submitted. GPhC prescribing annotation confirmed.

ICB approval and cost-centre linkage pending. Digital access and absence cover untested.

Decide

Can the pharmacy start? Give a reason.

Prioritise

Choose two urgent gaps. Name the owner and evidence needed.

Report

Post: decision / priority gap / owner / evidence.

Learning outcome: distinguish an individual qualification from complete site and service readiness.

More detail: Webinar 4 (digital set-up), Webinar 5 (Operational Toolkit and Readiness Checklist)

Scenario 1: “We’ve declared, so can we start Monday?”

Case study 1 of 5 · Onboarding and pharmacy readiness · Slido poll: 2 minutes

The scenario

Sam submitted **one** NHSBSA declaration listing all three Brookside branches and both prescribers.

Two weeks later the ICB has acknowledged receipt but has not confirmed approval.

Priya, an annotated IP since 2023, asks to start prescriber-only Pharmacy First consultations at Market Square on Monday.

The EPS prescribing system is installed, but her smartcard permissions have not yet been updated.



SLIDO POLL

What is the correct position for Monday?

A Go ahead. The declaration is in and Priya is an annotated prescriber.

B Go ahead at Market Square only, as it was listed first on the declaration.

C Not yet. Separate per-premises declarations, ICB approval, a cost centre with Priya linked, smartcard access and a start-date notice are all needed.

D Go ahead using the PGD consultation platform until the approvals arrive.

Open Slido and choose A, B, C or D.

Discuss in chat: which step in the onboarding chain is your pharmacy most likely to underestimate?

More detail: Webinar 4 (cost centres, EPS and smartcards), Webinar 5 (go-live conditions)

Scenario 1: debrief

Answer: C

A declaration is not approval to prescribe, and a GPhC annotation alone confers no authority under the specification. Each premises / PCC needs its own declaration and the full chain completed.



Why A, B and D fail

- Declaration ≠ ICB approval
- Annotation ≠ NHS PCP status
- One declaration cannot cover three premises
- The PGD platform cannot be used for prescribing activity, claims or post-event messages



What must happen first

- Separate declaration per premises / PCC
- ICB approves the site as an NHS PCPS
- NHSBSA creates the cost centre; Priya linked with a prescriber code
- EPS working; CIS2/AAL3 smartcard and RBAC updated
- SOP, risk assessment and readiness confirmed; ICB told the start date



Evidence Sam should hold

- ICB approval for each premises
- NHSBSA cost centre and prescriber code confirmation
- Signed readiness checklist
- Copy of the start-date notification
- Workforce assurance file for each NHS PCP

Ask “is the whole chain complete for this premises and this prescriber?”, not “have we applied?”

More detail: Webinar 4 (digital set-up), Webinar 5 (readiness evidence and go-live conditions)

What prescribing activity is permitted

Pharmacy First

Existing clinical pathways

Contraception

Pharmacy Contraception Service



Additional pathways

Prescriber-only Pharmacy First pathways

Prescription management

Controlled intervention under the applicable guidance

Use applicable service specifications and prescribing guidance for eligibility, exclusions and medicines.

Dispensing remains an Essential Service.

More detail in Webinar 3: Pharmacy First pathways, contraception and prescription management

PGDs and prescribing: which route applies?

The route depends on prescribing approval and whether an authorised NHS PCP is available.

Service / pathways	PGD route*	Prescribing route**
Existing Pharmacy First: 7 pathways Uncomplicated UTI, acute otitis media, acute sinusitis, acute sore throat, impetigo, infected insect bites, shingles	PGDs / clinical protocols Within their criteria	**Prescribing only**
Additional Pharmacy First: 5 pathways Acne, otitis externa, episodic migraine, mild skin and soft tissue infections and scabies, seasonal allergic rhinitis in children	**No PGD route**	**Prescribing only**
Pharmacy Contraception Service	PGDs for covered products	**Prescribing only**

* No prescribing approval, or no authorised NHS PCP available. Existing PGD criteria still apply.

** ICB-approved NHS prescribing pharmacy with an authorised NHS PCP available.

When prescribing is available, all eligible pathways and contraception use prescribing only

More detail in Webinar 3: PGD and prescribing pathways, eligibility and clinical exclusions

The patient consultation and prescription journey



1. Consent

Obtain and record verbal consent.

2. Clinical record

Consult the GP or alternative record with consent, unless good reason not to.

3. Assessment

Best interests, risk management, safety-netting and referral.

4. Prescription

EPS. Ordinarily one-off and non-nominated where appropriate.

5. Patient choice

Choice of dispensing pharmacy. No influence on EPS nomination.

6. GP notification

Service outcome and prescription details on the day or next working day.

More detail: Webinar 3 (consent and assessment), Webinar 4 (EPS and GP notifications)

Prescription management: a controlled safety intervention

Routine routes first

Use only when the NHS prescription cannot be supplied as written and routine dispensing cannot resolve the issue.

Clinical appropriateness

Best interests and clinical benefit. Work within competence, guidance and local pathways.

Consent and communication

Inform the patient and obtain consent. Use agreed arrangements with the originating prescriber.

Auditable record

Document the intervention and rationale contemporaneously.



No payment claim or service fee.

More detail in Webinar 3: prescription management scenarios, exclusions and prescriber communication

Records and information flow



Clinical record

Secure contemporaneous record. Add it when systems return. Notify the commissioner if the issue lasts beyond 3 working days.

GP notification

NHS.net Connect on the day or next working day. Make required GP action explicit.

Payment and assurance

Complete and accurate consultation data through NHSBSA MYS for payment, monitoring and verification.

Do not use the PGD consultation platform for prescribing post-event messages.

More detail: Webinar 4 (records, GP messages and MYS), Webinar 5 (audit and claims verification)

Governance: the contractor's control framework

Risk assessment

Clinical and prescribing risk

Digital and operational failure

High-risk or vulnerable patients

Same-person prescribing and dispensing

Conflicts of interest and patient choice

Continuity if the regular NHS PCP is absent



Control framework

Complete pre go-live and ongoing assurance checks

Maintain supervision and prescribing appraisal

Hold appropriate indemnity arrangements

Report prescribing-related patient safety incidents

Keep a service-specific risk assessment and mitigations

Ensure staff know and follow the SOP

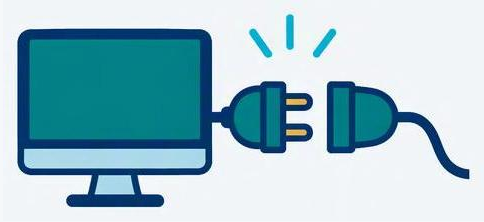
More detail: Webinar 3 (clinical risk), Webinar 5 (SOPs, incident reporting and operational controls)

Activity 2: A safe consultation

5 minutes: 1 min read, 3 min discuss, 1 min return and share

Groups of 8–10. Choose a reporter. Fictional scenario only.

The record system fails



Authorised NHS PCP at an approved site. GP record not yet checked. Consent not yet recorded.

The patient asks about next steps and GP communication.

Discuss

What must the prescriber establish before deciding?

Agree

Choose a safety action, record plan and GP notification plan.

Report

Post the immediate action and both plans.

Learning outcome: apply consent and record safeguards, with a clear continuity and communication plan.

More detail: Webinar 3 (consent and clinical assessment), Webinar 4 (records and GP messages)

Payments, monitoring and evidence



Claims

Complete MYS data and normal month-end submission. No PGD-platform prescribing claims. No prescription-management fee.

Monitoring

Prescribing patterns, AMR and patient safety. ICBs may suspend activity while obtaining assurance.

Evidence

Retain delivery, availability, intervention, referral and GP notification evidence. Reimbursement records: 3 years.

More detail: Webinar 4 (MYS claims), Webinar 5 (monitoring, audit and post-payment verification)

A practical readiness checklist

Approvals
ICB approval and NHSBSA cost centre

Prescriber linkage
NHS onboarding and Prescriber Code

Professional status
GPhC annotation, fitness to practise and competence

Clinical support
Named supervisor/mentor and appraisal

Local controls
Approved SOP, staff briefing and risk assessment

Digital access
EPS, CIS2/AAL3 and RBAC working

Environment
Consultation space, equipment and records

Information flow
GP notification, MYS and retention tested

Availability
Commitment and contingencies in place

Escalation
Incidents, indemnity and commissioner routes live



More detail: Webinar 4 (digital set-up), Webinar 5 (Operational Toolkit and Readiness Checklist)

Professional Assurance Framework: shared roles

Commissioner / ICB

Sets local commissioning expectations. Seeks proportionate organisational assurance and confirms appropriate governance. Responds to concerns without duplicating employer operational checks.

GPhC

Regulates pharmacists, pharmacy technicians and registered pharmacy premises. Covers registration, independent prescriber annotation, professional standards, revalidation and fitness to practise.



Contractor / employer

Completes and records checks before employment and authorisation. Assures competence and scope for the service. Provides governance, SOPs, supervision, appraisal and escalation. Retains evidence.

Individual prescriber

Maintains registration, competence, scope of practice, indemnity and professional portfolio. Practises within competence, engages with supervision and appraisal, and raises or acts on concerns.

More detail in Webinar 3: evidence of competence, scope of practice and development plans

Workforce checks before a prescriber starts

The contractor or employer completes, verifies and records the checks before authorising NHS prescribing.

GPhC status

Confirm current pharmacist registration and independent prescriber annotation directly against the register.

Enhanced DBS

Confirm enhanced DBS evidence meets the required currency expectation, including being within three years.

Structured references

Obtain structured references directly from appropriate referees, covering current or recent clinical practice.

HPAN check

Complete the NHS Resolution Performer and Healthcare Professional Alert Notice check through an authorised route and document the outcome.

Indemnity

Confirm appropriate professional indemnity for the prescribing role, scope of practice and commissioned activity.

Record retention

Retain the specified check evidence and authorisation decision securely for at least five years.

Completed checks must support a recorded authorisation decision. Collecting documents alone is insufficient.

ALLIED HEALTH TRAINING

How to complete an NHS Resolution HPAN check

1. Individual access

The checker registers for an individual NHS Resolution Performer and Healthcare Professional Check account. NHS Resolution eligibility criteria apply. Shared or generic accounts must not be used.

2. Search

Once access is approved, log in and start a new HPAN/PLR search for the healthcare professional, using the information requested by the service.

3. Potential match

NHS Resolution refers potential matches to its Advice and/or Appeals services for further analysis. Follow the next steps provided. A potential match does not confirm an adverse finding.

4. Audit trail

In the prescriber assurance record, keep the search outcome, date, checker identity, NHS Resolution correspondence and authorisation decision.



Scenario 2: the locum who can start tomorrow

Case study 3 of 5 · Workforce checks before a prescriber starts · Slido poll: 2 minutes

The scenario

High Street's planned prescriber leaves. Tom, a locum pharmacist IP, can start tomorrow. His file holds:

- GPhC register printout from his CV, dated 8 months ago
- Enhanced DBS issued 4 years ago
- One reference: a WhatsApp message from a former colleague
- 'Personal indemnity', but no certificate seen
- No HPAN check: the branch lacks an NHS Resolution account

Mark says: 'Start tomorrow. We'll tidy up the paperwork next week.'



SLIDO POLL

What has to happen before Tom prescribes?

A Nothing more. He is GPhC-registered with an IP annotation.

B Only a new DBS, as the current one is out of date

C The DBS and the HPAN check only

D All the checks completed and recorded, an authorisation decision made, and Tom onboarded and linked to High Street's cost centre

Open Slido and choose A, B, C or D.

Discuss: who in your organisation signs off a prescriber's authorisation, and where is that decision recorded?

More detail in Webinar 4: linking prescribers to premises, cost centres and prescriber codes

Scenario 2: debrief

Rota pressure is when checks are most likely to slip, and most likely to be scrutinised later

Answer: D Complete, verify and record every check before authorisation. Tom also needs onboarding as an NHS PCP and linking to the premises' cost centre.



GPhC status

- Check the live GPhC register directly
- Confirm IP annotation and any conditions



Enhanced DBS

- A 4-year-old DBS falls outside the 3-year expectation
- Obtain current evidence before authorising



Structured references

- Get structured references directly from appropriate referees
- Cover current or recent clinical practice. A WhatsApp message is insufficient



HPAN check

- Use an individual NHS Resolution account or another authorised route
- Never share or borrow a login



Indemnity

- Verify indemnity evidence covers the prescribing role, scope and commissioned activity



Authorise and retain

- Record a dated authorisation decision
- Keep evidence securely for at least 5 years
- Link Tom to the cost centre before prescribing

Completed checks support a recorded authorisation decision before the prescriber starts.

More detail in Webinar 4: linking prescribers to premises, cost centres and prescriber codes

Clinical supervision, protected time and appraisal

Ongoing support is a required part of the assurance model after go-live.



Named support

Each prescribing pharmacist has access to a named, suitably experienced clinical supervisor or prescribing mentor, with a clear route for clinical and prescribing advice, reflection and escalation.

Protected time

The contractor or employer provides protected time for supervision, reflection, portfolio maintenance, learning from prescribing activity and action arising from review.

Annual appraisal

Review prescribing competence and practice at least annually, including scope, development needs, prescribing evidence, incidents or concerns and agreed actions.

More detail in Webinar 3: scope evidence, development plans and supervision before expanding scope

Activity 3: Prescriber assurance

5 minutes: 1 min read, 3 min discuss, 1 min return and share

Groups of 8–10. Choose a reporter. Fictional scenario only.



A new prescriber starts next week

Registration and annotation verified. Indemnity on file.

References outstanding. No supervisor, protected time or appraisal plan.

Decide

Is the assurance file sufficient? Explain the gap.

Agree

One check before authorisation and one ongoing support arrangement. Name owners.

Report

Post: missing check / owner / support / evidence.

More detail in Webinar 3: competence, scope development and supervision before expanding practice

Scenario 3: supervision on paper

Case study 4 of 5 · Professional Assurance Framework roles, supervision and appraisal · Slido poll: 2 minutes

The scenario

Priya's named supervisor is Mark, the area manager. He is a pharmacist but **not a prescriber**.

Supervision happens “when we get a chance”. The last session was 5 months ago, at the counter over lunch. Nothing was recorded.

Priya's last prescribing appraisal was **14 months ago**. She wants to widen her scope but has no development plan.

ICB monitoring flags Market Square for higher antimicrobial prescribing than its peers and asks for assurance.



SLIDO POLL

Who is responsible for putting this right?

A Priya alone. She is the prescriber and is accountable for her own practice.

B The ICB. It raised the concern, so it should manage it.

C The GPhC. It regulates the prescriber.

D Shared: Brookside provides supervision, protected time and appraisal. Priya practises within competence and engages. The ICB seeks proportionate assurance.

Open Slido and choose A, B, C or D.

Discuss: what would good supervision look like in your pharmacy? Who, how often, and where is it recorded?

More detail: Webinar 3 (scope development and antimicrobial stewardship), Webinar 5 (monitoring)

Scenario 3: debrief

Answer: D

The Professional Assurance Framework sets out shared, complementary accountability. Each party has a distinct job, and none replaces another's.



Brookside (contractor)

- Name a suitably experienced supervisor or prescribing mentor
- Schedule protected time and record the sessions
- Complete the overdue annual prescribing appraisal now
- Agree a development plan before scope widens



Priya (prescriber)

- Reflect on her antimicrobial prescribing data
- Prescribe within scope and competence
- Keep her portfolio current
- Engage with supervision and raise concerns



ICB and GPhC

- ICB: seeks proportionate assurance and may suspend prescribing-enabled activity while it does
- GPhC: involved only if there is a fitness-to-practise concern. It is not the first route.

Before the ICB asks: could you show supervision dates, appraisal outcomes and the actions taken?

More detail: Webinar 3 (scope evidence and clinical risk), Webinar 5 (monitoring and suspension)

Conflicts of interest: prescribing, dispensing and patient choice

Integrated prescribing and dispensing requires clear safeguards to preserve clinical objectivity and patient choice.

Integrated service

The same pharmacy may prescribe and dispense the resulting prescription. The contractor's risk assessment and SOP must address this integrated model's risks.

Clinical objectivity

Prescribing must reflect patients' clinical needs and best interests. Commercial or operational factors must not influence whether, what or how much is prescribed.



EPS nomination

Avoid inappropriate influence to nominate the prescribing pharmacy. Where appropriate, a one-off, non-nominated EPS prescription supports patient choice.

Patient choice

Patients can choose another pharmacy for dispensing. Staff should explain this choice clearly and avoid presenting dispensing at the same premises as compulsory.

If a conflict cannot be adequately managed, use the agreed escalation route and document the decision and action taken.

More detail: Webinar 4 (non-nominated EPS), Webinar 5 (SOP safeguards for prescribing and dispensing)

ALLIED HEALTH TRAINING

Assurance-ready: key takeaways and next steps

What to check in your own pharmacy over the next 30 days



Six things to remember

- **Declaration is not approval.** Track the full chain per premises and per prescriber.
- **Prescribing sits inside directed services.** Dispensing stays an Essential Service.
- **Checks before authorisation:** GPhC, DBS within 3 years, structured references, HPAN, indemnity, a recorded decision, evidence kept for 5 years.
- **24 hours × 45 weeks**, and never offer prescribing without an NHS PCP on site.
- **Supervision, protected time and annual appraisal** are part of assurance.
- **Protect patient choice:** one-off non-nominated EPS, no steering.



Your 30-day action plan



Run the readiness checklist for each premises



Audit every prescriber file against the six checks



Test the availability model against 24 h × 45 weeks



Book supervision sessions and annual appraisals



Brief staff on patient choice and EPS nomination



Update the SOP and the service risk assessment

Questions? Post them in chat now, or note your biggest readiness gap to take back to your team.

Further detail: Webinar 3 (clinical practice), Webinar 4 (digital systems), Webinar 5 (go-live)