**NPI Feedback and Development Survey for 2025-2028**

**About you**

**1.What is your job role?**

Doctor

Pharmacist ✓

Nurse

Dentist

Other healthcare professional

Other

**2.Are you providing feedback as an individual, or on behalf of a group or organisation?**

Individual

Group / organisation ✓

**3.Please specify which group / organisation, if applicable**

*Royal Pharmaceutical Society*

**New National Prescribing Indicators**

Please describe any suggestions for new NPIs below, including the aim, unit of measure, suggested target and rationale.

*We have no further suggestions for any new NPIs to be added.*

**6.Are there any other professions / organisations that the NPIs should cover (for example dentists, community pharmacist independent prescribers, WAST)?**

Yes ✓

No

*NPIs should apply to all prescribers in all settings. With an ever-increasing number of pharmacists qualifying as prescribers, all new pharmacist registrants from 2026 having the prescriber ready status and a national independent prescribing service commissioned through community pharmacies, pharmacists are playing an ever increasing and diverse clinical role in patient care with the ability to prescribe, and de-prescribe.*

*‘’There will be an independent prescriber in every community pharmacy and an increased focus on prevention and early detection of illness by 2030’’ is described within* [*Pharmacy:Delivering a Healthier Wales*](https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Policy/Pharmacy%20Vision%20English.pdf?ver=2019-05-21-152234-477)*, the vision for the profession aligned to ‘A Healthier Wales’.*

*Pharmacists will more and more input clinical care to patients within a multidisciplinary approach, with prescribing skills being part of this. With this ever-increasing shift for the benefits of patient care and the wider NHS priorities, comparing current prescribing practice against an agreed standard of quality in relation to NPIs should form the basis of all prescriber’s practice.*

*The ‘scope of practice’ of pharmacist prescribers will vary and some NPIs will be more relevant than others. Antibiotic stewardship for community pharmacist prescribers will likely be very pertinent, following on from the successful current ‘Sore Throat Test and Treat Service’, with evidence of reductions in antibiotic prescribing through community pharmacies using POCT (*[*https://pharmaceutical-journal.com/article/letters/evaluating-the-first-nhs-funded-sore-throat-test-and-treat-service-in-the-uk*](https://pharmaceutical-journal.com/article/letters/evaluating-the-first-nhs-funded-sore-throat-test-and-treat-service-in-the-uk)*).*

*Measures of NPI data across organisations, including the NHS and those providing services commissioned by the NHS is important. This includes within the same organisation but moving between settings. For example, medicines prescribed at an outpatient clinic within an NHS secondary care setting for a patient with the expectation to continue supply within a primary care setting. Highlighting differences in prescribing patterns and ensuring prescribing against agreed standards of quality is essential from the first point the medicine is prescribed, wherever the setting. Pharmacists are well placed, as the experts in medicines, to help ensure standards are adhered too as part of a multidisciplinary approach.*

**Do you wish to comment on any of the existing NPIs?**

Yes

No ✓

**Please provide any feedback on the NPIs in general, including the NPI document, the specifications document and the supporting information for prescribers and healthcare professionals (all accessible here:** [**https://awttc.nhs.wales/NPI/2022-2025**](https://awttc.nhs.wales/NPI/2022-2025)**)**

*Measures of NPI data*

*Consideration could be given to changing how we measure antibiotic prescribing, by moving how we measure this to using defined daily doses (DDD) may encourage prescribing to the appropriate duration /intervals as this would be reflected in this NPI.*