

The headline value of the Community Pharmacy Contractual Framework (CPCF) for 2026/27 is **£3.636 billion**. That figure matters, but it is not a cheque for each pharmacy, nor does it tell an owner how much their own business will receive. It is the overall funding figure for the framework in England; the amount reaching an individual contractor depends on the services they provide, dispensing activity, fees and other payment arrangements.

For pharmacy owners and managers, the more useful question is what this level of **community pharmacy funding** needs to support. Community pharmacies are handling a broader range of clinical work, including thebusinessdesk.com Pharmacy First, while many are also dealing with recruitment and rota pressure. The funding figure sets the national context. Turning it into dependable capacity on the counter requires decisions about service delivery, staffing and training.

This article explains what the £3.636 billion headline means, why workload and workforce need to be considered together, and how apprenticeships can help build a staffing pipeline. It also points to Tend Training's pharmacy apprenticeship training category page as a place to explore relevant training options.

What does the £3.636 billion CPCF figure mean?

The CPCF is the framework through which community pharmacies in England are funded to deliver NHS services. Its headline value refers to the overall funding associated with the framework for the stated year. It does not mean that every contractor receives the same amount, or that the whole sum is paid as a simple annual practice allowance.

Payments are made through different routes and are linked to factors such as eligible activity and service delivery. So a headline figure needs context: it describes the national funding envelope, not a pharmacy's expected income or profit. Contractors should use their own payment statements, service data and the relevant official funding documents to understand how the arrangements apply to them.

Headline	What it tells you	What it does not tell you
£3.636 billion	The stated overall CPCF value for 2026/27	The amount any one pharmacy will receive
National funding framework	The broad financial context for NHS community pharmacy services	Whether a particular pharmacy has enough staff or capacity to deliver every service
Service-related payments	That income can depend on activity and the applicable payment rules	A guaranteed level of income regardless of workload or eligibility

When discussing the value, keep the year and denominator attached: **£3.636 billion for the 2026/27 CPCF in England**. That is more informative than saying "pharmacy funding is £3.636 billion" without explaining what the number covers.

Why the funding figure needs to be read alongside workload

Community pharmacies are being asked to deliver more than a dispensing service. Clinical services can improve access to care and make better use of pharmacy teams' skills. But new or expanded services also create work: consultations need to be staffed, recorded and followed up, and the rest of the pharmacy still needs to run safely.

Pharmacy First adds work to an already busy setting

Pharmacy First gives eligible patients access to advice and treatment for specified conditions through participating community pharmacies. It is an important shift in how some care can be accessed. It also adds consultations to a

workplace where staff may already be balancing prescriptions, patient queries, deliveries, stock issues and other NHS services.

The practical pressure often comes from timing. A consultation does not always arrive when the dispensary is quiet. A pharmacist may need to assess a patient while the team is dealing with a busy collection period or a queue of prescriptions. If one person's attention moves to a consultation, another trained team member may need to keep other tasks moving. That is a rota and workflow question, not simply a question of whether the pharmacy has signed up to a service.

For owners, the test is whether the service can be delivered consistently without creating unsafe delays elsewhere. The answer depends on local patient demand, opening hours, staffing, consultation space and how the team shares work. The £3.636 billion national figure alone cannot show whether a particular branch has the people and time to meet its commitments.

Workforce pressure makes capacity harder to plan

Community pharmacy leaders have raised concerns about falling workforce numbers and difficulty filling roles. The exact picture varies by geography, occupation and reporting period, so avoid treating one workforce statistic as a complete account of every pharmacy's position. But the operational effect is familiar: a vacancy can leave a small team with less cover, less flexibility for breaks and training, and fewer options when someone is off sick.

That pressure can affect service delivery even when a pharmacy has strong demand. A team may have the skills to provide a service but not enough capacity to fit it into the day. A pharmacist who is tied up in consultations cannot also be in two other places at once. Support staff can help the wider operation, but they need appropriate training, supervision and clearly defined responsibilities.

These details matter when considering what community pharmacy funding can achieve. Funding supports the system, but it does not automatically create staffed hours. A sustainable plan must connect service commitments to the number of people available, their competencies and the time they need to do the work safely.



Why recruitment-only strategies fall short

Recruitment is necessary when a role is vacant. In a tight labour market, though, advertising another vacancy is not a workforce plan on its own. A pharmacy may have to compete for a limited pool of experienced applicants, and hiring can take time. Even after an appointment, the new colleague needs an induction and support before they can contribute confidently to the full range of duties.

Recruitment-only thinking also misses the people who could develop into pharmacy roles locally. A business that waits until a vacancy becomes urgent has fewer options than one that plans ahead: identifying entry routes, supporting current staff to progress, and making time for learning before the rota reaches breaking point.

That does not mean apprenticeships replace experienced staff or solve every staffing problem. An apprentice is a learner, not a spare pair of hands to be counted as fully trained cover. They need structured learning, supervision and time to build competence. If a business cannot provide those things, adding an apprentice may increase pressure rather than ease it.

How apprenticeships can create a staffing pipeline

A well-run apprenticeship creates a planned route into the workforce. Instead of relying solely on applicants who already have the right experience, a pharmacy can support a new or existing employee to develop relevant skills over time. This can help the business grow its own capability and give the learner a clearer route to a recognised role.



The key is to make “pipeline” concrete. It should describe what happens week by week: who supervises the learner, which tasks they practise, how learning links to their job and how the rota protects time for development. The plan should also set realistic expectations about what the apprentice can do at each stage.

Put the learning plan into the working week

Before enrolling an apprentice, agree how the training will fit around the pharmacy’s day-to-day demands. A useful plan covers:

- **Role and outcomes:** what the apprentice is learning and how the qualification relates to their actual job.
- **Supervision:** who will support them at work, and who can step in when that person is unavailable.

- **Protected learning time:** when the apprentice can complete required learning without being routinely pulled back into the rota.
- **Progress reviews:** how the manager and training provider will check progress, address gaps and agree next steps.
- **Workload boundaries:** which tasks the apprentice can undertake at each stage and what still requires oversight.

These practical arrangements are what turn training into workforce development. They also help managers spot problems early: missed learning time, inconsistent supervision or duties that have moved beyond the apprentice's current competence.

Explore pharmacy apprenticeship training

Tend Training's pharmacy apprenticeship training category page is a useful starting point for employers and prospective learners looking into pharmacy-related apprenticeship routes. Check the current course information, eligibility and delivery details directly with the provider. Requirements and available programmes can change, so confirm the details that apply to your workforce and funding arrangements before making a decision.

Apprenticeships should not be presented as "cheap labour". They are an investment in a person's skills and a commitment from the employer to provide appropriate training and support. When a pharmacy plans that commitment carefully, an apprenticeship can contribute to a more resilient team over time.

Turning the CPCF headline into a local workforce plan

The national value gives the sector a figure to discuss. Local planning needs more than the headline. Pharmacy owners can start by reviewing service demand, staffing and training together rather than treating them as separate problems.

1. **Map the work.** List the services and routine tasks the pharmacy delivers, then note when demand peaks and which roles each task requires.
2. **Check the rota against demand.** Identify single points of failure, such as a service that depends on one person being available throughout the day.
3. **Review current skills.** Record what team members can do now, what needs supervision and where further training could increase capacity.
4. **Plan recruitment and development together.** Recruit for immediate gaps, while considering whether apprenticeships or other training can build capability for future needs.
5. **Measure progress.** Review vacancy duration, rota gaps, training milestones and service capacity at set intervals. A monthly review can reveal problems before they become an emergency.

None of these steps guarantees that staffing pressure will disappear. They do, however, make it easier to see whether a service commitment is realistic and where investment in people could help. They also give managers a clearer basis for discussing capacity with commissioners and training providers.

What the £3.636 billion figure means for community pharmacy

The **£3.636 billion CPCF value for 2026/27** is a major headline in the discussion about community pharmacy funding in England. It should be read as an overall framework value, not as an individual pharmacy's income. And it cannot, by itself, answer whether teams have enough capacity to meet rising service demand.

Pharmacy First and other clinical work create opportunity, but they also add tasks that need time and people. Workforce pressure makes it risky to rely only on recruiting experienced staff at short notice. Apprenticeships can help develop capability, provided employers build in supervision, protected learning and realistic expectations.

The practical takeaway is straightforward: connect funding discussions to the work pharmacies actually need to do and the people available to do it. That means checking the official 2026/27 payment details, reviewing local workload and making a deliberate plan for recruitment and training. A headline figure matters most when it leads to a workable service and workforce plan.

Note: This article discusses the headline CPCF value stated for 2026/27 in England. Contractors should check current official NHS and Department of Health and Social Care guidance for the applicable payment rules and their own circumstances.