

# Briefing 003/26: Summary of February 2026 Committee Meeting

Community Pharmacy England met in London on 4th and 5th February 2026. Committee discussions focused on refining objectives for the imminent 2026/27 contractual negotiations, and the Committee reflected on the personal stories from pharmacy owners of patient abuse from our recent polling. The Committee also explored potential new funding and payment models for the future, and considered Community Pharmacy England's budget, workplan and priorities for the next financial year.

The Committee were joined by LPC leaders from the East and North Midlands region for part of the meeting. LPC attendees had the chance to talk with Committee members, observe subcommittee meetings, and provide feedback from their local pharmacy owners and localities.

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## Overview of the Committee Meeting

The full Committee considered the following topics at the February meeting.

### Negotiations update and objectives for 2026/27

Ahead of upcoming negotiations on the 2026/27 Community Pharmacy Contractual Framework (CPCF), a verbal update was given on recent discussions with Department of Health and Social Care (DHSC) and NHS England officials. Feedback was also shared from a recent meeting between the Health Secretary and his constituency's LPC, Community Pharmacy North-East London.

It was noted that Community Pharmacy England recently [wrote to the Pharmacy Minister](#) setting out the sector's needs and priorities, to emphasise these messages to Government and underline the need to make urgent progress.

CPCF negotiations for 2026/27 have not yet formally begun (as of 20th February). Community Pharmacy England expects that they will start very soon, but we await the opening letter from Government which launches the process. The Committee has been actively pressing for talks while preparing for the talks, including monitoring funding, strengthening our evidence base, and advocating for progress to be made urgently towards sustainability for the sector.

Community Pharmacy England Members reviewed economic and other analyses to confirm detailed



negotiating objectives, including refining opening positions and red lines. These discussions considered funding asks, along with a wider range of priorities to amend elements of the current CPCF, including on services, infrastructure investment and regulatory reform.

**Janet Morrison, Chief Executive of Community Pharmacy England, said:**

“The pressures on community pharmacies are critical, and the sector simply cannot bear more time without meaningful investment and reform. Our message to Government is clear: community pharmacies need immediate, sustainable investment.

“Committee Members have carefully reviewed the economic evidence and set strong, coherent positions on funding, services and the regulatory reforms needed to unlock capacity. We will continue to push for a contract that recognises the essential role pharmacies play in primary care, supports those who are struggling, and provides a long-term pathway to sustainability and growth. We stand ready to begin negotiations as soon as Ministers issue the opening letter.”

### **Polling of pharmacy owners**

A report was given on the results of recent pharmacy owner polling, which primarily focused on the abuse they and their teams are experiencing. The results, including many personal stories, made distressing reading and there was much concern from the Committee. Members discussed what could be done to mitigate this and to make sure pharmacy teams are properly supported.

The conversation around raising awareness of these issues was continued in the Communications and Public Affairs Subcommittee (see more in ‘Engaging with Pharmacy Owners’ section below).

### **Alternative funding and payment models**

A progress update was provided on the evaluation of potential future contracting and funding models project that PA Consulting, an independent consultancy with extensive experience working across Government, has been undertaking for Community Pharmacy England.

This included assessment of existing and potential funding models against the system’s primary goals, with the Committee determining which ones to investigate in more depth.

### **Workplan for 2026/27**

The Committee reviewed draft priorities, projects and actions for the financial year ahead. These are founded in Community Pharmacy England’s goals and ambitions for both the short and long-term future



of community pharmacy sector, which were previously agreed by the Committee.

Community Pharmacy England's 2026/27 workplan focusses on securing better funding, improving service delivery, and strengthening the future of the pharmacy network. It is based on the following list of priorities:

1. Secure sustainability for the sector through the 2026/27 and 2027/28 negotiations and shared plans with DHSC/NHS England for future financial stability.
2. Create a shared roadmap for community pharmacy with DHSC/NHS England, including a multi-year plan for the network.
3. Actively engage with the implementation of the 10 Year Health Plan for England and Medium Term Planning Framework to create opportunities for community pharmacy, including its role in integrated neighbourhood teams and working closely with the LPCs to support development of local commissioning.
4. Drive improvements to the funding and commissioning framework for the sector and strengthen the resilience of the medicines supply chain by focusing on improved margin delivery, fees, reimbursement and an effective regulatory environment.
5. Build new stakeholder relationships within DHSC/NHS England as changes to organisational structures, roles and responsibilities continue to take effect and continue to build political support for community pharmacy.
6. Review our Constitution (and related changes for LPCs) in relation to the composition of the Committee, working with sector bodies to support elections and nominations to CPE and to LPCs for new terms of office beginning in April 2027. Continue to develop the culture of the Committee and ways of working that reinforce our values and impact.
7. Invest in the development of our data infrastructure to ensure timely data capture and analysis to support credible, evidence-based influencing and early identification of trends and issues.

### [Community Pharmacy England Workplan for 2026/27](#)

#### **Other matters of note**

Chair of Community Pharmacy England, Professor Dame Jenny Harries, recorded her thanks to the Committee for all her individual induction meetings with them giving her a sound understanding of the strengths of the network and the challenges pharmacies are facing and noted the value of the pharmacy visits that they have arranged for her – most recently in Cambridgeshire.



The Committee confirmed the re-appointment of Committee Member Adrian Price as Vice Chair for another term.

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## Engaging with Pharmacy Owners

Ahead of the February Committee Meeting, pharmacy owners took part in an opinion poll on key issues, including abuse from patients and the public and the regular financial pressures tracker.

The results describe widespread, frequent and escalating abuse toward community pharmacy teams. Incidents are predominantly verbal, but a concerning proportion escalate to credible threats, violence, theft and intimidation.

Abuse is often system-driven, with pharmacy teams absorbing frustration caused by delays elsewhere in primary care, medicine shortages, NHS system failures and unrealistic patient expectations.

The analysis of the results was considered by Committee Members, who found the results highly concerning. The Committee considered some of the issues in the subcommittees (see below), including discussing tangible actions that Community Pharmacy England could take, such as:

- pushing to strengthen regulatory provisions in the terms of service;
- discussing concerns with the police and crime commissioners, as well as relevant teams in DHSC/NHS England; and
- raising awareness of the issue through the media.

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## Subcommittee Meetings

### Discussions from Governance Subcommittees

#### Audit and Risk Subcommittee (A&RS)

A&RS met before the main Committee meetings to provide detailed scrutiny of Community Pharmacy England's budget and workplan for 2026/27.

Members reviewed levy collection and the risk register. The subcommittee went through the management accounts, informed by comprehensive reports from the Finance Manager.

A recommendation was made to the full committee to approve an ambitious work plan for 2026/27 and an associated budget.



Throughout the planning process for 2026/27, subcommittee members scrutinised the budget in detail, and the Committee approved it with a strong focus on doing everything possible to keep any increase as low as possible, without compromising a demanding workplan for the year ahead as we work towards the promised sustainable future for the sector and to keep community pharmacy at the heart of the Government's 10-Year Health Plan as the plan is implemented.

We have already taken steps to reduce costs, including using our office space more for committee meetings and events, reducing consultancy spend and like LPCs lowering reserves where appropriate.

For 2026/27, the total levy to LPCs (our only source of income) will be approximately £4.9m. This reflects a very carefully considered overall 3% uplift (around £145,500) to ensure we can continue to sustain our current activity and resource our work.

While Community Pharmacy England secured a significant funding uplift for the sector in 2024/25 and 2025/26, the financial position for many pharmacy owners remains extremely challenging: we will need to continue to work together to drive improvements and to improve the outlook for all pharmacies. We also recognise that LPCs have also faced increased costs – as we are doing at national level. We know how important it is that any increase is justified and kept to a minimum, and that any additional resources will directly benefit the pharmacy owners who we all represent.

Our latest [Annual Report](#) sets out how levy funded work has been invested and the significant value generated for pharmacy owners, including £3.073 billion of baseline CPCF funding and £215 million for Pharmacy First and Primary Care Recovery services.

[Further information to explain how Community Pharmacy England and LPCs are funded.](#)

### **Governance and People (G&P) Subcommittee**

G&P met before the main committee and reported on its preparations for the next Community Pharmacy England elections and options for determining Committee composition. This involved ensuring full representation for non-CCA 10+ Multiples and CCA members and ensuring representation for the approximately 40% of the sector of pharmacy owners with one or two pharmacies. Discussions will follow with the Company Chemists' Association (CCA), the Independent Pharmacies Association (IPA) and the National Pharmacy Association (NPA).

It was reported that the Community Pharmacy England Committee's effectiveness review process will begin shortly, as well as a reviewing the wider changes made to pharmacy representation, which will involve the Committee and LPCs.



## Updates from Advisory and Policy Subcommittees

### Service Development Subcommittee (SDS)

The subcommittee reviewed a final progress update on its workplan for 2025/26 and approved the workplan for the forthcoming year.

Progress made on implementing changes to the CPCF, agreed in the 2025/26 negotiations, was discussed, including undertaking a detailed review of the current draft version of the Hypertension Case-Finding Service specification.

Work being undertaken to support locally commissioned services was discussed, including plans in this policy area for the year ahead. The subcommittee also discussed the ongoing work to support LPCs and pharmacy owners engaging with local neighbourhood health pilot sites.

Updates were also considered on vaccination services and independent prescribing.

### Funding and Contract (FunCon) Subcommittee

The subcommittee reviewed several reports on core funding-related issues, including analysis of medicines margin and the Drug Tariff as part of our ongoing monitoring of reimbursement.

Subcommittee members also considered potential additions to the Margins Survey and Category M pricing methodology.

General progress updates were provided on critical funding work around branded generics and accelerated payments, much of which is being actively discussed with DHSC. The subcommittee were also provided with more detail on the upcoming introduction of Drug Tariff Category H – which has been imposed by DHSC. [Guidance has been released for pharmacy owners](#) with a [Category H webinar](#) also briefing pharmacy owners on the subject.

Subcommittee members reviewed forecasted delivery of CPCF fees and an analysis of pharmacy opening hours, reflecting on the sector's financial challenges and its growing impact. Feedback on VAT repayments gathered during recent sector opinion polling was also reported back to the subcommittee to inform next steps.

### Legislation and Regulatory Subcommittee (LRS)

Subcommittee members reviewed a series of primary and secondary regulatory asks that would benefit the sector to put forward in CPCF negotiations. These include closures for staff training, and late, corrected or discretionary claims for payment. It was argued that pharmacy owners should be paid for



the work undertaken for the NHS and should have reasonable provisions for making relevant claims. In terms of parity with the NHS, it was noted that post-payment verification may generally occur up to 3 years after the work was claimed. Discussions explored the details and practicalities around each ask.

The subcommittee also considered concerns raised around the increasing number of [pharmacy owners being negatively affected by the shortening of the Pharmacy First payment claim window](#), which DHSC said was necessary to support the introduction of an intermediary band for the monthly payment. It was considered that missed claims should still be honoured by the NHS.

Issues around supervision were also discussed, and it was noted that the changes to the human medicines legislation later this year to allow pharmacists to authorise a pharmacy technician to undertake or supervise the preparation, assembly, dispensing and sale and supply of medicines, will need to be considered in relation to the PLPS Regulations and pharmacy owners' terms of service.

Current regulatory issues were discussed, including feedback on violence in pharmacies gathered during recent sector opinion polling. It was considered that the regulatory provisions in the terms of service should be strengthened to provide better support for pharmacy owners and staff. Public awareness of the emergency supply provision was considered and whether pharmacies should be able to publicise the provision under their terms of service. It was considered that this would not be desirable, because there are strict conditions around such supplies and not all requests are granted.

There was discussion around the introduction of the NHS Sexual Safety Charter and ICB requests for pharmacies to complete the associated self-assessment and CPE will be working with the NHS to ensure pharmacies engage with this important issue within the context of their terms of service. We have recently [published a news story](#) to clarify that this is not a mandatory requirement for pharmacy owners.

### **LPC and Contractor Support (LCS) Subcommittee**

Subcommittee members and LPC observers reviewed recent legal advice on LPC functions, risks and incorporation, which confirmed that for LPCs, personal liability risks for LPC members remain low given the limited nature of LPC activities as unincorporated associations. Updated guidance and risk-register examples will be shared with LPCs.

The engagement strategy, workplan, LPC finances and levy, and positive feedback from the 2025 LPC Conference were all reviewed. Initial plans for the June–July regional events were discussed.



The approach for the upcoming review of the implementation and effectiveness of the Review Steering Group (RSG) recommendations via the [Transforming Pharmacy Representation Programme \(TAPR\)](#), which will gather feedback from both Committee members and LPCs and be independently analysed, was finalised and recommended to the full Committee.

### **Communications and Public Affairs (CPA) Subcommittee**

The subcommittee discussed what actions could be taken in response to the patient abuse polling results, including using some of the case studies to raise awareness of the issue through the media and approaching the police and police and crime commissioners to discuss our concerns, as well as relevant teams in DHSC/NHS England.

Members considered the team's comms plans for the coming months, reviewing a scoping paper for a potential Community Pharmacy England app and noting plans to make some improvements to the website. The subcommittee also discussed the ongoing tender process for Public Affairs support, with interviews due to be held later this month.

A progress update was given on preparations and plans for using the results of the 2026 Pharmacy Pressures Survey campaigning work. [The Survey is now open](#) for submissions from pharmacy owners and team members.

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If you have any questions or require more information, please contact: [comms.team@cpe.org.uk](mailto:comms.team@cpe.org.uk)