Yes. A prescription written by a pharmacist can follow a proper clinical assessment. The important question is not simply *who* writes the prescription, but whether the person has the right training and authority, has assessed the patient appropriately, and has made a safe decision within their competence.

That distinction matters as community pharmacies take on a wider role in NHS care. They are no longer only places to collect medicines: they can offer advice, assess some common conditions, provide certain treatments and vaccinations, and direct people to other services when needed. For patients, this can mean getting help sooner. Exactly.. It also raises fair questions about what happens during an assessment and who is accountable for the decision.

What does a clinical assessment involve?

A clinical assessment is a structured process for understanding a person's health problem and deciding what should happen next. Depending on the situation, it may include asking about symptoms, when they began, their severity and how they have changed; checking relevant medical history and medicines; and looking for warning signs that need urgent or different care.

The outcome is not always a prescription. A safe assessment may lead to self-care advice, an over-the-counter treatment, a prescription, a recommendation to contact a GP, or an urgent referral. Sometimes the most important clinical decision is recognising that a condition is outside the practitioner's scope or cannot safely be assessed in that setting.

Good assessment also involves explaining the plan. Patients should be able to understand what treatment is being offered, what to expect, how to use any medicine, and what to do if symptoms worsen or fail to improve. They should have an opportunity to ask questions and share information that may affect the decision.

What is an independent prescriber pharmacist?

An **independent prescriber pharmacist** is a pharmacist who has completed additional education and training, and is registered with the General Pharmaceutical Council as an independent prescriber. Within their competence, they can assess patients and prescribe medicines for a range of conditions. The exact clinical scope will depend on the prescriber's skills, experience and practice setting.

Independent prescribing is different from simply supplying a medicine under a specific NHS service or protocol. In NHS Pharmacy First, for example, a pharmacist may provide treatment through a service pathway that allows supply under a patient group direction (PGD), where the criteria are met. A PGD is a formal framework for supplying or administering particular medicines to eligible groups of patients. It is not the same as an individual prescription written by a prescriber.

So, a patient may receive treatment following a pharmacy assessment without the pharmacist writing a prescription. Equally, a pharmacist who is an independent prescriber may make an individual prescribing decision when that is appropriate. The route used depends on the service, the patient's circumstances and the medicine involved.

How does NHS Pharmacy First support faster access?

NHS Pharmacy First is an England-wide NHS service that enables community pharmacies to assess and manage eligible patients with certain common conditions. It is designed to give people another route to timely care,

particularly when they might otherwise wait for an appointment or be unsure where to go.

Under the service, a pharmacist can assess eligible patients for conditions including:

- acute sinusitis;
- sore throat;
- earache in children;
- infected insect bites;
- impetigo;
- shingles; and
- uncomplicated urinary tract infection in eligible women.

There are specific age ranges, clinical criteria and exclusions for each pathway. The pharmacist will check whether the service is suitable rather than assume that every person with a particular symptom can be treated in the pharmacy. If the patient does not meet the criteria, or if the symptoms suggest a more serious problem, the pharmacist can advise on another route to care.

Pharmacy First does not mean that every consultation ends with medicine. The pharmacist may recommend self-care, provide advice, supply a treatment where the service allows it, or refer the patient to a GP, NHS 111 or urgent services. This is part of the assessment, not a failure of the service.

What can happen during a pharmacy consultation?

A consultation may take place in a private consultation room or another suitable setting. The pharmacist will ask questions relevant to the condition and may check details such as allergies, current medicines, pregnancy, long-term conditions and previous treatment. They may also ask about symptoms that indicate a need for further examination or urgent care.

Pharmacists do not have access to every piece of information held by every NHS service, and the consultation may be limited by what the patient can share and what can be observed in the pharmacy. If the information available is not enough to make a safe decision, the appropriate next step is to seek further assessment—not to prescribe regardless.

Patients can help by giving a clear account of their symptoms, mentioning relevant health conditions and medicines, and saying if anything has changed. It is reasonable to ask why a treatment is being recommended, what alternatives are available, and what signs should prompt a follow-up.

Prescribing accountability: who is responsible?

Prescribing accountability sits with the individual prescriber for the prescribing decision they make. A pharmacist who prescribes must act within their competence, follow professional standards, consider the evidence and the patient's circumstances, and keep an appropriate record. Being a pharmacist does not make a prescription automatically safe; nor does it make it less clinically valid than a prescription from another qualified prescriber.

Accountability is broader than choosing a medicine. It includes checking that prescribing is appropriate, considering interactions and allergies, explaining relevant risks, arranging follow-up where needed, and acting when a patient's needs fall outside the prescriber's scope. The pharmacist must also be able to justify the decision and respond appropriately if new information changes the assessment.

In a service such as Pharmacy First, responsibilities also sit within the NHS service specification and the relevant pathway. The pharmacist must establish whether the patient meets the criteria and follow the applicable requirements. If treatment is supplied under a PGD, the supply must comply with that direction. If an independent prescriber writes a prescription, the individual prescribing decision is theirs.

Other people and organisations may have responsibilities too. The pharmacy must provide an appropriate service environment and have suitable processes, while the wider NHS system is responsible for setting service arrangements. But these wider responsibilities do not remove the professional accountability of the clinician making an individual decision.



https://healthylifeessex.co.uk/2026/10/the-changing-role-of-community-pharmacies/

Community pharmacy is about more than dispensing

Dispensing remains a vital part of pharmacy care, but it is not the whole job. Community pharmacists and their teams can support people with medicine questions, advise on minor ailments, help patients use treatments safely, and signpost them to suitable services. Their accessibility can be valuable when someone needs prompt advice but does not necessarily need a GP appointment.

Pharmacies also provide vaccination and travel-health services, subject to the services offered locally and the practitioner's training. This can include **flu vaccinations** and **travel vaccinations**. A travel appointment may involve more than selecting a vaccine: a **travel health consultation with risk assessment** considers the destination, duration and style of travel, planned activities, the traveller's health and vaccination history, and any relevant medical or medicine-related factors.

Not every vaccine is suitable for every traveller, and some travel-health needs may require referral or additional planning. Patients should check which services a particular pharmacy offers and allow enough time before travelling, as some vaccination schedules need more than one dose or advance preparation.

When might a pharmacy refer you elsewhere?

A referral can be the safest and most appropriate result of a pharmacy consultation. The pharmacist may recommend another service if symptoms are severe, unusual, persistent or getting worse; if the patient does not

meet the criteria for a Pharmacy First pathway; or if examination, tests or follow-up are needed beyond what the pharmacy can provide.



Depending on the concern, the next step could be a GP practice, NHS 111, an urgent treatment centre or emergency care. If a patient has symptoms that may indicate an emergency, they should seek emergency help rather than wait for a routine pharmacy appointment.

People should also follow any safety-netting advice they receive. That means knowing what changes to look out for, when to seek further help and whom to contact. If the symptoms do not improve within the time discussed, or they become more serious, contact the recommended service.

Common mistake: assuming prices from incomplete online information

Ever notice how a common mistake when reading scraped or copied website content is to assume that a price must be available—or to guess one when it is not. No prices were stated in the scraped content. That does not establish what a particular pharmacy charges, whether an NHS service is available at that location, or whether a service is free or paid for in a given circumstance.

Prices and eligibility can vary by provider, service and location, and online information may be incomplete or out of date. Check directly with the pharmacy or the relevant NHS service before booking or travelling. Do not rely on an unstated price or treat a missing price as confirmation that a service is free.

How to decide whether the assessment was right for you

You do not need to judge the clinical decision alone. Instead, consider whether the pharmacist listened, asked relevant questions, explained the options and gave clear advice about what to do next. If you are uncertain about a medicine, its risks or the follow-up plan, ask for clarification before leaving where possible.

If you believe something has gone wrong, you can raise your concern with the pharmacy. For an urgent or worsening health problem, seek medical advice rather than waiting for a complaint process. Patients can also ask which professional they spoke to and whether the treatment was prescribed individually or supplied under a service pathway, if that distinction is relevant to their question.

The bottom line

When a pharmacist prescribes, it can be a proper clinical assessment—provided the pharmacist is qualified and authorised to prescribe, works within their competence, and makes a safe, accountable decision. The same principle applies when care is provided through NHS Pharmacy First: the pathway has criteria, and assessment may lead to treatment, advice or referral.

Community pharmacies offer convenient access to more than dispensing, including help with common conditions and, where available, vaccination and travel-health services. The key is not to assume that every symptom can be treated in a pharmacy or that every consultation must end with a prescription. A careful assessment includes knowing when not to prescribe and when another service is the right next step.