

Palliative and end of life care criterion in the 2026/27 Pharmacy Quality Scheme – information for external stakeholders

This briefing document provides external stakeholders with information on the Palliative and end of life care quality criterion that is included in the 2026/27 Pharmacy Quality Scheme (PQS).

PQS forms part of the Community Pharmacy Contractual Framework (CPCF) – the NHS ‘pharmacy contract’. It rewards pharmacy owners for delivering against quality criteria that are designed to support improved clinical effectiveness, patient safety and patient experience. The 2026/27 PQS includes a gateway criterion aimed at improving access to medicines to support palliative care and end of life care.

Introduction

The aim of this gateway criterion is to ensure sufficient arrangements are in place so patients, their relatives and carers and healthcare professionals can obtain palliative care and end of life critical medicines in a timely manner to support patients with palliative care needs and those dying at home.

Requirements

This gateway criterion sets out that pharmacy owners must update NHS Profile Manager (as soon as possible after 2nd June 2026 but by the end of 31st March 2027 at the latest) to indicate whether their pharmacy routinely holds the 16 palliative and end of life critical medicines listed below and can support local access to parenteral haloperidol.

The 16 palliative and end of life critical medicines are:

- Cyclizine solution for injection ampoules 50mg/1ml;
- Cyclizine tablets 50mg;
- Dexamethasone solution for injection ampoules 3.3mg/1ml;
- Dexamethasone tablets 2mg;
- Haloperidol tablets 500mcg (or 1.5mg tablets or 5mg/5ml liquid);
- Hyoscine butylbromide solution for injection 20mg/1ml;
- Levomepromazine solution for injection ampoules 25mg/1ml;
- Metoclopramide solution for injection ampoules 10mg/2ml;
- Midazolam solution for injection ampoules 10mg/2ml;

- Morphine sulfate oral solution 10mg/5ml;
- Morphine sulfate solution for injection ampoules 10mg/1ml;
- Morphine sulfate solution for injection ampoules 30mg/1ml;
- Oxycodone solution for injection ampoules 10mg/1ml;
- Oxycodone oral solution sugar free 5mg/5ml;
- Sodium chloride 0.9% solution for injection ampoules 10ml; and
- Water for injections 10ml.

Once a pharmacy owner has updated NHS Profile Manager, other pharmacy teams and healthcare professionals can use [NHS Service Finder](#) to identify those pharmacies in their area who have indicated they are holding the 16 critical end of life medicines and can signpost patients or carers accordingly.

All pharmacy owners participating in PQS must also have an action plan in place to be able to support patients and carers in obtaining these medicines. The action plan must include:

- An awareness of any locally commissioned services for palliative care including any on-call and delivery arrangements;
- A list of community pharmacies stocking the 16 palliative and end of life critical medicines for palliative/end of life care in their area and noting the ability to check NHS Service Finder to find pharmacies stocking these medicines;
- Details of where parenteral haloperidol can be accessed locally, e.g. through any local commissioning arrangements; and
- Awareness of other support services that may be useful for patients/relatives/ carers.

How was the palliative and end of life critical medicines list created?

The list of 16 palliative and end of life critical medicines was produced by NHS England in close consultation with a clinical expert group, with consideration given to the criteria below:

- A range of medicines primarily focused on end-of-life care, recognising they are also useful for rapid access in palliative care;
- The products enabled a range of administration routes to support patients who may not be able to swallow/have any easy venous access;
- Cost to the pharmacy owner for holding the stock;
- Supply chain availability; and
- Shelf life of manufactured products.



Implications for Integrated Care Boards

- The PQS criterion is not a commissioned service and it therefore **does not replace local commissioning arrangements that reimburse certain pharmacies for holding stock of end-of-life care medicines.**
- A pharmacy owner can still meet the gateway criterion even if they do not stock the medicines. They must have an action plan that collates information from pharmacies in their area so the pharmacy team can aid a patient, relative/carer in obtaining medication as swiftly as possible by redirecting them to the nearest open community pharmacy that stocks the 16 critical palliative care and end-of-life care medicines and/or parenteral haloperidol, as well as completing the questionnaire to evaluate the value of the criterion.
- Parenteral haloperidol may be stocked in fewer locations but to meet the requirements of the quality criterion, the pharmacy team must be able to support patients, their relatives/carers and other healthcare professionals by directing them to the nearest open community pharmacy that stocks this medicine.
- There is no financial incentive for pharmacy owners to stock the 16 palliative care and end of life critical medicines within the PQS criterion.