

Community Pharmacy England's DRAFT response to the Department of Health and Social Care's consultation on enabling pharmacist flexibilities when dispensing medicines

October 2025

About Community Pharmacy England

We are the voice of community pharmacy in England, representing all of the c.10,400 community pharmacies across the country.

We champion community pharmacies across the country – representing our members and giving them the support they need, negotiating the best deal with the Government and NHS, and influencing positive change.

We represent community pharmacy businesses of all sizes in England and are responsible for negotiating the NHS Community Pharmacy Contractual Framework (CPCF) under which all community pharmacies operate.

We work closely with everyone in the community pharmacy sector, including the [Local Pharmaceutical Committees \(LPCs\)](#), to meet our goals and to promote the value of community pharmacy.

Because everyone in society needs community pharmacy to thrive.

Questions on the proposals

It is proposed to enable pharmacist flexibilities, allowing pharmacists to use their professional judgement to supply an alternative strength or formulation (which may mean a different quantity) of the same medicine originally prescribed, without getting another prescription from the prescriber, but only under restricted circumstances.

To what extent do you agree or disagree with this proposal?

Strongly agree.

To what extent do you agree or disagree that increasing pharmacist flexibilities would offer better patient-centred care?

Strongly agree.

It is proposed to increase pharmacist flexibilities, but only under restricted circumstances where the pharmacist considers that:

- there is an 'urgent need'
- it would be impracticable to obtain the product to meet the patient's needs without undue delay
- any alternative will enable the patient to have the same medicine at the same dose, dosage regimen and treatment cycle as prescribed

This flexibility would not apply if there was a known serious shortage of a medicine prescribed or the alternative to be supplied, subject to an easement relating to the messaging systems which are used where there are shortages which would allow those messaging systems to recommend continued use of the flexibilities during a shortage. This is to mitigate risks to patient safety, conflict of interest and the medicine supply chain.

To what extent do you agree or disagree with the proposal that increased pharmacist flexibilities should have these restrictions in place?

Neither agree nor disagree.

DHSC has outlined some of the considerations around patient safety, medicine supply chain and conflict of interest as part of these proposals.

If there are any other factors you think should be considered, please include them here.

(Optional, maximum 250 words)

We recognise the need for some restrictions and safeguards being in place for pharmacist flexibilities to be implemented in primary care. However, we believe that there is opportunity to be less restrictive than currently described in order to improve patient care and timely access to medicines. Specifically in the case of urgent need, we believe that patients should, with appropriate consent, be able to access a generic medication in a case when a “branded generic” has been prescribed and is not readily available.

The prescribing of “branded generics” is known to contribute to regional medication shortages and such a provision would further reduce the burden on prescribers to make prescribing changes and improve access to medications for patients and the public when these medicines are in short supply and unavailable at wholesales.

In most European countries, pharmacists are permitted to switch medications to generic alternatives with patient consent. This is common practice in the secondary care setting across the UK and is currently common practice in pharmacies in Scotland. This view, to allow for changes to generic medication, is further supported by the Health and Social Care Committee’s inquiry into Pharmacy.

We recognise the need to limit the use of flexibilities in some situations to support effective management of the medicines supply chain. However, we disagree with the proposed implementation approach. The ability to use flexibilities should be the norm unless specifically **prohibited** when described in a serious shortage announcement, as opposed to it being described as an easement to be allowed.

By contrast, the currently described approach suggests that in some cases there will be easements and in others there may not be, which will be difficult to follow in practice. An approach that clearly states that flexibilities cannot be used for a specific medication for a specific time period will be far easier to implement and support in practice.

It is proposed that pharmacist flexibilities would not apply for controlled drugs in schedules 2 to 4.

To what extent do you agree or disagree with this proposal?

Disagree.

What impact, if any, would introducing pharmacist flexibilities have on patient health?

(Optional, maximum 250 words)

While we recognise the need for additional restrictions to be in place for controlled drugs, we believe that this should only be limited to Schedule 2 and 3 CDs that require the total quantity to be described in words and figures. Flexibility for Schedule 4 CDs should be allowed and could, for example, be used to support recent shortages seen with Testosterone gels.

As referenced in the consultation, there have already been several deaths associated with shortages of medication that could have been prevented with the introduction of further flexibilities for community pharmacists. The introduction of flexibilities could have significant health benefits and prevent future deaths.

Pharmacy owners frequently report the delay in patients receiving treatment due to requiring access to a prescriber for a new prescription. The economic impact of providing time-critical medicines is overwhelmingly positive, driven by the avoidance of severe adverse events and more expensive care. When medication is delayed or incorrect, it can lead to complications such as longer hospital stays, disease progression, and even death, creating significant financial burdens for patients and healthcare systems. For example, delay in timely access to medications in Parkinson's disease have contributed to patient death. (e.g.

<https://www.hssib.org.uk/patient-safety-investigations/medication-related-harm/investigation-report/>)

Data gathering: Questions for professionals and organisations

To what extent do you agree or disagree with the assessment that the impact of the proposal around pharmacist flexibilities on NHS medicine costs will either be cost-neutral or marginal?

Agree.

If you have any case studies, descriptions, analysis and quantification that could be helpful for discussion and/or inclusion in any overall assessment, please include them here.

(Optional, maximum 500 words)

In Community Pharmacy England's 2025 Pharmacy Pressures Survey, 95% of pharmacy teams reported that ongoing shortages are inconveniencing patients, while 73% said these issues are putting patient health at risk. One in four pharmacy teams now spends over two hours each day sourcing alternative medicines for patients where shortages occur – time which could otherwise be spent delivering clinical care – and this is adding to workload pressures and staff stress. The most common resolution to these shortages is to request a new prescription from the prescriber for a medicine that is available. Under these proposals it follows that the medication supplied will be the same as current practice, but will negate the need to use prescribers' time. There will be a significant cost saving to the NHS from the reduction in prescribers' time spent handling medication shortages.

This practice has been commonplace in Scotland for several decades and continues to be common practice. There is no evidence to suggest that this approach in Scotland has led to significant increase in prescribing costs.

Where a pharmacist has utilised flexibility to supply an alternative medicine, to what extent do you agree or disagree that the pharmacy should notify the prescriber?

Disagree.

Do you expect pharmacists would need specific training if pharmacist flexibilities were enabled?

No.

Please provide details about the training that would be required. (Optional, maximum 250 words)

Flexibility is already common practice in Scotland and in secondary care environments without the need for additional specific training. As such, the requisite clinical skills and decision making is covered in the core pharmacist initial education and training.

Further guidance and clarifying materials for pharmacy professionals should be created by the Royal Pharmaceutical Society to support the implementation of these changes into professional practice.

It is proposed that if pharmacist flexibilities were enabled, they would not be supervised by pharmacy technicians.

To what extent do you agree or disagree with this?

Agree.

Statutory duties

Do you agree or disagree with DHSC and the Department of Health in Northern Ireland, who do not consider that these policy proposals will create inequalities or adversely impact individuals with protected characteristics?

[The protected characteristics under the Equality Act 2010 are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.]

Agree.

The Department of Health in Northern Ireland does not consider that these policy proposals will impact people differently with regard to where they live geographically in Northern Ireland.

Do you agree or disagree with this assessment?

Agree.

Additional statement

Given the nature of the consultation process and the questions being asked there is limited opportunity to share the full breadth of the views on pharmacist flexibilities, as such Community Pharmacy England has also provided an additional statement as part of its submission.

Pharmacist Flexibilities

Community Pharmacy England, in alignment with other pharmacy organisations, supports the proposals for pharmacist flexibilities and for many years has advocated for this change to become common practice in England.

As such, Community Pharmacy England welcomes these proposals as a positive step forward to ensuring hard-working pharmacy teams are better able to support patients and the public in accessing the vital medicines that they need.

However, we urge the Department of Health and Social Care (DHSC) to do more.

Scope of the Flexibilities

While Community Pharmacy England recognises the need to provide restrictions and safeguards around the introduction of flexibilities, we would encourage the legislation to be made as broad as possible.

Any necessary restrictions can be set out in country-specific NHS terms of service and supporting professional guidance.

Pharmacists in Scotland already use flexibilities in their daily practice and have greater professional autonomy compared to other parts of the UK.

The implementation of this legislation should not restrict current practice in Scotland but instead allow greater use of such professional autonomy by all pharmacists in the UK to provide the best care for patients and the public.

Urgent Clinical Need

The proposals suggest that supply changes may be possible only in cases where there is an urgent clinical need.

We consider that pharmacists and their professional organisation, the Royal Pharmaceutical Society (RPS), working in partnership with the regulator, the General Pharmaceutical Council (GPhC), are best placed to guide the sector in the situations where pharmacist flexibilities could be used.

Easement to Urgent Clinical Need

Community Pharmacy England recognises that there may be a need to limit the use of flexibilities to support the medicines supply chain in times of serious shortage. However, we disagree with the proposed implementation approach described in the proposal.

We consider that the use of flexibilities should be the normal practice unless it is specifically prohibited.

We consider that the suggested approach in the proposal will unnecessarily restrict the use of pharmacist flexibility.

If flexibilities need to be prohibited in particular cases, a relevant message, for example, in a Serious Shortage Protocol (SSP), could provide the nature of the prohibition and the medications to which it applies, and, if different from the SSP, the duration of the restriction.

An approach that clearly states when flexibilities cannot be used for a specific medication, for a specific time period, will be safer and more robust.

Generic supply

In line with current practice in Scotland, the current proposal should be expanded to allow pharmacists to supply patients with a generic version of a branded product if there is an immediate need, and there are no clinical reasons against this.

In most European countries, pharmacists are permitted to switch medications to generic alternatives with patient consent, and as appropriate, although regulations vary. In these cases, the active ingredient would remain the same for the patient.

We consider that an extensive, protocol-driven solution allowing professional decision making by pharmacists, based on the practice already proven in Scotland and historically in operation in England, is both feasible and in the best interests of patients.

Therefore, we advocate for further expansion of the scope of the current proposal to include the supply of medications where the active ingredient remains the same.

Consent

The proposal is absent on the requirement for the patient to consent to a change in their medication.

We consider that the patient should be central to any change in the supply stated on the prescription and provide their consent to this change. However, as is the practice in Scotland currently, this consent can be given verbally and recorded by the pharmacy team.

Cost Transfer and Remuneration

While the introduction of flexibilities should reduce general practice workloads and their costs, an assessment of pharmacy team workloads associated with the use and auditing of any implemented flexibilities, and the efficiencies they may introduce across the healthcare system, is needed. This will ensure that the sector is sufficiently remunerated for its work for the NHS. There are additional costs, both explicit and implicit, for a pharmacy associated with a supply that is different from the original prescription. As such, community pharmacies should not be economically disadvantaged from making these changes for patients, and fair remuneration and reimbursement should be provided for the use of flexibilities and the associated supplies.

Digital Implementation

Implementing any flexible approach requires efficient digital systems for sharing information between patients and prescribers and to facilitate external audit capabilities. Digital systems for prescribing, dispensing and claiming prioritise prescriber authority, possibly necessitating significant changes to the Electronic Prescription Service. Government/NHS consideration of changes should involve early engagement as soon as possible with pharmacy IT suppliers and include consideration of how a claim message for a product can significantly differ from the original prescription (where a pharmacist flexibility is applied).

Additionally, the system must keep the NHS Business Services Authority (NHSBSA) informed for accurate payment processing and requires their early input into the design. The claiming system

must be easy to use and fit for purpose. Workarounds are not enough, and longer-term investment in the digital infrastructure in community pharmacy is required.

We consider this work is essential to the success of these proposals and should be undertaken as part of funded programme with IT system suppliers for pharmacist flexibilities

Overall Proposal

Community Pharmacy England supports the ability of pharmacists in community pharmacies to use their clinical and professional knowledge, skills, and experience in the context of 'pharmacist flexibilities' to continue to support patients to gain timely access to their medicines and encourage the DHSC to implement changes to improve dispensing efficiency without further delay.

Community Pharmacy England's report on pharmacist flexibilities is also submitted alongside.