

# Briefing 009/26: CPCF arrangements for 2026/27

Arrangements for the NHS Community Pharmacy Contractual Framework (CPCF) for 2026/27 have been announced. This briefing outlines the changes being introduced.

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## Overview

This briefing covers:

- Funding for 2026/27;
- Pharmacy Services;
- Pharmacy Quality Scheme (PQS);
- Regulatory changes;
- Additional points of note; and
- Appendix: Timeline of changes.

Details of the arrangements for the CPCF for 2026/27 are also included in the joint letter to pharmacy owners from Community Pharmacy England, the Department of Health and Social Care (DHSC) and NHS England. This will be published on [gov.uk](https://www.gov.uk) and linked from the [Community Pharmacy England website](#) as soon as it becomes available.

You can also read Community Pharmacy England's full announcement and statements on our [website](#).

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## Funding for 2026/27

The settlement brings the funding budget to **£3,636 million** for provision of the CPCF and Pharmacy First in 2026/27, which includes an allowance for central digital costs. This is an **uplift of 10.3%** compared to the budget for 2025/26.

The 'Pharmacy First' budget – which funds the cost of Pharmacy First clinical pathways consultations, the Pharmacy Contraception Service and the Hypertension Case-Finding Service – will be **combined with the core CPCF sum**. This guarantees the funding envelope to the sector and removes the previous risk of underspend.

As part of the settlement, the level of allowed medicines margin for 2026/27 is being **increased by**



£200m to £1.1 billion.

Up to £239 million of net contract (margin) funding over-delivery accrued up to March 2026 will also be written off.

The **Single Activity Fee (SAF)** will increase by 6 pence to £1.52 per item; other dispensing and service-related fees will remain unchanged.

**Funding changes summary:**

2025/26		2026/27	
	£m		£m
CPCF	3,073	CPCF inclusive of merged Pharmacy First budget, and digital developments	3,636
Pharmacy First	215		
Digital developments	8		
<b>Total available</b>	<b>3,296</b>	<b>Total</b>	<b>3,636</b>
		<b>Funding growth (£m)</b>	<b>340</b>
		<b>Funding growth (%)</b>	<b>10.3%</b>
Key points:		<ul style="list-style-type: none"> <li>SAF increases to £1.52 from £1.46</li> <li>Margin allowance increased by £200m - from £900m to £1.1bn</li> <li>Up to £239m of net funding over-delivery written off</li> </ul>	

## Pharmacy Services

### Independent Prescribing (IP)

Independent Prescribing will be introduced into the CPCF as an extension of Pharmacy First and the Pharmacy Contraception Service (PCS) from autumn 2026, with community pharmacist prescribers enabled to:

- Prescribe within the existing Pharmacy First clinical pathways and the PCS.
- Provide up to five new Pharmacy First prescribing-only pathways - options to be considered include bacterial conjunctivitis, allergic conjunctivitis, oral thrush, skin infections

and respiratory tract infections. In advance of their rollout, the new pathways will need to be approved by a clinical reference group. These consultations will count towards the monthly clinical pathways minimum activity requirement.

- **Prescribe an alternative item** where there is a need to meet the needs of an individual patient, e.g. where there is a supply chain issue relating to the original prescription, and there are arrangements in place with the original prescriber to allow such an approach.

Supporting documentation and changes to the Terms of Service will cover the various clinical governance requirements related to prescribing activities.

Funding will include a one-off setup payment of **£500** payable when a pharmacy owner has signed up to provide the relevant services and has a confirmed go-live date with an NHS-assured Electronic Prescribing Service (EPS) IT system. Additionally, there will be a monthly infrastructure payment of **£525** in addition to the usual Pharmacy First or PCS consultation fees.

For the Government, adding IP to the CPCF was a must, as it was a manifesto commitment, and it is a strategically important service development for all of us in the community pharmacy sector too.

However, despite our acceptance of the final CPCF offer, we are not persuaded that sufficient investment is being made to enable the full and effective introduction of IP, given the workload, enhanced clinical responsibility, clinical governance and infrastructure requirements that it will entail.

Throughout the negotiations, we raised our concerns that with the proposed funding, the addition of IP to the CPCF risked being set up to fail. It will be down to pharmacy owners to decide on an individual basis whether they want to provide the service or prioritise the use of IP skills elsewhere in their business.

It will be imperative that next year, and in future years, sufficient funding is secured to fully support IP and we will be lobbying intensively for this.

### Pharmacy First

The current capping mechanism for Pharmacy First Clinical Pathway consultations will be retained. This approach will also be extended to **introduce a cap for IP consultations**, giving two caps within each band: one applicable to pharmacies signed up to provide prescribing services, and one for those who are not.

The Pharmacy First 'bundling' requirements which mean pharmacy owners must be registered to



provide the Hypertension Case-Finding Service (HCFS) and PCS in order to receive the Pharmacy First monthly payment (when they also meet the monthly volume target) will be retained, with no further additions to the requirements.

### Claim window for clinical services

There will be a 2-month late claim window for Pharmacy First and the New Medicine Service (NMS) – the two Advanced Services that still have a 1-month claim window. This gives pharmacy owners a total of 3 months to claim.

Further work will be undertaken by DHSC to consider whether additional late, corrected and discretionary claims options sought by Community Pharmacy England can be introduced.

### Clinical audit

**No clinical audits will be required** in 2026/27 as part of the clinical governance requirements within the Terms of Service.

### Health campaigns

During 2026/27, pharmacies will only have to take part in a **maximum of two national health campaigns** and **two campaigns selected by their Integrated Care Board (ICB)**.

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## Pharmacy Quality Scheme (PQS)

A PQS will run in 2026/27, with fewer requirements than in previous years and a smaller budget of **£20 million**. The new scheme retains some existing criteria and sees the addition of new criteria intended to support the safe introduction of prescribing into community pharmacy.

The scheme will commence in June and it will continue to be an optional part of the CPCF.

Pharmacy owners that choose to participate will be able to claim in July an **Aspiration payment of 80%** (up from 75% last year) of the overall points value they intend to claim. This Aspiration payment will be made **on 1st September 2026**.

In summary, the scheme will consist of the following elements:



Gateway criterion	<p>Pharmacies must develop or update a <b>Palliative and End of Life Care (PEoLC) action plan</b> and if they stock the 16 PEoLC medicines, update their Directory of Services profile to confirm this.</p> <p>Pharmacies will also have to complete <b>a short online survey</b> regarding this criterion.</p>
Medicines Optimisation & Patient Safety domain	<p><b>Respiratory:</b> Pharmacists must complete <b>unit 4 (asthma) of the CPPE Fundamentals of respiratory therapeutics e-course and pass the asthma (2026) e-assessment</b> to demonstrate they have updated their knowledge in line with the <a href="#">NICE/BTS/SIGN Guideline on Asthma: diagnosis, monitoring and chronic asthma management</a>.</p> <p><b>Urgent Supply of Repeat Medicines:</b> Pharmacies must update SOPs to ensure they contain guidance on how to support patients requesting time-critical medicines or Controlled Drugs.</p>
Professional Practice domain	<p><b>Clinical audit and peer discussion:</b> the clinical audit will be agreed with Community Pharmacy England and the results must then be considered in a peer discussion. The latter requirement is intended to support embedding reflective practice as a tool to develop and expand clinical competence.</p>

Full guidance and resources will be made available as soon as possible on our [PQS hub webpage](#).

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## Regulatory changes

During the negotiations, Community Pharmacy England sought several regulatory changes on behalf of pharmacy owners. These aim to provide support for operational and capacity issues, and support for clinical service provision and to ensure the integrity of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations (the PLPS regulations).



## Closures for staff learning and development

Changes will be introduced to enable pharmacies to close during core or supplementary opening hours for periods of staff training and development. There will be a **notification procedure** for pharmacy owners to follow, and the closures will be limited to a **maximum of four hours in a day up to once a month**. Certain restrictions will apply with the detail to follow in due course.

## Disclosure and Barring Service (DBS) checks

All pharmacists and pharmacy technicians will be expected to have an enhanced DBS check to support the safe provision of clinical services (this requirement moves from the 2025/26 PQS to the Terms of Service).

## Further regulatory changes/issues

Adjustments will also be made to:

- Confirm that pharmacy owner cooperation is required for the ICB to undertake or continue dispute resolution (dispute resolution usually occurs before the ICB considers whether to issue a breach or remedial notice).
- Ensure that an ICB writes to all parties to explain any delays to a market entry application (beyond the times specified in the PLPS regulations). This will be an addition to the Pharmacy Manual.

In addition:

- Confirmation of NHS England support to ICBs, to ensure there is a consistent (and proportionate) approach to enforcement of the Terms of Service, recognising the importance of this to patients, the public and NHS pharmacies.

## IP regulatory changes

As noted above, regulatory changes associated with the introduction of IP will be implemented, with wider guidance being issued on clinical governance for prescribing services.

## EPS nominations

DHSC will consider strengthening the Terms of Service to help address inappropriate management of EPS nominations by a small number of pharmacy owners. NHS England will continue to work with the national EPS team and ICB teams to identify and address cases of poor behaviour.



## Violence and abuse in pharmacies

DHSC will continue to work with Community Pharmacy England, the Chief Pharmaceutical Officer and other stakeholders to explore possible actions to help protect pharmacy staff, including Terms of Service changes.

## Pharmacist flexibilities

DHSC is considering (as part of a public consultation) whether, in certain circumstances (such as supply disruptions), the supervising pharmacist may dispense a medicine of a different form or strength to that prescribed. Community Pharmacy England requested that pharmacist flexibilities should also include brand to generic changes, but this was not agreed.

## Pharmacy Access Scheme (PhAS)

DHSC has given a commitment to review and **update PhAS**, implementing any changes from 2027/28.

Further information on the various changes will be made available in due course.

There were also discussions on supply with reasonable promptness, collection and delivery arrangements and changing core opening hours, and these discussions are likely to continue along with other regulatory discussions such as (i) the introduction of pharmacist-authorized, pharmacy technician dispensing and supervised dispensing, and (ii) whether Responsible Pharmacist (RP) absences (under the RP Rules) should be introduced/permitted in NHS community pharmacies in England.

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## Additional points of note

### Shared vision for the future

Within the final offer, the Government also confirmed its intention to take forward a joint programme of reform with Community Pharmacy England, to inform future strategy for community pharmacy and input to the next contractual negotiations and beyond. This will include a programme of reform to support a sustainable and resilient community pharmacy network. This commitment was a significant factor in the Committee's decision to accept the settlement.

In addition, further work is planned to take forward specific measures set out in submissions and proposals from both sides of the negotiations.



## Funding and reimbursement work

- Reviewing distribution of margin and longer-term goals for reimbursement of medicines supplied;
- Engagement with ICBs on branded generics prescribing;
- Improving and validating the margin survey;
- Exploring how the contractual framework can recognise and reward sustainable purchasing behaviours;
- Setting high level caps on the HCFS and the Minor Illness strand of Pharmacy First, plus reconsidering caps on Pharmacy First Urgent Medicines Supply consultations.

## Services/Regulatory considerations

- Review of contractual/regulatory commitments to reduce pharmacy owners' costs, burdens and risks, for example:
  - supply with reasonable promptness (which links to dispensing at a loss).
  - the following Essential services: Support for self-care, Public Health (Promotion of healthy lifestyles) and the Healthy Living Pharmacy requirements.



## Appendix: Expected timeline of changes

### Backdated to April 2026

- **Margin:** allowed level increases to £1.1bn per year

### Backdated to May 2026

- **SAF:** increases to £1.52 per item

### June 2026

- **Late claims** permitted for Pharmacy First and NMS

### July 2026

- **PQS:** Aspiration payment claiming window

### September 2026

- **PQS:** Aspiration payments made (1st September)

### October

- **PLPS:** Revised PLPS regulations (Terms of Service introduced)
- **Closures for staff training and development:** Notification procedure to be established

### Autumn 2026

- **IP:** prescribing added to Pharmacy First and Pharmacy Contraception Service