



# Your Path to Independent Prescribing

*Navigating the journey from clinical knowledge to prescribing practice in West Yorkshire.*

**Tuesday 30<sup>th</sup> June 2026**



# Meet your Expert Panel



**Nicola Goodberry  
Kenneally**  
Newly  
Qualified IP



**Aneta Paluch**  
NHS IP Pathfinder



**Dr Philip Xiu**  
Designated  
Prescribing  
Practitioner



**Elsa Levene**  
University  
Academic  
Viewpoint



**Solomon Abuede**  
Community  
Pharmacist IP



## Agenda

The Horizon: Why Independent Prescribing Matters Now

The Starting Line: West Yorkshire's Current Landscape

Milestone 1: Choosing Your University

Milestone 2: Securing Your DPP



The Preparation Blueprint: Ahead of the Course

The Destination: Opportunities as an Annotated IP



Question and Answer Session

# The Horizon: Why Independent Prescribing Matters Now



Community Pharmacy Contractual Framework has been announced for 2026/27.



Independent prescribing has been included in the contract which reflects the Government's manifesto commitment and signals a shift in the direction of travel for community pharmacy.



Despite the CPCF 10.3% uplift – many contractors have stated this is not sufficient to stabilise their funding. Many pharmacists are supplementing their NHS income by offering private services.

TBC

## The Immediate Horizon



-  Bacterial Conjunctivitis
-  Allergic Conjunctivitis
-  Oral Thrush
-  Respiratory Tract Infection (RTI)
-  Skin Infections

*IPs will be able to prescribe an alternative item if there is a supply chain issue.*

# The Horizon: Why Independent Prescribing Matters Now

PGD delivery of services moves to Prescribing for Pharmacy First and Pharmacy Contraception Service.

Set-up fee + £525 monthly infrastructure payment.  
Usual PF/PCS consultation fees.

Impact: These consultations will be eligible for meeting the threshold points for monthly consultations:

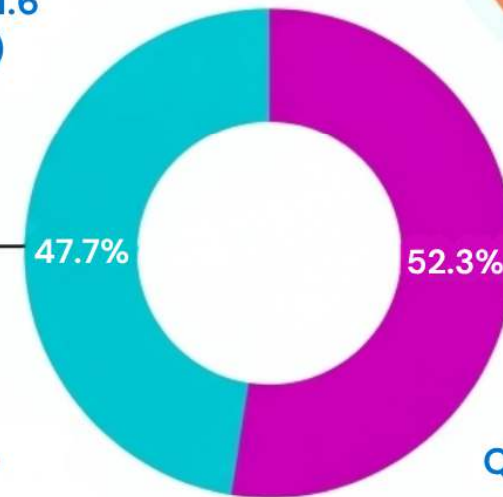
20-29 - £500  
30 plus - £1000

# The Starting Line: West Yorkshire's Current Landscape



**West Yorkshire leads: 162.8 IP FTE across a headcount of 212.9 (17.9% of total FTE / 15.8% of headcount).**

Actively  
Prescribing  
(77.6 FTE / 101.6  
headcount)



Qualified but  
dormant

**Over half of our qualified force is untapped. How do we activate the 52.3%?**

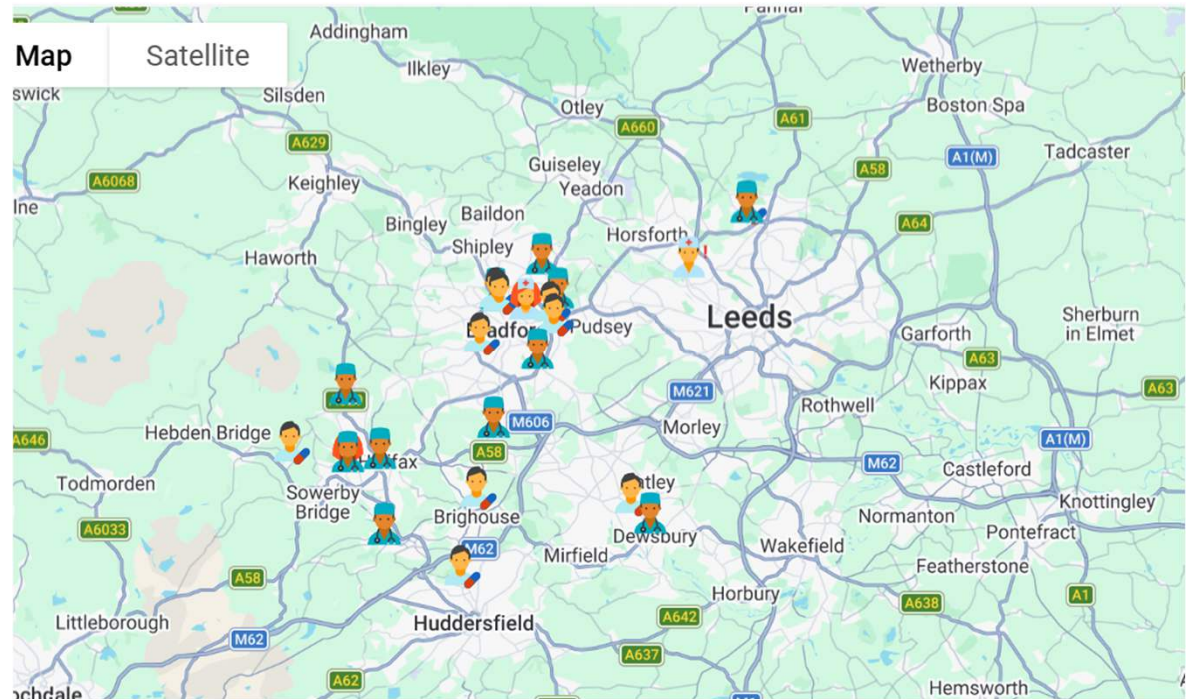


# Milestone 2 : Securing Your Designated Prescribing Practitioner (DPP)



**DPP SUPPORT**  
FIND YOUR IDEAL HEALTHCARE ALLIANCE

<https://dppsupport.co.uk/>



**Community  
Pharmacy**  
**West Yorkshire**

# Milestone 2 : Securing Your Designated Prescribing Practitioner (DPP)

## The Pitch & Local Networks



Pitch the mutual value. Demonstrate how your prescribing qualification actively benefits their practice, the PCN pharmacists, and the Clinical Director.

Target local GP practices, PCNs, and existing clinical networks.

## The Reality & The Ask



Acknowledge the heavy time and energy commitment required from the Designated Prescribing Practitioner.

**Funding Reality:** There is currently no national or local funding to support DPP provision. Expect fees to make this viable for their practice – this must be agreed between you, the DPP, and your employer.

# The Preparation Blueprint: Ahead of the Course

## Clinical Base

Refresh core clinical knowledge.

Deep dive into NICE guidance, CKS summaries, and BNF.

Focus areas: Drugs, contra-indications, side effects, interactions.

## Skills Base

Establish active practice grounds.

Use Pharmacy First and Contraception Services to hone real-world consultation and patient rapport-building skills.

## Resource Base

Access the CPPE Prescribing Page.

Familiarise yourself with mandatory course documents ahead of week one to ease the academic transition.

**Identify Your Scope of Practice Early**



# Prescribing

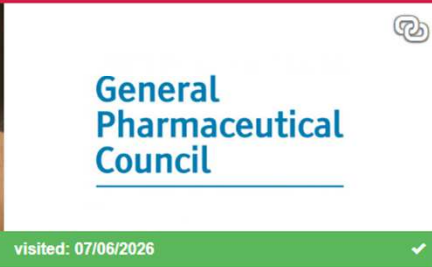
## Prescribing



visited: 07/06/2026 ✓



accessed: 07/06/2026 ✓




visited: 07/06/2026 ✓



external resource

Introduction: Prescribing 

I want to be a prescriber: Prescribing 

General Pharmaceutical Council Pharmacist Independent Prescriber 

A competency framework for all prescribers: Prescribing 


<https://www.cppe.ac.uk/>



Identifying development needs: Prescribing 

Assess the patient: Prescribing 

Identify evidence-based treatment options: Prescribing 

Present options and reach a shared decision: Prescribing 

# The Destination: Opportunities as an Annotated IP

## NHS Integration

We have had 12 sites live across WY, carrying out IP in various clinical areas such as minor illnesses and CVD. Although the funding for this is non recurrent and winding down, this has shown locally what is possible regarding prescribing in a community pharmacy setting.

## Private Prescribing

### Private Prescribing in Practice – Lessons from Midway Pharmacy

Developing specialised, profitable private clinical services such as Travel Health Clinics and Weight Loss Management Programmes within the community pharmacy setting.

Professional  
Indemnity  
Insurance

Patient  
Journey &  
Online Booking

SOPs,  
Protocols &  
Clinical  
Governance

It took us 7  
years to get  
this right – start  
building now!

“The IP qualification is a platform. What you build on top of it determines whether it becomes a genuine revenue stream or a qualification that sits on your wall.”



Email: [nicola@cpwy.org](mailto:nicola@cpwy.org)  
[info@cpwy.org](mailto:info@cpwy.org)

Website: [www.cpwy.org](http://www.cpwy.org)

Twitter: [@cpwyinfo](https://twitter.com/cpwyinfo)

LinkedIn: [CPWY](https://www.linkedin.com/company/cpwy)