

The headline value of the 2026/27 Community Pharmacy Contractual Framework (CPCF) is **£3.636 billion**. That is the total funding figure for the framework year in England—not an amount paid to each pharmacy, and not a promise that every contractor will see the same increase in income.

For pharmacy owners and teams, the number matters because it sets the scale of public funding behind NHS community pharmacy services. But the total alone does not tell you how much will reach your business, how much will cover new service activity, or whether it will meet your staffing and operating costs. Those questions depend on the detail of the settlement and how funding is distributed.

This article explains what the £3.636 billion figure means, why it needs to be read alongside workload and workforce pressures, and why relying on recruitment alone may not solve staffing gaps. It also looks at how apprenticeships can help build a more dependable staffing pipeline.



What does £3.636 billion mean?

The **£3.636 billion** figure is the headline value of the **CPCF 2026/27** for community pharmacy in England. The framework sets out the funding and contractual arrangements for NHS pharmacy services during the year.

It is useful to think of the figure as a sector-wide funding envelope. It is not a flat payment that is divided equally between pharmacies. A contractor's income depends on factors such as dispensing activity, service provision, the terms of the framework, and the specific funding mechanisms in place.

Question What the headline figure tells you What it does not tell you on its own How much is the CPCF worth?

The headline total for 2026/27 is £3.636 billion. How much any one pharmacy will receive. Does the total equal a direct uplift for every contractor? No. It describes the overall framework value. The effect on each pharmacy's income or margin. Does the figure show whether funding covers workload? It provides a starting point for assessing sector-wide funding. Whether local staffing, service and operating costs are covered.

For a sound comparison, check the relevant official framework documents for the year, the funding period and the included services. A headline figure can be easy to quote but hard to interpret if those details are missing.

Why community pharmacy funding matters now

Community pharmacies are taking on more clinical work while continuing to provide core services such as dispensing and advice. That expansion can create more opportunities for patients to access care close to home. It also brings extra demands on staff time, skills, space and rota cover.

One clear example is **Pharmacy First**. The service gives eligible patients a route to assessment and treatment for specified conditions through community pharmacy. It can help relieve pressure elsewhere in primary care, but the work does not happen without people to deliver it. Teams need capacity to assess patients, make clinical decisions within the service requirements, keep appropriate records and manage the rest of the day's workload.

That last point is familiar to pharmacy owners: a service appointment does not pause the dispensary queue. If a pharmacist is providing a consultation, someone still needs to handle queries, support the team and keep core activity moving. The rota has to account for both planned service work and the unpredictable demands of the pharmacy.

So the value of CPCF funding is not simply a matter of whether the headline number is larger than before. Contractors need to consider what work the funding supports, how payment is structured and whether local staffing capacity allows the pharmacy to deliver the services expected of it.

More service activity means more workforce pressure

Pharmacy First has increased the range and volume of clinical activity that community pharmacies may need to manage. Demand varies between locations and over time, but the operational challenge is consistent: new activity has to fit into real working days, with real staff and finite opening hours.

That pressure sits alongside concerns about falling workforce numbers in community pharmacy. When fewer people are available to fill roles, a vacancy can affect far more than the job description suggests. It can leave a pharmacist without reliable support, disrupt service delivery, reduce flexibility for sickness cover and increase the burden on colleagues who remain.

Here are some of the issues that can make a rota fragile:

- **Unplanned absence:** one illness can leave a small team short at short notice.
- **Recruitment delays:** a vacancy may remain open while the business searches for a suitable candidate.
- **Peak-time clashes:** dispensing demand, patient consultations and service appointments may coincide.
- **Limited role cover:** not every team member can take on every task, especially where training or authorisation is required.
- **Retention problems:** repeated pressure can make it harder to keep experienced staff.

These are not abstract workforce risks. They show up as missed breaks, delayed work, reduced appointment availability and more pressure on the person holding responsibility for the pharmacy. Funding and staffing are connected: a funded service still requires the right people, with the right skills, at the right time.

Why recruitment-only strategies often fail

In a tight labour market, “put an advert up and wait” is not a workforce plan. Recruitment matters, but it cannot be the only answer when employers are competing for a limited pool of trained people.

A recruitment-only approach can leave pharmacy owners exposed to long gaps between a resignation and a new starter. It may also encourage repeated short-term fixes—such as asking existing staff to stretch further—without

addressing how the team will build capacity over the next year.

That does not mean every pharmacy should stop recruiting. It means recruitment works better as one part of a wider plan that includes retention, training, role development and succession planning. Owners should ask practical questions: Which roles are hardest to fill? What happens if a key person leaves? Which tasks could trained team members take on safely? How long would it take to thebusinessdesk.com prepare someone for those responsibilities?

Good workforce planning is specific. It names the roles, the skills required, the training time and the person responsible for supporting development. It also recognises that an apprentice is a learner, not a way to obtain “cheap labour”. Apprentices need supervision, protected learning time and a clear route to competence.



How apprenticeships can build a staffing pipeline

Apprenticeships can help community pharmacies develop skills from within the local workforce. Rather than waiting for every vacancy to be filled by an already-qualified applicant, an employer can support a new or existing team member to learn while working towards a recognised qualification.

That takes planning. An apprenticeship does not solve a rota gap overnight, and it should not be presented as an immediate replacement for an experienced colleague. Its value is longer term: it can help a pharmacy develop people who understand its working environment, build confidence in relevant tasks and progress into roles the business needs.

What a practical apprenticeship pathway looks like

1. **Identify the workforce need.** Decide which role or skill gap the pharmacy needs to address, rather than enrolling someone without a clear purpose.
2. **Choose an appropriate programme.** Match the training to the learner's role and the pharmacy's development plans.
3. **Set up workplace support.** Identify who will supervise the learner and how the team will make time for learning alongside daily work.
4. **Review progress regularly.** Check development against agreed goals and address problems before they affect the learner or the rota.

5. **Plan the next step.** Discuss what the learner could do after completing the programme and what further training or experience may be needed.

This is how a staffing pipeline becomes more than a phrase. The pharmacy links a current workforce need to a training plan, provides support week by week and reviews whether the learner is developing the skills the business needs. That approach may also support retention by giving people a visible route to develop within the pharmacy.

Finding pharmacy apprenticeship training

Pharmacy owners exploring this option can review the pharmacy apprenticeship training category from Tend Training. Use the category page to investigate relevant training options, then confirm the programme details, eligibility, delivery arrangements and employer responsibilities directly with the provider before making a decision.

Before enrolling, check that the pharmacy can support the learner in practice. That includes agreeing who will supervise them, how their learning time will be managed and how progress will be reviewed. A good match between the programme and the pharmacy's staffing plan is more useful than choosing a course simply because a place is available.

How should pharmacy owners assess the CPCF 2026/27 value?

The £3.636 billion headline gives the sector a useful reference point, but owners should connect it to the realities of their own business. A practical review can include:

- **Check the official terms.** Confirm what the 2026/27 figure covers and how funding is allocated.
- **Map workload against staffing.** Look at when dispensing demand, consultations and other services overlap.
- **Identify fragile rota points.** Note roles or shifts where one absence would cause a service problem.
- **Review retention as well as vacancies.** Find out what makes staff stay, develop or leave.
- **Build training into the plan.** Decide which skills can be developed internally and how much support that requires.

These steps will not remove every constraint. They can, however, help owners make better decisions about where to recruit, where to train and how to use available capacity responsibly.

The bottom line

The **CPCF 2026/27 is valued at £3.636 billion**, a substantial sector-wide figure for community pharmacy funding in England. It should not be mistaken for a guaranteed payment to each pharmacy or proof that every local cost is covered.

At the same time, services such as Pharmacy First are adding clinical work to already busy community pharmacy teams, while workforce numbers are under pressure. In that environment, recruitment remains important—but recruitment alone may not give pharmacies the resilience they need.

Apprenticeships offer one way to develop people and build future capacity, provided employers treat them as structured learning rather than a quick rota fix. The strongest workforce plans connect funding, workload and skills development: they show who will do the work, what support they need and how the pharmacy will build capacity over time.

Note: The £3.636 billion figure is the headline CPCF value for 2026/27. Contractors should check current official framework guidance for the detailed terms, payment mechanisms and service requirements that apply to their

circumstances.