

Briefing: 020/26: Amendments to NHS pharmacy regs to introduce prescribing conditions, closures for learning and development, and other changes

This Community Pharmacy England Briefing sets out a series of regulatory changes for community pharmacy that came into force on 1 October 2026, covering prescribing within the CPCF, pharmacy closures for learning and development, explicit consent for changing patients' nominations, enhanced DBS checks for all professional staff and locums, pharmacy owner cooperation with local dispute resolution and various market entry rules and requirements.

[The National Health Service \(Pharmaceutical and Local Pharmaceutical Services\) \(Amendment\) \(No. 2\) Regulations 2026](#) were laid on Thursday 3rd September as amendments to [The National Health Service \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013](#) (the PLPS Regulations).

The changes took effect from 1st October 2026, except the requirement for professional staff/locums to hold enhanced DBS certificates, which is due to take effect from 1st January 2027.

The amendments reflect some of the regulatory changes agreed in the [2026/27 CPCF settlement](#) and will introduce the following to the Terms of Service and market entry controls (in the PLPS Regulations).

The key changes are:

- Independent prescribing conditions: arrangements for prescribing within NHS pharmacy services
- Closures for learning and development
- Explicit patient consent for nomination and other changes to the NHS Personal Demographics Service (PDS)

- Enhanced DBS certificate requirement (from 1st January 2027)
- Updates to local dispute resolution processes
- Minor market entry changes

Independent prescribing conditions

The Terms of Service will introduce the circumstances in which an authorised prescriber (e.g. a pharmacist prescriber) employed or engaged by a pharmacy owner may prescribe as part of NHS pharmacy services and the conditions for that prescribing.

These changes to the Terms of Service apply from 1st October 2026; however, prescribing within the CPCF will not be implemented in individual pharmacies until various processes have been completed and the ICB has authorised the pharmacy. There are many requirements that will apply to pharmacy owners that wish a prescriber to prescribe within the CPCF, and you can read more about them on our [Prescribing within the CPCF webpage](#).

What is allowed from 1st October 2026

In brief, an NHS pharmacy owner may not dispense an NHS prescription issued by a prescriber (e.g. a pharmacist prescriber) they employ or engage unless:

- (1) The prescription is issued as part of, and in compliance with, a directed service, i.e. an Advanced or Enhanced service. For the time being, prescribing will be allowed in the following Advanced services: Pharmacy First and the Pharmacy Contraception Service. ICBs may also commission prescribing services as part of a local Enhanced service.

Or
- (2) The EPS prescription (e.g. by a pharmacist prescriber) replaces a prescription issued by a prescriber at a general practice, and the replacement prescription is issued with the **agreement** of the prescriber of the prescription being replaced.

The agreement may relate to the replacement of a specific prescription, or it could, for example, be a general agreement to the replacement of a certain category of prescriptions in specified circumstances.

The pharmacy employed or engaged prescriber must carry out **a best interests assessment** and prescribe in accordance with that assessment.

The replacement prescription must be a prescription only medicine that general practice prescribers are permitted to prescribe under their NHS contract.

The pharmacy must have an SOP for prescribing and dispensing at the same pharmacy and for carrying out a **best interests assessment**.

A best interests assessment is an assessment that a medicine or appliance is:

- (a) clinically appropriate and in the best interests of the patient for whom the drug or appliance is ordered;
- (b) consistent with best practice within the NHS with regard to obtaining value for money for the NHS; and
- (c) in all other respects professionally appropriate.

Prescribing of replacement prescriptions as described above can only be undertaken by a pharmacy employed or engaged prescriber where the pharmacy is also providing an Advanced service which includes prescribing, as described in (1) above.

NHS reimbursement and remuneration for dispensing a prescription issued by a prescriber who is employed or engaged, will not be paid where NHS England is of the view that it is not authorised by the PLPS Regulations (i.e. not one of the two circumstances briefly outlined above).

Community Pharmacy England has compiled answers to queries about the conditions related to independent prescribing since the announcement of the regulation amendments. The FAQs at the end of this briefing are some of the most commonly asked.



Closures for learning and development

The Terms of Service allow a pharmacy to close for training and development during core opening hours (without having to make up the time).

Pharmacies may close for up to a total of four hours in each calendar month. This can be taken as one closure or split across several shorter closures, but the combined time must not exceed four hours in that month, provided that the pharmacy/owner complies with the following:

Notice

- Gives 30 days' notice to ICB in advance of the closure; and
- The ICB has not objected to the closure because it would lead to a disruption of pharmacy services in the area (e.g. another pharmacy in the relevant area is closing at the same time).

Time of the week/day

- No part of the closure is on a Saturday or Sunday;
- No part of the closure is within the first 3 hours of the first weekday opening and the last 3 hours of the last weekday opening (e.g. Monday morning start and Friday afternoon end, respectively); and
- For a 100-hour pharmacy (a pharmacy subject to the 100-hour conditions – this could be open 72 hours a week), no part of the closure is between 5–9pm Monday to Friday.

Pharmacy actions in advance of the closure

- Local general practices that are accustomed to sending patients to the pharmacy for dispensing emergency prescriptions and Advanced services are informed of the closure;
- The pharmacy profile for the pharmacy in the Directory of Services and on the NHS website is amended via [NHS Profile Manager](#).
- A notice is displayed, which, where practicable, can be read by somebody outside the pharmacy premises, which specifies the days and times the pharmacy is closed. For DSPs, their public website page on which their normal opening hours are displayed must have that information.



Closures for learning and development can be during supplementary opening hours. However, a pharmacy owner may also give 5 weeks' notice to change these, without giving reasons and without the above conditions.

Explicit consent for EPS nomination changes and other changes to the PDS

The Terms of Service require pharmacy owners and their teams to ensure that a patient's explicit consent is obtained before a nominated pharmacy is added to or changed in the patient's NHS Personal Demographics Service (PDS) record.

The requirement relates to the nominated dispensing pharmacy field held within the PDS. Pharmacy teams commonly access and update this information through their IT systems, for example via an Electronic Prescription Service (EPS) nomination module.

For most community pharmacy teams, this should represent a clarification and reinforcement of existing practice rather than a significant operational change. Pharmacy teams have long been expected to respect patient choice when managing EPS nominations and to obtain patient agreement before setting or changing a nominated pharmacy. This clarification aligns with wider patient choice requirements and data protection obligations associated with EPS nominations and access to NHS patient information.

Note: The Information Commissioner's Office indicates that '*...All consent must involve a specific, informed and unambiguous indication of the individual's wishes. The key difference is likely to be that 'explicit' consent must be affirmed in a clear statement (whether oral or written)...*'

This requirement will also apply to Local Pharmaceutical Services (LPS) pharmacies.

Related information:

- Earlier this year, we [highlighted](#) that NHS England had [updated NHS Nomination Standards](#), following confirmation that data protection legislation requires an appropriate legal basis for each access to a patient's PDS information.
- Visit [our Personal Demographics Service \(PDS\) webpage](#)
- [Visit our EPS Nominations & Patient Choice webpage.](#)



Enhanced DBS certificate requirement – coming into effect on 1st January 2027

The Terms of Service require professional staff and locums (pharmacists and pharmacy technicians):

- to hold a valid enhanced Disclosure and Barring Service (DBS) check (certificate*) or
- evidence to demonstrate that an enhanced DBS status check has been undertaken using the DBS Update Service.

*DBS certificates are valid for three years from the date of issue by the DBS.

This requirement will also apply to LPS pharmacies.

Local Dispute Resolution

The previous Terms of Service

A pharmacy owner must also make every reasonable effort to communicate and cooperate with NHS England with a view to resolving any dispute; and may invite their LPC to be involved in attempts to resolve the dispute.

The ICB must make every reasonable effort to communicate and co-operate with a pharmacy owner with a view to resolving any dispute between the commissioner and the pharmacy owner before issuing a remedial or breach *notice*; but this doesn't apply if the ICB:

- considers there is a need to issue *notice* to protect the safety of persons; or
- considers there is a need to issue *notice* to protect the NHS from material financial loss; or
- where a pharmacy was not open during its opening hours and the commissioner has already made reasonable efforts to communicate with the pharmacy owner with a view to establishing why this happened;
- the matter has already been the subject of dispute resolution and there are no new issues that justify any delay in issue a notice.

New current Terms of Service

The Terms of Service will be amended to indicate that cooperation by the pharmacy owner includes either...

- a) answering any questions which are reasonably put by the ICB, and
- b) providing any information relating to the dispute which is reasonably required by the ICB,

...within the timescales the ICB reasonably notifies.

If the pharmacy owner is in breach of these obligations, the ICB is under no obligation to undertake local dispute resolution and can issue a remedial or breach notice.

Market entry changes

The amendment regulations made various minor changes, including that regulation 31 will no longer apply to *change of ownership* applications that do not involve a relocation (Reg 26(1) applications).

Frequently asked questions (FAQs) - Independent Prescribing Conditions

Community Pharmacy England has compiled answers to queries about the conditions related to independent prescribing since the announcement of the regulation amendments. The following are some of the most commonly asked.

Q. Why have these Terms of Service been introduced?

To support the introduction of pharmacist prescribing within the CPCF and to be part of the governance to support prescribing and dispensing from the same pharmacy.

Q. When may a pharmacy owner who employs or engages a pharmacist prescriber dispense NHS prescriptions issued by that prescriber?

If their prescription is issued either:

1. As part of a directed service (currently either Pharmacy First or the Pharmacy Contraception Service) and only as permitted by that service; or

2. If it replaces a prescription issued by a prescriber at a general practice, where the pharmacist prescriber's replacement prescription is issued with the agreement* of the prescriber/GP practice. This activity is described as 'prescription management' by NHS England.

(*Agreement may relate to the replacement of a specific prescription, or it could, for example, be a general agreement for the replacement of a certain category of prescriptions in specified circumstances. NHS England has developed [guidance on prescription management](#) to provide further information on this activity.)

Q. When did these Terms of Service come into force?

On 1st October 2026.

Q. When may I start dispensing prescriptions issued by a prescriber I employ or engage, where those prescriptions are issued as part of Pharmacy First or the Pharmacy Contraception Service?

The start date has not yet been determined.

Q. Is the prescription issued as part of the Advanced Service?

Yes.

Q. Is the prescription dispensed as part of the Advanced Service?

No, it is dispensed as part of the Essential Services Dispensing service.

Q. May a patient choose which pharmacy to dispense their prescription if the prescription is issued as part of a directed service?

Yes. Patient choice remains important for prescriptions issued by pharmacist prescribers.

The CPE and BMA have jointly issued the following guidance which indicates that the choice of who dispensed their prescription remains with the patient: [BMA-and-PSNC-statement-on-prescription-direction-2018-reissue.pdf](#) and [Prescription direction to certain pharmacies](#) . NHS



England also provide materials for pharmacies to use to inform patients of patient choice of pharmacy.

See our information page on [Prescription Direction](#).

Q. If the patient's EPS nomination is for Pharmacy A and they decide to have the prescription (issued as part of a directed service at Pharmacy B) dispensed at Pharmacy B, does the EPS nomination automatically change to Pharmacy B?

No. The prescription issued as part of the directed service may be dispensed at Pharmacy B without the patient's EPS nomination being changed. The patient could also choose to have the prescription dispensed at Pharmacy A.

A patient's explicit consent must be obtained before a nominated pharmacy is added to or changed in the patient's NHS Personal Demographics Service (PDS) record. This became part of pharmacy contractors' Terms of Service on 1 October 2026.

NHS England has updated the [EPS nomination: standards that must be followed](#), which recommend that an electronic or written record of the patient's consent is kept in case of future queries.

Q. May a pharmacy signpost a patient to another pharmacy because that pharmacy offers independent prescribing as part of a directed service?

Yes.

Q. If a pharmacy owner employs a pharmacist prescriber part time and the prescriber is employed by a local GP practice part time, may the pharmacy dispense the prescriptions the pharmacy prescriber issues from the GP practice?

Yes. The pharmacist prescriber is not employed or engaged by the pharmacy owner when working for the GP practice.

Q. Must a pharmacist prescriber be present at the pharmacy premises when issuing prescriptions as part of a directed service?



Yes. Pharmacy First and Pharmacy Contraception Service consultations must be at or from the pharmacy premises, as appropriate, even if the patient is remote (i.e. even if the patient is not at the pharmacy), and the consultation is taking place via telephone or video consultation.

Q. May any pharmacist prescriber employed or engaged by a pharmacy owner replace general practice prescriptions with the general practice prescriber's agreement?

No. Only pharmacist prescribers employed or engaged by a pharmacy owner providing independent prescribing as part of a directed service may do so.

Q. What does the general practice prescriber's agreement mean in this context?

The agreement may relate to the replacement of a specific prescription, or it could, for example, be a general agreement to the replacement of a certain category of prescriptions in specified circumstances. NHS England has developed [guidance on prescription management](#) to provide further information on this activity.

Q. What is the 'best interests assessment'?

A 'best interests assessment' is an assessment that a medicine is:

- (a) clinically appropriate and in the best interests of the patient for whom the medicine is ordered;
- (b) consistent with best practice within the NHS with regard to obtaining value for money for the NHS; and
- (c) in all other respects professionally appropriate.

Q. Who carries out a 'best interests assessment' and when?

The pharmacist prescriber employed or engaged by the pharmacy owner carries out a 'best interests assessment' before issuing the replacement prescription, and must issue the replacement prescription in accordance with that assessment.

Q. What is the pharmacy owner's responsibility for 'best interest assessments' as set out in these Terms of Service changes?



The pharmacy owner must have an SOP for prescribing and dispensing at the same pharmacy, and for carrying out a 'best interests assessment'.

Q. Is there a record keeping requirement in these Terms of Service changes for 'best interests assessments'?

No, but it is implicit that any independent prescriber choosing to make these interventions must be able to justify them and should therefore keep appropriate records.

As stated already, there are many requirements that will apply to pharmacy owners that wish a pharmacist prescriber they employ or engage to prescribe within the CPCF from their pharmacy, and you can read more about them on our [Prescribing within the CPCF webpage](#).

For more information about this briefing, please email regulations.team@cpe.org.uk