Enabling pharmacist flexibilities when dispensing medicines

About you

In what capacity are you responding to this survey?

- An individual sharing my personal views and experiences
- An individual sharing my professional views
- On behalf of an organisation

~~**Questions for individuals**~~

~~What is your age? (Optional)~~

- ~~Under 16~~
- ~~16 to 24~~
- ~~25 to 34~~
- ~~35 to 44~~
- ~~45 to 54~~
- ~~55 to 64~~
- ~~65 to 74~~
- ~~75 or above~~
- ~~Prefer not to say~~

~~What is your sex? (Optional)~~

- ~~Male~~
- ~~Female~~
- ~~Prefer not to say~~

~~**Question for professionals and organisations**~~

~~Which of the following best describes your area of work? (Optional)~~

- ~~NHS or health service delivery~~
- ~~Other public sector~~
- ~~Charity or voluntary sector~~
- ~~Private sector~~

- ~~Other, please specify~~

~~Question for professionals~~

~~How would you best describe your profession?~~

- ~~Community pharmacist or pharmacy worker~~
- ~~Medical prescriber (such as a GP or dentist)~~
- ~~Non-medical prescriber (such as a pharmacist or nurse)~~
- ~~Other, please specify~~

Questions for organisations

What is the name of your organisation? (Optional)

Where does your organisation operate or provide services? (Optional, select all that apply)

- England
- Wales
- Scotland
- Northern Ireland
- The whole of the UK
- Outside the UK

Which of the following best describes the work of your organisation? (Optional)

- An organisation representing pharmacy professionals
- An organisation representing other healthcare professionals
- An organisation representing patients, the public and carers
- A provider of goods or services to the NHS
- Other, please specify

Confidentiality

As part of our assessment of consultation responses, we may name responses from significant stakeholders such as trade bodies. If you do not want to be named, you'll be given the chance to opt out in the online survey.

Questions on the proposals

We propose 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
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

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

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

We propose 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 our proposal that increased pharmacist flexibilities should have these restrictions in place?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

We have 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 we should consider, please include them here. (Optional, maximum 250 words)

The Society supports the principle of increased pharmacist flexibilities where clear guardrails are in place. In addition to the considerations already outlined, the following factors are important:

- **Communication pathways:** There must be a consistent, efficient mechanism for notifying prescribers and updating the patient record to support continuity of care and avoid duplication or confusion.
- **Clinical governance systems:** Local governance frameworks should set expectations for documentation, audit, and accountability, ensuring flexibility is applied consistently and safely.
- **Patient communication:** Clear guidance is needed to support pharmacists in explaining changes to patients, particularly around formulation differences and administration technique.

With these elements in place, the Society believes the proposals can enhance patient access, reduce delays, and support a more resilient medicines supply system.

Do not provide personal data in your response. Any personal data included will be removed prior to analysis and will therefore not be considered in the consultation outcome.

We propose 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?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

What impact, if any, would introducing pharmacist flexibilities have on patient health? (Optional, maximum 250 words)

The Society expects the health impact to be positive. Allowing pharmacists to use clinical judgement to supply an equivalent strength or formulation can prevent missed doses, treatment disruption, deterioration of chronic conditions, and unnecessary urgent care attendance. This is particularly important for vulnerable groups who may struggle to return to the pharmacy or obtain a modified prescription.

Pharmacists already operate within strict professional standards, and these proposals support safe, accountable decision-making in circumstances where the prescribed product is unavailable. Risks can be mitigated through clear documentation, professional guidance, and communication with prescribers. No significant negative health impacts are anticipated when the restrictions are applied as proposed.

We would value advice on both the likelihood and size of any health impacts. Do not provide personal data in your response. Any personal data included will be removed prior to analysis and will therefore not be considered in the consultation outcome.

Data gathering

These questions are about primary care.

~~**Questions for individuals sharing personal views**~~

~~For the following questions, consider your experience as a patient over the past 12 months.~~

~~Approximately how many prescription items have you received in the past 12 months?~~

- ~~None~~
- ~~Fewer than 5~~
- ~~Between 5 and 9~~
- ~~Between 10 and 19~~
- ~~Between 20 and 30~~

- More than 30
- Don't know

If you answered that you have received prescription items, how often have you had difficulty in obtaining prescription items in the past 12 months, due to lack of availability at the pharmacy?

- None
- Fewer than 5 times
- Between 5 and 10 times
- More than 10 times
- Don't know

If you answered that you have had difficulties, when these difficulties occurred, typically how long did it take for you to get your prescribed medicine?

- Less than 1 hour
- Several hours
- 1 to 2 days
- 3 to 7 days
- More than 1 week
- I was unable to get my prescribed medicine
- Don't know

Questions for pharmacy workers

For the following questions, consider your experience as a community pharmacist or pharmacy worker over the past 12 months.

In a typical working week, how many prescriptions were you unable to fulfil in a timely manner due to medicine stock issues in the pharmacy?

By 'timely manner', we mean where the patient was able to collect the medicine on the same day or in the following days, meaning they did not miss a dose or have a delay to starting their medicine.

- None
- 1 to 5
- 6 to 10

- 11 to 15
- 16 to 20
- More than 20
- Don’t know

If you did not select ‘none’, in a typical working week, how many prescription items that you were unable to fulfil would have met the criteria for pharmacist flexibilities?

That is, the prescription medicine was not immediately available and there was either an urgent ‘clinical need’ and/or it was impracticable for the patient to return.

- None
- 1 to 5
- 6 to 10
- 11 to 15
- 16 to 20
- More than 20
- Don’t know

When a prescribed medicine was not immediately available, on average how long did it take you to either order the medicine or advise the patient on other routes as per guidance?

This includes time spent talking through options, speaking to the prescriber or signposting (referring a patient to another service or healthcare professional).

- Less than 1 minute
- Between 1 and 5 minutes
- Between 5 and 15 minutes
- Between 15 minutes and 1 hour
- Over 1 hour
- Not applicable

If the proposed flexibilities were in place, how often do you think you would use them under the specified restrictions?

That is, the prescription medicine is not immediately available and there is either an urgent ‘clinical need’ and/or it would be impracticable for the patient to return, and the

alternative will enable the patient to have the same medicine at the same dose, dosage regimen and treatment cycle as prescribed.

- All of the time
- Most of the time
- About half the time
- Some of the time
- None of the time
- Don't know

If the proposed flexibilities were in place and you had an alternative available, how long do you think it would take you to discuss and supply the alternative medicine?

- Less than 1 minute
- Between 1 and 5 minutes
- Between 5 and 15 minutes
- Between 15 minutes and 1 hour
- Over 1 hour
- Don't know

Questions for prescribers

For the following questions, consider your experience as a prescriber over the past 12 months.

In an average working week, how many prescription items have you issued in a primary care setting?

- None
- 1 to 20
- 21 to 40
- 41 to 60
- 61 to 80
- More than 80
- Don't know

~~In an average working week, how many prescriptions have you had to re-write due to medicine stock issues in pharmacies?~~

- ~~None~~
- ~~1 to 10~~
- ~~11 to 20~~
- ~~21 to 30~~
- ~~31 to 40~~
- ~~More than 40~~
- ~~Don't know~~

~~When these issues occurred, typically how long did it take for you to re-write each prescription?~~

- ~~Less than 5 minutes~~
- ~~Between 5 and 15 minutes~~
- ~~Between 15 and 30 minutes~~
- ~~Between 30 minutes and 1 hour~~
- ~~More than 1 hour~~
- ~~Not applicable~~

Questions for professionals and organisations

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

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

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)

Do not provide personal data in your response. Any personal data included will be removed prior to analysis and will therefore not be considered in the consultation outcome.

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?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

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

- Yes
- No
- Don't know

If you answered 'yes', please provide details about the training that would be required. (Optional, maximum 250 words)

The Society recommends targeted training focused on:

- principles of the new legal framework and the limits of the flexibilities
- assessing urgent clinical need and practicability of delay
- selecting an appropriate alternative formulation or strength
- documentation and record-keeping requirements
- communication with patients and prescribers
- managing risk in supply-chain disruption
- clinical governance expectations, including audit

This training could be delivered through CPD modules, professional guidance, and locally supported governance processes. Pharmacists already possess the underpinning clinical knowledge; the training should focus on safe and consistent application of the legislation.

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We propose that if pharmacist flexibilities were enabled, they would not be supervised by pharmacy technicians.

To what extent do you agree or disagree with this?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

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
- Neither agree nor disagree
- Disagree
- Don't know

If you selected 'disagree', please provide further information. (Optional, maximum 250 words)

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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
- Neither agree nor disagree
- Disagree
- Don’t know

If you selected ‘disagree’, please provide further information. (Optional, maximum 250 words)

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Privacy notice

We manage the information you provide in response to this consultation in accordance with DHSC’s personal information charter and privacy notice, which explains your rights under the Data Protection Act 2018 (DPA) and the United Kingdom General Data Protection Regulation.

The information we receive may be published or disclosed in accordance with the access to information regimes (primarily the Freedom of Information Act 2000 (FOIA), the DPA and the Environmental Information Regulations 2004). Under FOIA, personal data is not disclosed. The only data that would be disclosed of the people that have filled out this questionnaire is fully anonymised and/or aggregated data.

DHSC will process your personal data in accordance with the DPA, and in most circumstances your personal data will not be disclosed to third parties.