Response

Department of Health and Social Care Call for evidence: private prescribing

November 2025

For enquiries regarding this response please contact office@thecca.org.uk

About the Company Chemists' Association (CCA)

Established in 1898, the CCA is the trade association for large pharmacy operators in England, Scotland and Wales. The CCA membership includes ASDA, Boots, Lincolnshire Co-op, Morrisons, Pharmacy2U, Rowlands Pharmacy, Superdrug, Tesco, and Well, who between them own and operate around 4,000 pharmacies across England, Scotland and Wales. CCA members deliver a broad range of healthcare and wellbeing services, from a variety of locations and settings, as well as dispensing 400 million NHS prescription items every year. The CCA represents the interests of its members and brings together their unique skills, knowledge, and scale for the benefit of community pharmacy, the NHS, patients and the public.

Response

Section 1: oversight and regulation

This section of the call for evidence is focused on the effectiveness of existing mechanisms to oversee and regulate private prescribing.

1. To what extent do you agree or disagree that existing mechanisms enable the effective oversight and regulation (including enforcement) of UK registered private prescribers?

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

2. To what extent do you agree or disagree that existing mechanisms enable the effective oversight and regulation (including enforcement) of EEA registered prescribers (with medicines dispensed in the UK)?

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

3. To what extent do you agree or disagree that existing mechanisms enable the effective oversight and regulation (including enforcement) of medicines supplied under private PGDs?

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

4. What are the strengths of the current regulatory regime for medicines accessed through private providers?

   The regulatory framework governing both prescribing and dispensing in the UK is robust. There are several regulatory frameworks, which tailor to the specific services offered and the healthcare professionals involved.

   Oversight is provided by statutory regulators such as the General Pharmaceutical Council (GPhC), who regulate pharmacy premises, and the Care Quality Commission (CQC), which regulate healthcare services.

   In addition, professional regulators, including the GPhC, oversee professionals who prescribe, dispense, or supply medicines as part of NHS-commissioned or private services.

   Importantly, these regulatory regimes apply uniformly to all providers, regardless of whether they are NHS-managed or private businesses. The regulation of private prescribing providers should be no different to the regulation of NHS-managed providers, or private providers delivering care on behalf of the NHS.

5. What are the limitations of the current regulatory regime for medicines accessed through private providers?

   There are some limitations to the current regulatory regime for medicines accessed through private providers.

   Firstly, regulatory responsibilities can sometimes overlap, leading to confusion for both patients and providers. This is particularly evident when different regulators impose varying requirements.

   For example, the GPhC's *Guidance on providing services at a distance* sets out requirements for pharmacists prescribing certain medications or supplying them via a PGD, such as how they must consult with the patient or verify information provided to them. These requirements are different to the requirements set by the CQC or the GMC, who regulate online doctor services and doctors respectively,

   Secondly, regulators often lack the mechanisms to appropriately enforce the existing regulations. This potentially exposes patients to unsafe care.

   For example, the regulators are not effectively enforcing advertising restrictions for Prescription-only medicines (POM). This raises concerns about the inappropriate advertisement and supply of these medicines.

   Another example is the lack of enforcement action against UK-registered pharmacies dispensing medicines against prescriptions issued by European Economic Area (EEA) prescribers without the correct governance in place.

   This has meant pharmacies have developed business models where they direct patients to prescribers based in the EEA, usually for commercial benefit. The EEA prescriber may prescribe a POM, and the UK-based pharmacy posts the medication to the patient. This allows prescribers to circumvent stricter UK prescribing regulations and standards.

These gaps highlight the need for clarity of remits of different regulators, stronger enforcement capacity, and improved mechanisms to ensure all private providers adhere to consistent and rigorous UK standards.

6. How could the current regulatory regime for medicines accessed through private providers be strengthened?

   The gaps highlighted above the need for clarity of remits of different regulators, stronger enforcement capacity and improved mechanisms to ensure all private providers adhere to consistent and rigorous UK prescribing standards.

   Pharmacies who actively advertise, or directly affiliate themselves with, external private prescribing services, particularly those registered outside of the UK, should be required to take additional assurances that those services are appropriately regulated and following a similar level of standards as UK registered prescribers.

7. If you are aware of any data captured on medicines accessed through private providers, please provide details on the source of the data and how it is currently used.

   Private providers will have access to their own prescribing data, which can be extracted from Patient Medication Record systems.

   Wholesaler and manufacturer records, when cross-referenced with NHS dispensing statistics, can offer valuable insights into the patterns of private medicine access and prescribing practices.

8. To what extent do you agree or disagree that this data is sufficient to appropriately monitor this activity?

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

9. To what extent do you agree or disagree that medicines advertising in the UK is effectively regulated? Please consider both digital advertising (for example, websites and social media) and traditional advertising (for example, leaflets and print advertisements).

   - Strongly agree
   - Agree

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

10. Please share any additional evidence you would like to contribute regarding the effectiveness of existing mechanisms to oversee and regulate private prescribing.

    There are sufficient laws, regulations and standards in place to oversee private prescribing in the UK. However, regulators often lack the mechanisms to appropriately enforce these. This potentially exposes patients to unsafe care.

    For example, the regulators are not effectively enforcing advertising restrictions for Prescription-only medicines (POM). This raises concerns about the inappropriate advertisement and supply of these medicines.

    Another example is the lack of enforcement action against UK-registered pharmacies dispensing medicines against prescriptions issued by European Economic Area (EEA) prescribers without the correct governance in place.

    This has meant pharmacies have developed business models where they direct patients to prescribers based in the EEA, usually for commercial benefit. The EEA prescriber may prescribe a POM, and the UK-based pharmacy posts the medication to the patient. This allows prescribers to circumvent stricter UK prescribing regulation and standards.

    These gaps highlight the need for stronger enforcement capacity, and improved mechanisms to ensure all private providers adhere to consistent and rigorous UK standards.

Section 2: patient safety and access to medicines

This section of the call for evidence seeks to understand the impact of private prescribing on patient safety and access to medicines.

11. What do you understand to be the main reasons for patients to access medicines from private providers?

    Patients access medicines from private providers for many reasons, including convenience, quicker access times and wider treatment options. Private providers, as commercial businesses, are typically more responsive to patient demand and expectations than traditional NHS services.

    Private providers offer a range of consultation types, outside of usual working hours

    Many patients choose to access medicines from private providers due to the ease and flexibility of being able to consult with a prescriber at time and place that is convenient for them.

    Private providers often offer remote consultations, including asynchronous consultations, which result in a prompt response from a prescriber. Where medicines are prescribed, these can usually be delivered directly to the patient's home. This is more convenient for patients and saves time travelling to/from the consultation and the pharmacy.

    There are much shorter waiting times for many private services, compared to NHS services

    Accessing appointments within the NHS can present significant challenges for many patients, with long waiting times often cited as a major barrier to timely care. Securing an appointment at a GP practice can be difficult, particularly for non-urgent conditions.

    In contrast, private providers are typically able to offer much shorter waiting periods and greater flexibility. Many can provide same-day appointments and frequently allow for asynchronous appointments, such as submitting a medical questionnaire online and receiving a prompt response from a prescriber.

    The convenience and speed of private services are highly valued by patients who require swift access to advice or treatment and may not want, or be able to, wait for a GP appointment.

    Private providers can offer wider treatment choices to more eligible patients

    Some medicines such as certain travel vaccines, weight-loss treatments or remedies for hair loss are not routinely available on the NHS, but can be obtained privately.

    In some cases, purchasing medicines privately may even be more cost-effective than paying the NHS prescription charge.

12. What do you understand to be the main reasons for patients to access medicines from healthcare professionals under private PGDs?

Patients will generally be unaware of the specific legal mechanism used to supply their medicines, and it would be unusual for patients to specifically seek treatment under a PGD.

Patients who receive private care under a PGD do so for the same reasons they use other private routes. This includes convenience, faster access and a wider range of treatment options.

Providers use PGDs to provide private services at scale to eligible patients, without the need for dedicated prescriber intervention. This allows non-prescribing healthcare professionals to offer treatment to certain groups.

13. To what extent do you agree or disagree that patients can safely access medicines from UK private providers? This includes access under private PGDs. (Optional)

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

14. To what extent do you agree or disagree that patients can safely access medicines from EEA providers?

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

15. What are the risks of patients accessing medicines through private providers? This includes access through online platforms.

    Private healthcare is not inherently riskier than NHS-provided care.

    Private providers must meet the same standards as NHS-managed providers. However, there are substantial risks associated with providers which do not comply with existing regulations or seek to circumvent them.

Existing legislation and regulations are sufficient to ensure safety, if it is robustly enforced. Failure to enforce such regulations not only risks patient harm, but damages public confidence in legitimate private providers.

One example of this is patients accessing medicines through online private providers operating outside UK regulatory frameworks.

Without robust oversight provided by UK regulators, the quality of care provided to patients may not consistently meet the high-standards rightly expected of UK-registered providers, potentially exposing them to unsafe episodes of care.

Patients may find it challenging to verify the legitimacy of private providers or the registration of the healthcare professionals prescribing their medicines. This lack of transparency can be confusing for patients who are trying to pick a provider.

It increases the risk of patients accessing care through unqualified professionals or unscrupulous providers who may not adhere to UK-standards, best practice or legal requirements.

Another concern lies in the poor data sharing that often exists between NHS services and private providers, as well as between private providers. The most extensive record of a patient's medical history is held by their GP surgery. Private providers cannot routinely access patient GP records in many parts of the UK and cannot write into the GP record for other professionals to see.

Prescribing without comprehensive information patient records may result in inappropriate care. This could include duplicated prescriptions, overlooked adverse drug interactions, or gaps in medical history. These issues can pose a risk to patient safety, and we expect this risk will increase as more people use private services.

16. What are the benefits of patients accessing medicines through private providers? This includes access through online platforms.

    See response to questions 10, 23 and 39.

17. How can the risks to patients from accessing medicines through private providers be mitigated?

    To reduce the risk of patients being harmed by private providers, regulators must effectively enforce existing standards, regulation and legislation.

    One area of enforcement focus should be pharmacies who actively direct patients to, or have a formal commercial relationship with, external private prescribing services. Pharmacies working with 3rd party prescribing services should be required to ensure that those services are appropriately registered.

    As part of their due diligence, pharmacies should ensure that affiliated external prescribing services based outside of the UK should be required to take additional assurances that those services are following a similar level of standards to UK-prescribers.

    Risks may also be mitigated through improving data sharing between all healthcare providers, both NHS and private.

Private prescribing services may contribute to patients receiving fragmented care. For example, patients' usual prescribers (such as their GP) may not always be informed of treatment provided. Treatments may not always be recorded within a patients NHS record.

This can be mitigated by ensuring robust information-sharing protocols between private providers and NHS services, with patient consent. Encouraging interoperability and secure digital transfer of prescribing information helps ensure continuity and avoids duplication. This will also reduce the risk of adverse drug interactions and conflicting treatment plans.

18. To what extent do you agree or disagree that sufficient safeguards are in place to prevent harm caused by medicines accessed through private providers?

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

19. To what extent do you agree or disagree that appropriate safeguards are in place to protect patients against counterfeit (fake) medicines?

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

20. How easy or difficult is it for dispensers (pharmacists) and other healthcare professionals to verify the authenticity of prescriptions from UK private prescribers?

- Very easy
- Easy
- Neither easy nor difficult
- Difficult

- Very difficult
- Don't know

21. How easy or difficult is it for dispensers (pharmacists) and other healthcare professionals to verify the authenticity of prescriptions from EEA prescribers?

    - Very easy
    - Easy
    - Neither easy nor difficult
    - Difficult
    - Very difficult
    - Don't know

22. What are the risks associated with prescriptions received electronically from private providers, compared to on paper?

    It can be difficult for pharmacy teams to ensure that electronic prescriptions received outside of the NHS Electronic Prescription Service are compliant with the relevant Regulations.

    Secure platforms, where pharmacy contractors have sought assurances from the system manufacturer and business indemnity providers, can help to mitigate this.

    If a secure platform is not used, and for example a prescription is emailed, or supplied via the patient, there is no guarantee that the 'prescription' has not been presented in other pharmacies.

23. In your experience, what medicines are patients seeking to access through alternative legal routes (non-NHS), and why?

    Many patients choose to access medicines through private providers for a variety of reasons.

    Some medicines are not prescribed on the NHS, such as travel health medicines or medicines for cosmetic reasons (e.g. hair loss treatment). Other medicines, such as weight-loss medicines, have strict eligibility criteria, excluding many patients who could benefit. Additionally, some patients wish to initiate or continue treatment with branded medicines that are not available on the NHS.

    For patients with long-term conditions, private providers facilitate more convenient and timely access to treatment, avoiding the delays often associated with NHS appointments. This is particularly relevant for individuals who are stable on NHS-initiated therapies and require ongoing access to their prescribed medicines.

    Private providers offer consultations for a range of conditions, including dermatological conditions, sexual and reproductive health issues and weight management. Private providers can deliver many of these consultations remotely, sometimes asynchronously.

This allows patients to seek advice and treatment from professionals in a more private and discreet manner, reducing discomfort that patients may experience when seeking treatment for sensitive health issues.

24. In your experience, what is the impact on patient safety of medicines supplied under private PGDs?

    None.

25. To what extent do you agree or disagree that private prescribing improves medicines access for people with protected characteristics within the meaning of the Equality Act 2010? (Optional) The protected characteristics under the act are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

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

26. Please describe any benefits or barriers related to inequalities you've observed that have been caused by private prescribing. (Optional, maximum 500 words)

    N/A

27. To what extent do you agree or disagree that sufficient training and education on private prescribing is available to healthcare professionals?

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

28. Please share any additional evidence you would like to contribute regarding the impact of private prescribing on patient safety and access to medicines. (Optional, maximum 750 words)

Section 3: quality of care

This section of the call for evidence seeks to understand the impact of private prescribing on quality of care.

29. In your experience, what impact does patient access to UK private prescribers typically have on the quality of care received?

    - Positive
    - Negative
    - No impact
    - Don't know

30. In your experience, what impact does patient access to healthcare professionals operating under private PGDs typically have on the quality of care received? (Optional)

    - Positive
    - Negative
    - No impact
    - Don't know

31. In your experience, what impact does patient access to EEA registered prescribers have on the quality of care received? (Optional)

    - Positive
    - Negative
    - No impact
    - Don't know

32. How can the quality of patient care received from private providers be strengthened?

33. To what extent do you agree or disagree that patients receive appropriate consultation and clinical advice when prescribed or supplied medicines by private providers?

    - Strongly agree
    - Agree
    - Neither agree nor disagree
    - Disagree
    - Strongly disagree

- Don't know

34. To what extent do you agree or disagree that patients are routinely monitored by an authorised healthcare professional when prescribed or supplied medicines by private providers?

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

35. If there is anything else you would like to tell us about patient consultation and monitoring when accessing medicines through private providers, please include it here.

36. In your experience, what patient medical information is relied upon when prescribing privately? Select all that apply.

    - Patient supplied
    - NHS GP supplied
    - Core NHS record
    - Private provider's own records

37. How effectively is patient medical information shared between NHS and private prescribers, and vice versa?

    The sharing of clinical records between private and NHS providers is inconsistent. Access to records for non-NHS providers is often limited. For example, Summary Care Records (SCRs) are generally unavailable to private medical providers. Where records can be accessed, the records available are frequently outdated or incomplete.

    Currently, patients themselves have no direct means of authorising or facilitating the sharing of their own medical records which are held by their GP, and there is no single patient-held record which would enable this. There is also no route for private providers to easily record clinical information directly into patient records.

    Instead, the sharing and recording of information typically depends on letters between NHS GPs and private providers, which can be slow and unreliable. NHS GPs may lack the capacity or willingness to provide detailed patient information, especially if there is no associated funding.

38. If there is anything else you would like to tell us about private prescribing data, please include it here.

39. What impacts does private prescribing have on the wider healthcare system?

Private prescribing has many benefits for the wider healthcare system.

First is the reduction in demand on NHS services. When patients choose to seek private consultations and prescriptions, this frees up NHS GP and hospital appointments for others. This reduces pressure on other NHS services.

Private prescribing also enables patients to access medicines quickly, particularly in areas where NHS referral processes may be lengthy or where there are strict eligibility criteria to manage demand. Private prescribing of these medicines can mean earlier initiation of treatment, which usually results in better health outcomes.

One example of this is weight loss medicines. The rising prevalence of obesity imposes a significant economic burden on the NHS and the wider economy, costing the NHS approximately £11.4 billion annually, with this figure projected to increase with rising obesity rates and related comorbidities.

There are multiple medicines, including Glucagon-like peptide-1 receptor agonists (GLP-1RAs), which are licenced to treat obesity in the UK. The National Institute for Health and Care Excellence (NICE) estimates 3.5 million people would be benefit from accessing these medicines.

However, NHS access criteria for these treatments are currently very strict, limiting availability to a narrow group of eligible patients.

Over the next 3 years, NHS England will only roll out GLP-1RAs to 220,000 people. GLP-1RAs are not expected to be available to everyone who would benefit for at least 12 years.

As a result of private prescribing, over 1.5m people are already able to benefit from these medicines before they can access them through NHS services.

Early access not only improves individual outcomes but also has broader public health benefits by helping to prevent or delay the onset of obesity-related illness such as cardiovascular disease and diabetes. This can reduce future healthcare demand and associated costs for the NHS.

Finally, when patients fund their own consultations and medicines, this reduces direct costs for the NHS and allows public resources to be targeted towards those most in need.