

8 July 2025

Dear Colleague

PHARMACEUTICAL SERVICES: AMENDMENTS IN RESPECT OF COMMUNITY PHARMACY REMUNERATION ARRANGEMENTS FROM 1 APRIL 2025

Purpose

1. This circular sets out to community pharmacy contractors and NHS Boards the details of the community pharmacy funding arrangements for 2025/26.

Background

2. [Circular PCA\(P\)\(2024\) 28](#) advised on amendments to the remuneration and reimbursement arrangements listed in Part 7 of the Drug Tariff (generics) along with the Part 7 discount clawback rate for the financial year 2024/25.
3. [Circular PCA \(P\)\(2025\) 07](#) set out the agreement between Scottish Government and Community Pharmacy Scotland (CPS) on the reimbursement arrangements and changes to the Scottish Drug Tariff for the financial year 2025/26.
4. A settlement has now been reached with CPS on the remuneration arrangements for the community pharmacy funding package for the financial year 2025/26.

Detail

5. This circular advises on the headline remuneration elements as part of the overall community pharmacy funding package for 2025/26:
 - A. The remuneration Global Sum will be reset for **2025/26 at £242.013m**, an increase of 4% on the previous year and will be effective from 1 April 2025. This sets the baseline figure for 2026/27.
 - B. The non-Global Sum shall roll forward at its **current level set at £1.3m**.

Addresses

For action

Chief Executives, NHS Boards
Director of Practitioner Services, NHS NSS
Director of Data, Digital and Statistics, NHS PHS

For information

Directors of Finance, NHS Boards
Directors of Pharmacy
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- C. As agreed and communicated in [Circular PCA \(P\)\(2025\) 07](#), the continued mapping of funding from Part 7 (generic) of the Drug Tariff as guaranteed income will increase by **£20m to £100 million** for the financial year 2025/26. Mapped guaranteed income is **not** subject to an annual uplift. This additional quantum will be allocated to the Pharmacy First and Pharmacy First Plus services – further detail on the breakdown of this funding is set out in the Annex.
6. Taking these points A to C above, the total guaranteed funding to be delivered in 2025/26 is **£343.313 million**.
7. As also stated in [Circular PCA \(P\)\(2025\) 07](#), the current level of Guaranteed Minimum Income has also increased by £10m to £120m. The delivery of the Guaranteed Minimum Income will be closely monitored on a monthly basis and action taken on a quarterly basis during the financial year via a cashflow protection mechanism, if required. Further action to support contractor cashflow will be considered, if appropriate.
8. The 4% uplift of £9.31m to the global sum for this year will be allocated to the Dispensing Pool. Further details on the breakdown of global sum funding are set out in the Annex.

Consultation

9. CPS has been consulted on the Drug Tariff amendments and the contents of this circular.

Action

10. NHS Boards are asked to:

- **copy this circular to all community pharmacy contractors on their pharmaceutical lists, Health and Social Care Partnerships and the Area Pharmaceutical Committee.**

Yours sincerely,



Professor Alison Strath
Chief Pharmaceutical Officer /
Deputy Director Pharmacy & Medicines Division

DRUG TARIFF PROVISIONS WITH RESPECT TO COMMUNITY PHARMACY REMUNERATION WITH EFFECT FOR DISPENSING PERIOD UPDATED TO INCLUDE CHANGES FOR DISPENSING FROM APRIL 2025

Dispensing Pool Payment – standard arrangements for contractors with established dispensing histories – annualised pool £176.879m

From 1 April 2025 all contractors on the pharmaceutical list on the first day of the dispensing month will be eligible to receive a Dispensing Pool Payment. This will be calculated as a discrete payment for each contractor.

For dispensing months from April 2025 onwards it will be calculated as a share of a total monthly dispensing pool of **£14.740m**.

In August (calendar month), eligible contractors will receive a one-off payment as a proportionate share of a £2.327m backdated payment pot to rebalance April to June 2025 dispensings in line with the year's Dispensing Pool annualised budget. Subsequent months and quarters will be paid as a proportionate share of the £176.879m pot.

In recognition of the activity associated with complex dispensings and to avoid the need for a separate payment, the aggregate dispensing pool and each contractor's share will compromise discrete dispensing plus instalments, with each instalment weighted on a par with a dispensing.

Dispensing Pool Payment – arrangements for contractors recently added to the pharmaceutical list and/or with incomplete dispensing history, or whose dispensing pool payment would otherwise fall below the minimum target

A minimum monthly payment of **£750** will apply for dispensing months April 2025 onwards to eligible contractors who were not on the list, or where no previous contractor was on the list for the applicable prior reference period used when calculating the dispensing pool payments. The minimum payment will remain in place until the contractor has three consecutive months of dispensing activity to be used to determine the dispensing pool payment.

If a contractor recently added to the list considers that the **£750** payment does not fairly reflect their share of the overall dispensing activity in the first three months of operation, they may make a request to NHS National Services Scotland, Practitioner Services (nss.psdhelp@nhs.scot) within nine months of the dispensing months concerned for a retrospective adjustment calculation to be completed. This will establish if an adjustment, calculated by reference to the previous quarter's dispensing pool, would be appropriate.

If the total amount due is less than the **£750** already paid, no further action will be taken. If the amount due exceeds **£750** an adjustment will be made as soon as practical for the months concerned and if necessary as a retrospective payment. This provision is back dated to apply for payments to dispensing month April 2025 onwards.

Medicines: Care and Review (M:CR) Service Capitation Payment – annualised pool £36.049m

Contractors, on the list on the first day of the dispensing month and contracted with their NHS Board to provide M:CR, will receive a share from this pool in proportion to the number of patients registered for M:CR and assigned a priority care plan in the patient's Pharmacy Care Record on the last day of the month concerned.

A rebasing exercise of the M:CR capitation pool is expected to take place, effective from October 2025. Previous rebasing exercises have been based on 'value' against Part 7 Gross Ingredient Cost (GIC). Going forward, this will be measured against volume as opposed to GIC value as a more accurate reflection of contractor workload.

Establishment Payment – annualised pool £37.740m

A single flat rate payment of **£2,500** will be made to contractors on the pharmaceutical list on the first day of each dispensing month.

For part time ESPs, the Establishment Payment will be made as a proportion of the single flat rate payment of **£2,500** as set out below:

Hours Contractor Open	% of Single Flat Rate Payment
>5<=10	60%
>10<=15	75%
>15<=20	85%
>20<=25	90%
>25<=30	95%
>30	100%

Unscheduled Care – annualised pool £4.08m

The annualised pool of **£4.08 million** recognises the supply of medicines against the unscheduled care Patient Group Direction (PGD). From 1 April 2025 all contractors on the pharmaceutical list on the first day of the month will be eligible to receive a **base payment of £100** and an associated unscheduled care activity payment derived from a fixed funding pot in the region of **£2.58m**.

NHS Pharmacy First Scotland Service – annualised pool £35.8m

As outlined in Circular [PCA\(P\) \(2021\) 20](#), contractors on the board's pharmaceutical list on the first day of the month will receive a base payment of **£1,000**. Any further quantum removed from the monthly base payment will be redistributed via the activity payment pot and supplemented by income generated from specific interventions. These pharmaceutical care interventions are **Advice, Referral or Treatment**.

From **1 April 2025**, and for **each month thereafter**, all contractors will receive the base payment of **£1,000** and an **activity payment from the activity payment pot of £1.725m where their activity level is above a specified minimum of 100 interventions per month** – with activity being recorded on PMR systems as **Advice, Referral or Treatment**. A review of the NHS Pharmacy First Scotland Service remuneration model continues and any change to the base and activity allocation will be communicated to contractors. Should a new contractor take over responsibility for

an existing community pharmacy mid-month, they can gain access to the activity pot should they exceed the minimum activity threshold. There will be a balancing payment from a £1.25m pot based on April and May 2025 activity.

From 1 July, weightings for NHS Pharmacy First Patient Group Direction (PGD) activities will increase from 3 to 5.

July 2024 guidance on the NHS Pharmacy First Scotland service can be found on the [CPS website](#).

Quality and Service Development (QSD) Payment – annualised pool £4.246m

For the dispensing months April 2025 – March 2026, the aggregate monthly amount available for the calculation of the target Quality and Service Development payments to contractors is **£0.354m**.

Quality Improvement

Contractors on the pharmaceutical list from 1 April 2025 will be entitled to a fixed fee of **£280, paid monthly**. Contractors should note that activities from **April 2025 onwards will support the implementation and training requirements for the enhancement of NHS Pharmacy First Scotland, other contractual services and Public Health Services, and timely completion of the NES Community Pharmacy Workforce Survey in 2025**. Further activities to support Quality Improvement will be announced during the course of the year under a separate circular and will be subject to any changes in policy priorities.

Gluten Free Food Service – annualised pool £2.0m

All contractors who are on the list on the 1st day of the dispensing month and who have accepted their Health Board's invitation to offer Gluten Free Foods as an additional pharmaceutical service will receive a monthly fixed payment of **£100**. All contractors in the dispensing month concerned shall receive an activity payment from a fixed funding pot of around **£500k**.

All contractors providing GFFS must ensure that patients' full and accurate CHI numbers are provided.

Service Efficiency Payment – annualised pool £5.762m

In order to continue the drive to adopt a digital first approach to claiming, electronic claims must be the default approach for all reimbursement claims where possible. Arrangements for the monthly Service Efficiency Payment will continue as an absolute eClaim target that will measure all AMS claims, including care home, instalment and stoma claims. The target rate of claims will continue at 80%.

All new contractors on the pharmaceutical list at or since 1 April 2025 will receive the monthly Service Efficiency Payment of **£150**.

The payment will be calculated as:

SE% = Total eClaims / Total Possible eClaims (inclusive of care home, instalment and stoma claims)

At or above the threshold a contractor will receive a payment at the rate of each contractors own Service Efficiency Payment. Below the threshold, contractors will not be eligible for any payment, except in the following circumstances:

A contractor who would not otherwise receive a payment for a particular month may request the Health Board consider failure to achieve the **80% threshold** is exceptional and out with the contractor's control and authorise a special payment. If the application is made, and the Health Board determines failure to achieve the target threshold is out with the contractor's control, a payment may be authorised at the Health Board's discretion.

Patient Services element of Public Health Service (PHS), Smoking Cessation, Emergency Hormonal Contraception and Bridging Contraception (Sexual Health) – total annualised pool £4.250m

All contractors who have arrangements in place with Health Boards for the provision of PHS will receive payments in respect of the dispensing months April 2025 onwards for the following services:

PHS Smoking Cessation

A contractor will be remunerated for the submission of MDS information at each of the three quit attempt milestones and rates are noted below. Milestones are intended to help improve the level of service provided to patients looking to quit smoking and the monitoring of that through the HEAT target process.

Quit Attempt Event	MDS Submission	Remuneration Basis
<u>Event A</u> Submission of the DS information with confirmed quit date (normally first return appointment)	To be electronically submitted once the quit date is confirmed with the client. This will inform the basis of the timelines for the four week and twelve week date follow up.	A count will be made on the central smoking cessation database of patients for MDS submission for new quit attempts that meet the validation requirements that have not been remunerated.
<u>Event B</u> Four week post quit date	To be electronically submitted immediately after the four week post quit date and not later than six weeks from the confirmed quit date.	A count will be made on the central smoking cessation database of patients for MDS submission for the four week stage that meet the validation requirements that have not been remunerated.
<u>Event C</u> Twelve week post quit date	To be electronically submitted immediately after the twelve week post quit data and not later than sixteen weeks from the confirmed quit date.	A count will be made on the central smoking cessation database of patients for MDS submission for the twelve weeks stage that meets the validation requirements that have not been remunerated.

The patient count will be made at the end of the calendar month.

Capitation payment in respect of patients at each of the following event stages:

- **Event A: £30**
- **Event B: £15**
- **Event C: £35**

An updated Patient Group Directive was issued on 10 April 2025 for the use of varenicline to replace Champix®. Further details can be found at [PCA\(P\)\(2025\) 06](#).

PHS Emergency Hormonal Contraception (Sexual Health)

All contractors who have arrangements with NHS Boards for the provision of the **Emergency Hormonal Contraception** will receive a **capitation payment of £30 per consultation** reported by a contractor.

PHS Bridging Contraception (Sexual Health)

All contractors who have arrangements with NHS Boards for the provision of the **Bridging Hormonal Contraception** will receive a **capitation payment of £30 per consultation** reported by a contractor. [Circular PCA\(P\) \(2021\) 12](#) provides details on the Bridging Contraception service.

PHS Provision of Prophylactic Antipyretic (paracetamol) following Meningococcal Group B Vaccine

The provision of prophylactic antipyretic (paracetamol) following Meningococcal Group B Vaccine remains available through community pharmacies. Following discussion between Scottish Government officials and CPS, agreement was reached that from 2021 **the service would no longer attract a fee**. Due to an oversight, during this time, contractors have continued to receive a fee in error. Funding for this service was redistributed within the remuneration Global Sum.

From 1 July 2025, all contractors who have arrangements with NHS Boards for the provision to support Meningitis B vaccination programme will receive only the reimbursement of the product supplied. There is no longer a need for local service arrangements to meet this need as a new national PGD has been established. There will be no action taken to recover fees paid between June 2021 and June 2025.

Pharmaceutical Needs Weighting Payment – annualised pool £3.845m

From April 2025, all contractors on the list at the start of the dispensing month and in receipt of a Dispensing Pool Payment will be eligible for the period April 2025 – March 2026 for a Pharmaceutical Needs Weighting Payment. This acknowledges the additional pharmaceutical needs arising from age and deprivation characteristics of the post code of presenting patients. For dispensing months April 2025 onwards it will be calculated from a **monthly pool of £0.320m**.

For each contractor, the following has been identified:

- Proportion of dispensing patients aged 60 years or over

- The percentage of dispensing patients with postcodes in the two most deprived quintiles according to the Scottish Index of Multiple Deprivation (SIMD)

Two indices will be calculated in accordance with the following table and those two discrete indices are averaged to produce a **combined index** which is the weighting to be applied.

Age	Age Index	SIMD	SIMD Index
75% or more of patients under 60 years	1.0	40% or less of patients with postcodes in the two most deprived quintiles	1.0
Between 65% - 75% of patients under 60 years	1.2	Between 40% - 60% of patients with postcodes in the most deprived quintiles	1.2
Between 65% - 75% of patients under 60 years, with more 75+ than 60 – 74	1.3	Between 40% - 60% of patients with postcodes in the most deprived quintiles and more in the most deprived quintiles	1.2
Between 55% - 65% of patients under 60 years	1.4	Between 60% - 80% of patients with postcodes in the most deprived quintiles	1.4
Between 55% - 65% of patients under 60 years, with more 75+ than 60 – 74	1.5	Between 60% - 80% of patients with postcodes in the most deprived quintiles and more in the most deprived quintiles	1.5
Between 45% - 55% of patients under 60 years	1.6	Between 80% - 90% of patients with postcodes in the most deprived quintiles	1.6
Between 45% - 55% of patients under 60 years, with more 75+ than 60 – 74	1.7	Between 80% - 90% of patients with postcodes in most deprived quintiles and more in the most deprived quintiles	1.7
Between 35% - 45% of patients under 60 years	1.8	More than 90% of patients with postcodes in the most deprived quintiles	1.8
Less than 35% of patients under 60 years	2.0	More than 90% of patients with postcodes in the most deprived quintiles and more in the most deprived quintiles	2.0

The combined index will be applied to the monthly pool, derived from the total transitional payments available for redistribution to determine the Pharmaceutical Needs Weighting Payment for each contractor. Contractors added to the list between 1 April 2025 and 31 March 2026 inclusive and/or without any dispensing history in the reference period will receive a **proxy monthly Pharmaceutical Needs Weighting Payment** calculated using a **combined index of 1.0**.

Stock Order on Cost – annualised pool £1.413m

The on cost allowance for items (except pneumococcal vaccines) ordered by general medical practitioners on Form GP10A is **17.5%** of the net ingredient cost, calculated in accordance with paragraph 16 of Part 1 of the Drug Tariff.

Guaranteed Minimum Target Income for an Essential Small Pharmacy (ESP) – annualised pool £0.124m

The total Establishment Payment **plus** Dispensing Pool **plus** Pharmaceutical Needs Weighting Payment made to an ESP each month is **£4,976** for full time contractors.

An equivalent guarantee for part time contractors is calculated as follows:

Hours Contractor Open	% of Single Flat rate Payment
>5<=10	60%
>10<=15	75%

>15<=20	85%
>20<=25	90%
>25<=30	95%
>30	100%

The total of Establishment Payment **plus** Dispensing Pool **plus** Pharmaceutical Needs Weighting Payment to be made to an ESP each month will be calculated as for all other contractors and if that aggregate is less than the level of the guaranteed minimum payment at a top up – the Essential Small Pharmacy Allowance – equivalent to the shortfall will be paid for the months concerned.

Eligibility for the ESP requires a contractor to be included on the register of essential small pharmacies held by their host NHS Board. Contractors taking over an existing ESP must have their continued inclusion in the ESP register approved by the Health Board.

Measured and Fitted Fees – annualised pool £0.147m

For dispensings from April 2025 onwards, a measured and fitted fee of **£25** is payable in respect of hosiery and all lymphedema garments which have been ‘measured and fitted’ if the prescription concerned is submitted for reimbursement appropriately **endorsed ‘measured and fitted’**. The measured and fitted fee payable in respect of trusses is **£250**. This includes made to measure products.

Community Pharmacy Independent Prescribing (NHS Pharmacy First Plus) – annualised pool £23.529m

[Circular PCA\(P\) \(2020\) 16](#) set out the intention to introduce a combined National Foundation Programme and Independent Prescriber (IP) Career Pathway for community pharmacists. It also described the terms of a pharmacist Independent Prescriber led common clinical conditions service which has become known as NHS Pharmacy First plus.

A monthly fee of **£3,000** will be made to the contractor named on a Board’s pharmaceutical list at the first day of that month for each full month the service is made available in the community pharmacy. Contractors should complete the form at Annex A of circular PCA(P) (2020) 16. The service should only be made available once the prescribing IP is able to prescribe as an IP on the NHS – this will require a prescriber code and, until such times as a prescribing system is developed to support this service electronically, a prescription pad.

The service provider will complete a self-declaration form to indicate that a pharmacist IP is available to provide this service for at least a **minimum of 25 hours per week**, for a minimum of 45 weeks of a rolling year from the date the service starts.

Any contractor that wishes to sign up for the service should complete the form found in annex A of [Circular PCA\(P\) \(2020\) 16](#).

The development of an NHS Pharmacy First Plus activity model is being finalised with a target implementation of October 2025. This will have an associated £3m activity pot. Details will be provided under a separate NHS circular when finalised.

Post Registration National Foundation for Newly Qualified Pharmacists – annualised pool £2.0m

To support the Post Registration National Foundation Programme for newly qualified pharmacists, a monthly fee of **£1,000** (£12,000 per annum) will be made available to a contractor named on the pharmaceutical list on the 1st of each month who supports the Post Registration National Foundation Programme. Payments will be made to contractors monthly for the 12 month period or subject to a change in contractors' status of participation.

Staff Training – annualised pool £2.751m

The budget annualised pool is £2.751m in 2025/26. A monthly payment will be made of **£180 per month per contractor**.

All contractors on the pharmaceutical list from the 1st day of month will be eligible for the payment.

Independent Prescribing Legacy Workforce – annualised pool £1m

Scottish Government has agreed to an annualised pool of £1m to support the role of Pharmacist Independent Prescribers in community pharmacies.

Other Payments

All other payments to community pharmacy contractors which are not set centrally under the Pharmaceutical Services arrangements e.g. locally set fees for methadone dispensing etc. and centrally set fees for non-Pharmaceutical Services such as stoma appliance dispensing services will continue unchanged unless otherwise notified.

Arrangements for contractors added to the list from 1 April 2025 onwards

Where a contractor is added to the list on 1 April 2025, NHS National Services Scotland (NSS) Practitioner Services will invite them to confirm whether they are a brand new contractor or whether they are taking over from an existing contractor already on the Pharmaceutical List and in the same location.

Those contractors who are taking over from an existing contractor will for the purpose of calculation payments to be made, be assumed to inherit the characteristics, dispensing history, and stabilisation arrangements etc. of the predecessor contractor.

Calculation of monthly advance payments

The method of calculation of advance payments to community pharmacy contractors in respect of centrally set remuneration and reimbursement for dispensing months April 2025 onwards is as follows:

The advance payment for dispensing months February – March inclusive is calculated as 100% of the 12 months mean monthly payment made to each contractor or its predecessor over the immediately preceding 12 month period for which calculated actual gross payments for the remuneration payments and reimbursements are available, at the time the advance payment is calculated.

Where a contractor or their predecessor has a history of less than 12 months actual payments at the time the advance is calculated, it will be calculated as 100% of the mean of the number of actual months for which data is available.

For brand new contractors the advance payment will be calculated as follows:

- Month one advance = (no. of days open/31) x £18,000
- For contractors who opened on the 1st of the month, their month two and subsequent advances will be calculated as the % applied to advance payments for all contractors as above for that month of the mean of the number of actual months which data is available.
- For contractors who opened during the month, their month two advance will equal: (no. of days /31) x £18,000; month three and subsequent advances until a 12 month history is available will be calculated as the % applied to advance payments for all contractors as above for that month of the mean of the number of actual months for which data is available.

Contractors in exceptional circumstances

Where a contractor has been subject to specific exceptional circumstances resulting in an interruption or delay in start of business operation i.e. due to fire, flood or another exceptional circumstance which in the Board's opinion was out with the contractor's control and as a result the premises were rendered unfit for trade, the Board may, at its discretion, grant an application from the contractor for a payment or proportion of a payment stated in the Drug Tariff and which would otherwise have been paid, provided the Board is satisfied that it would be reasonable to do so. Nothing in this paragraph removes the need for contractors to conduct their business with normal commercial diligence and to be appropriately insured.