

Briefing: 026/25: Medium Term Planning Framework – key points for community pharmacy

Introduction

The NHS planning document – [the NHS Medium Term Planning Framework – delivering change together 2026/27 to 2028/29](#) – was published by NHS England on 24th October 2025.

It sets out high-level planning guidance for the NHS for a three-year period, breaking with the traditional NHS approach of issuing annual planning guidance to NHS trusts, Integrated Care Boards (ICB) and other NHS bodies.

The NHS England [media release](#) accompanying its publication, claimed the guidance would initiate the most radical reset of the NHS in a generation and that it would result in stripping out layers of bureaucracy, removing complicated and unnecessary rules, and freeing up local leaders to get on with the job of delivering for patients.

This Community Pharmacy England briefing summarises the points of most interest to community pharmacy within the planning document.

Key themes within the planning document

The planning guidance, unsurprisingly, builds on the vision for the NHS set out in the [10 Year Health Plan for England](#) published in July.

The document and the accompanying new approach to planning within the NHS seeks to move to a **longer-term planning approach** – initially with a focus on the next three financial years – and away from the ‘short-termism approach that has held the local NHS back for so long’.

It also says the gap between the national centre (DHSC and NHS England) and the local NHS will be further closed, marking a return of greater localism in the NHS.



It says this new approach should enable the NHS to accelerate the delivery of neighbourhood health services, radically transform its approach to quality, and embrace the opportunities of digital health to drive improvements in every aspect of its work.

The document notes that the Government's 3-year revenue and 4-year capital Spending Review 2025 (SR25) settlement gives the NHS the opportunity to move away from annual financial and delivery planning cycles. Revenue funding will increase by 3% in real-terms over the SR25 period up to £226 billion in 2028/29, and capital spending will increase from £13.6 billion in 2025/26 to £14.6 billion in 2029/30, equivalent to a 3.2% average real-terms growth across the full SR25 period.

The document contains 'delivery commitments' expected of the NHS by the end of 2028/29, many of which are linked to the vision for the NHS set out in the [10 Year Health Plan for England](#). They cover elective care in hospitals, cancer and diagnostics, urgent and emergency care (UEC), primary care and community services, mental health, learning disabilities and autism.

The document describes the roles of different parts of the NHS management, with DHSC/NHS England setting national outcomes and standards, and building shared platforms. The regions are the leadership interface between the centre and ICBs/NHS providers (such as trusts), with a focus on performance, finance, workforce and quality. ICBs will become strategic commissioners, moving resources into prevention and community capacity, tackling inequalities and commissioning for value.

A Strategic Commissioning Framework will be published shortly to give ICBs guidance on their evolving role. The document says this role will demand much greater focus on outcomes, incentivising investment where the impact on patients' lives has the greatest potential to be transformative.

Elements relating to community pharmacy and wider primary care

Within the primary care section of the document, it states that to support primary care access and increase the role of community pharmacy, ICBs must:

- embed pharmacy-first approaches, ensuring that local commissioning discussions utilise available pharmacy capacity to support primary care pressures;

- continue developing the relationships between general practice and community pharmacy to support access to pharmacy services;
- introduce prescribing-based services into community pharmacies during 2026/27 [the commissioning of prescribing services will feature in the 2026/27 CPCF negotiations];
- expand access to emergency contraception through community pharmacies [supporting the expansion of the Pharmacy Contraception Service which commenced on 29th October];
- maximise use of the Discharge Medicines Service to reduce medicines harm and reduce readmissions;
- make HPV vaccination available at pharmacies for women and young people who missed out on vaccination at school [previously referenced in the 10 Year Health Plan and which will be a topic for discussions between Community Pharmacy England and NHS England's vaccination team];
- ensure all community pharmacies have fully enabled the capability for patients to track their prescription status using the NHS App [work is still ongoing with PMR system suppliers to develop and roll out this functionality to all community pharmacies];
- ensure all primary care services enable patients to request and manage their medicines online [this is understood to refer to use of the NHS app and the further developments planned for it – see below];
- transition all messaging to NHS Notify, using NHS App-based 'push' notifications as the default option.

The document also describes a range of work on digital priorities, including the publication of a roadmap later in the year on the delivery of the NHS App functions as described in the 10 Year Health Plan. These include:

- **My NHS GP** – using AI-assisted triage models and data-driven pathways to guide people to the service they need quickly and provide those who need an appointment with the ability to book one.
- **Managing My Health** – empowering people to manage their health and the health of their dependants by giving them targeted access to prevention services – helping to reduce future demand before sickness develops or worsens.



The document envisages a move to a unified access model, using AI-assisted triage, that can effectively guide patients to self-care or to the appropriate care setting, through a single user interface delivered via the NHS App but with an integrated telephony and in-person offering also available to patients. In the future this could, for example, allow people to self-assess their minor illnesses and then book an appointment for a Pharmacy First consultation.

The document also sets out changes expected to be implemented by ICB and NHS trusts providing UEC services over the longer term. ICBs and UEC providers are being asked to accelerate the shift to a more structured, digital first UEC model, using clinical prioritisation and scheduling to improve patient experience and reduce avoidable demand.

This shift involves moving away from traditional walk-in demand to models that support patients to access the right care, in the right setting, at the right time, based on clinical urgency and individual need. This includes:

- expanding digital and telephony-based triage and booking mechanisms; and
- increasing access to same-day or next-day scheduled care where clinically appropriate.

The guidance notes that this will require collaboration with primary care, NHS 111 and community urgent care providers and the changed approach could have positive implications for community pharmacy, with increased referrals to the Pharmacy First service.

ICBs and trusts are also asked to continue to make progress on a digitally-enabled outpatient treatment model, which may have many consequences within primary care, including an increase in the number of EPS hospital prescriptions needing to be dispensed by community pharmacies.

As previously planned, commissioning responsibility for vaccination and screening will move from NHS England to ICBs, but it is likely this will be delayed by another year, with the transfer of responsibilities now likely to take place in April 2027.

The document also says in 2026/27, NHS England will, subject to consultation on changes to the Human Medicines Regulations, enable community pharmacy to provide vaccinations off-premises, where this is commissioned. Currently, the regulations only allow flu and COVID-19 vaccinations to be administered by pharmacy teams off the pharmacy premises.

The 10 Year Health Plan's focus on prevention is flagged, with ICBs told their 5-year plans must



include:

- a significant focus on tackling obesity;
- supporting the target of a 25% reduction in CVD-related premature mortality over the next 10 years (including working with local authorities to test and roll out the new NHS Health Check online service);
- a further focus on tobacco dependence;
- reducing exposure to antibiotics and addressing polypharmacy; and
- demonstrating how they will reduce health inequalities.

The document also notes that the Single National Formulary, first proposed in the 10 Year Health Plan, will be introduced within the next two years.

In relation to the general practice contract, the planning guidance says the NHS will consult with general practice about the addition of the following target related to clinically urgent care:

Success measure	Target for all years 2026/27 to 2028/29
Same day appointments for all clinically urgent patients (face to face, phone or online)	90%

Neighbourhood working and teams

The document states delivering [neighbourhood health](#) at pace is central to returning patient and community trust in the NHS, breaking down siloed working and getting control of improving urgent care.

In implementing neighbourhood health, the immediate focus must be on:

- improving and tackling unwarranted variation in GP access for the whole population;
- reducing unnecessary non-elective admissions and bed days from high priority cohorts – people who have moderate to severe frailty, people living in a care home, people who are housebound or at the end of life; and
- enabling patients requiring planned care to receive specialised support closer to home.

The document announced that further guidance on the operation of neighbourhoods will be included in a **Model Neighbourhood Framework** which is expected to be published in



November 2025. This will set out the definitions, goals and scope of neighbourhood health, along with priority actions for 2026/27.

Additionally, a **national neighbourhood health planning framework**, co-produced with the Local Government Association and local authority colleagues, will be published. This will set out how the NHS, working in active partnership with local authorities and others, can plan for the delivery of the broader set of neighbourhood goals.

Further information will be also published setting out information on how integrated health organisations (IHOs) will operate, via a contract-based delivery method, not a new organisational form.

If you have any queries or require more information, please email: services.team@cpe.org.uk