



Date: 22nd September 2025

Circular Number: NCO-22-2025

Community Pharmacy Agreement 2025

Dear Pharmacist,

I am taking this opportunity to write to you as a Community Pharmacy Contractor who currently holds a Community Pharmacy Contractor Agreement with the Health Service Executive (“HSE”) to inform you about the recently concluded Agreement reached between the Department of Health, the Health Service Executive (HSE) and the Irish Pharmacy Union (“IPU”) under a Framework of Engagement on a range of measures, including but not limited to, System Integration, Fees, Allowances and Development Funds, Service Expansion and Access, Administrative Burden and Reform, Digitalisation and ICT.

The Agreement (hereinafter referred to as the Community Pharmacy Agreement 2025) sets out new agreed contractual terms and conditions that will, in the case of the former, apply to the participating Community Pharmacy Contractors who opt in to provide these new measures.

In order for you to avail of the increase fee rates from 1st September 2025, you should return your completed Notice of Participation form via email to contract.national@hse.ie on or before the **3rd of October, 2025**. The HSE will continue to process Community Pharmacy Agreement Notice of Participation forms received after that date, and the increased fee rates will apply from the month in which the participation form is received.

In forwarding your signed and dated Notice of Participation Form please ensure that your email correspondence address is included in the space provided to allow for subsequent communications from the HSE in this matter. The Notice of Participation form can be accessed via the following web link:

<https://www.hse.ie/eng/about/who/gmscontracts/community-pharmacy-agreement/>

and is also attached as **Appendix 2** to this Circular.

Within this agreement the Department of Health, the Health Service Executive, and the Irish Pharmacy Union are committed to a process of ongoing, structured engagement to support the future development of community pharmacy. The continuation of a high-level, enduring strategic relationship is designed to support the shaping and implementation of pharmacy’s role in a more integrated, efficient, and patient-centred health system.

Fee arrangements for new publicly funded services will be established in consultation with the IPU and agreed in line with service design and implementation. Fees set by Regulation under the Public Service Pay and Pensions Act 2017 are subject to the provisions of the Act.

I would like to provide clarity for you on the variations to the Contracts arising from the said Agreement. The full text of the Agreement can be viewed at:

<https://www.hse.ie/eng/about/who/gmscontracts/community-pharmacy-agreement/>

The Agreement encompasses 4 distinct themes as follows:

1. Fees, allowances and development funds
2. Service Expansion and Access
3. Administrative Burden and Reform
4. Digitalisation and ICT

1. Fees, allowances and development funds

Under the terms of the agreement, the parties have agreed a range of fee adjustments in the case of existing services, and a range of fees in respect of new services and allowances. These are outlined in **Appendix 1**.

2. Service Expansion and Access

The agreement outlines a range of services which provide community pharmacies to further expand their scope of practice to deliver enhanced patient care. Further information will be provided in due course as these services are rolled out, including details of how to opt-in to particular services where relevant.

(i) Enhancing Access to Public Health Services and Health Promotion, through:

- Community Pharmacies' Role as Health and Wellness Hubs
- BowelScreen: The National Bowel Screening Programme
- Sexual Health Services
- Immunisation Services
- Common Conditions Service
- Supply and Administration of Emergency Medicines

(ii) Training and Development of the Pharmacy Team, through:

- Access to Required Reference Materials - In recognition of the requirement for access to essential references to support accurate dispensing, clinical decision-making and patient safety, pharmacists and their teams will be able to claim reimbursement, under the HSE Training Grant and within its confines, for the cost of mandatory reference texts (either online resources such as Medicines Complete or physical textbooks).
- HSE Pharmacy Training Grant - the training grant will be uplifted to €3060 per pharmacy. An annual process will be put in place to review the list of approved programmes eligible for grant funding which will include funding for course costs, and in the case of pharmacists, an allocation to cover the agreed time commitment associated with the course. To support the digitalisation agenda and to ensure efficient processes, the funding application and payment process will be digitalised.

(iii) Proactive Measures to Address Medicine Shortages

The agreement outlines the short, medium and long term approaches to medicines shortages, as follows:

Short term: the HSE PCRS is committed to working with the IPU to establish a process to highlight where there is reimbursement support for EMPs that could be used as suitable therapeutic alternatives to medicinal products in short supply. This process would quickly and easily support community pharmacy contractors to access up to date information on what EMPs may be permitted/reimbursed, in the short term, under Community Drug Schemes and arrangements. As part of this process, the HSE PCRS and the IPU will work together to flag, via the IPU Medicines Shortages List and the IPU Product File web service, where reimbursement support for EMPs without a temporary code, that could be used as a therapeutic alternative to a medicinal product on that list (where agreed with the patient and prescriber) may be made available.

Medium term: The Department of Health is committed to exploring therapeutic substitution by pharmacists and improved reporting mechanisms as key parts of the overall strategy to manage medicines shortages in Ireland.

Long term: Policy, legislative and contractual measures to ensure public service obligations are met should be utilised to ensure continuity of medicines. In that context the Department of Health reaffirms its commitment to developing an overarching strategy for medicines shortages in Ireland. The Department is actively developing a workstream in this regard. It recognises the IPU and its members as key stakeholders in this process and will continue to engage on the consideration of proactive measures to address medicines shortages.

However, it is acknowledged that the issue of medicines shortages is complex, and so the Department seeks to develop policy not only on reactive, but also long-term strategic mechanisms.

(iv) Medicines Optimisation

- High-risk medicines: under the terms of the agreement, the parties agree to development of a standardised pathway for clozapine dispensing and monitoring for community-based patients. An ongoing process with the HSE to identify services to support the management of other high-risk medications.
- Opportunities to improve medicines optimisation:
 - Within this agreement, a dedicated fund has been allocated to progressing opportunities to improve or expand community pharmacy services in relation to medicines optimisation.
 - The fund will provide targeted investment in new services, technologies, and care models
 - One of the first priority initiatives to be supported by the fund will be a pharmacy-based Point of Care Testing (POCT) pilot focused on respiratory infections.
- Phased dispensing
 - There is a significant administrative burden associated with the approval process for phased dispensing (which is in the main intention to prevent the inappropriate submission of Monitored Dosing Systems in the form of phased claims). There is a significant cost associated with the reimbursement of phased claims. To support with targeting resources effectively and to those medications with the highest risk or potential for misuse the parties agree to limit phased dispensing fees to a defined set of high-risk medication classes
 - The funds released by restricting phased dispensing to certain classes of medication will be redirected to support and fund broader pharmacy service delivery. This will be monitored and reviewed on an ongoing basis and in the event that further savings are realised these will be reinvested in the sector.
- Unused Medicines Return and Disposal
 - The parties commit to provide a nationwide service for unused medicines return and disposal through community pharmacies
 - Pharmacy contractors signing up to this agreement will be required to provide this service
 - The HSE will provide for collection and disposal of unused medicines from Community Pharmacies, through a nationally procured service

(v) Smoking Cessation

The Department of Health and HSE are committed to working towards the Tobacco Free Ireland goal (smoking prevalence of <5%) by providing access to the best possible evidence-based treatments to support smoking cessation, including removing barriers to accessing evidence-based medications and allowing patients to receive this treatment at a pharmacy of their choosing. It is recognised that further scoping of long-term solutions is required to achieve this goal. This pathway will be further progressed through the ongoing engagement process, to deliver an agreed long-term pathway for the provision of smoking cessation medications via community pharmacies, to replace the current interim model.

3. Administrative Burden and Reform

(i) Simplifying and Modernising HSE Community Drugs Schemes Processes

The HSE Community Drug Schemes, reimbursed by the PCRS in Ireland, provide financial assistance for medications and medical consumables to eligible individuals. These schemes include the GMS Scheme, which offers free medications to those with a medical card subject to the relevant co-payment; the Drugs Payment Scheme (DPS), which caps the monthly cost of approved medications for individuals and their family; and the Long-Term Illness (LTI) Scheme, which covers the cost of medications and consumable ancillaries for specific long-term illnesses.

An agreed priority across stakeholders is to ensure that patient eligibility and product specific approval (e.g. medicines with a managed access protocol in place) under Community Drug Schemes are confirmed as early as possible in the prescription journey and without having to leave the Patient Medication Record (PMR) to consult an external website, enabling efficient reimbursement verification. This will be achieved through phased implementation of the Secure Scheme Checker, with integration into pharmacy systems as the ultimate goal.

(ii) Centralisation of Discretionary Hardship Arrangements

Centralisation of Discretionary Hardship Arrangements to the PCRS has been set out as a key deliverable to streamline the manual process for approval and payment that exists currently via the local health offices within the HSE.

Through centralisation and in line with Section 23 of the Health (Pricing and Supply of Medical Goods) Act 2013, Community Pharmacy Contractors will be enabled to apply for items not on the formal GMS Reimbursement List on an individual patient basis through an online portal via the PCRS Secure Scheme Checker in the same manner that is currently operated for Long Term Illness (LTI) Scheme drug requests. This will remove the manual (paper) process currently in place for approvals to the local health office. Patients will carry approval against their GMS eligibility as opposed to the current system which applies approval to the pharmacy by the local health office for a set period of time for the GMS patient.

The centralisation of this arrangement will be implemented in two phases, with the first phase encompassing a central application system and the second phase involving the submission of payments to PCRS through the established monthly processes in place for community pharmacy contractors. Delivery of Phase 2 will be aligned as closely as possible to Phase 1.

(iii) Upcoming Enhancements and Integration Projects

Additional measures agreed under the terms of the agreement include enhancements to the High-Tech Hub and a streamlined process for claiming GMS repeat prescriptions.

(iv) Reform of Prescription Management

Acknowledging the progress towards digitalisation and ePrescribing, collaboration has commenced between the Department of Health and the IPU to identify practical mechanisms to reduce administrative burden associated with printing or paper-based prescription records. All parties are supportive of the need to reduce reliance on printed Healthmail prescriptions and transition towards a fully paperless process. At present, printing and retaining paper Healthmail prescriptions is a legislative requirement.

In order to remove the requirement to print prescriptions, pharmacists must ensure that robust, auditable IT systems are in place to ensure they can safely view, check, and record their verification against the original electronic prescription if they wish to retain all records electronically.

The Department will work with the IPU and other key stakeholders to define the technical and legislative changes required to enable this transition, with a focus on limiting paper use wherever possible and prioritising digital solutions. The long-term goal is to adopt a digital-first approach and create the conditions for a fully electronic prescribing environment. This will be progressed as a priority following the conclusion of these talks and will support the strategic

transition to a fully digital prescribing environment. Following completion of this work, the requirement to print prescriptions received via Healthmail will be removed. All parties commit to achieving this by January 2026.

(v) Regulatory and legislative

Within the terms of the agreement, a number of regulatory and legislative areas will be explored and progressed and addressed where appropriate, including:

- Controlled drug handling
- Pharmacy system certification

4. Digitalisation and ICT

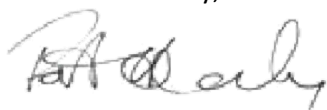
The Digitalisation and ICT section of this agreement outlines how the HSE and community pharmacy can work together to ensure their capacity to contribute to national objectives while maintaining high standards of care and data quality in the community setting. The terms of the agreement set out the commitments of the HSE and community pharmacies to ensure successful implementation of key national projects including:

- National ePrescribing Service
- National Medicinal Product Catalogue
- Individual Health Identifier (IHI) and PPSN capture
- MyHealth@IE programme, encompassing the National Shared Care Record and the HSE MyHealth App
- National Electronic Health Record
- National Immunisation Information System

The IPU and the HSE commit to collaborating to ensure that data sharing is in compliance with GDPR, and that pharmacies share patient personal data in a way is underpinned by a clear legal basis and reflected in the data protection policies and practices of each data controller. This will require working together within both the current and future legal framework to share data to enhance patient care and improve, promote and protect the health and welfare of the public. The goal is a more integrated, secure, and patient-centred digital health ecosystem that will ensure that pharmacy-generated data not only flows into national platforms but is also accessible in ways that directly benefit patient care, reduce duplication, and streamline administrative processes.

I would like to thank you for taking the time to read this correspondence and associated documents and hope that you will be in a position to provide the range of Services agreed under the Community Pharmacy Agreement 2025 and look forward to receiving your Notice of Participation form in early course.

Yours Sincerely,



Pat Healy
National Director
National Services & Schemes

Appendix 1: Fees, Allowances and Development Funds

Under the terms of this Agreement, and in return for the obligations agreed to by individual Community Pharmacy Contractors under the agreement, the parties have agreed a range of fee adjustments in the case of existing services, and a range of fees in respect of new services and allowances as outlined below.

For the avoidance of doubt, the payment of any and all of these fees are contingent on the performance of the terms and conditions of this agreement and any failure to honour the agreement will result in fees reverting to their earlier level. The relevant fees will be applicable in accordance with dates set out below provided the Community Pharmacy Contractor has submitted a completed and signed a Community Pharmacy Agreement 2025 Notice of Participation Form to the HSE. For the avoidance of doubt, the services and associated arrangements outlined in section 2.5 will be subject to separate individual opt in processes prior to launch.

The Minister for Health, with the consent of the Minister for Public Expenditure and Reform, will by Regulation, set the relevant rate of payment to be made to community pharmacy contractors in respect of this Agreement and the provisions of Section 42 of the Public Sector Pay and Pensions Act 2017 will apply.

1. Adjustments to Dispensing Fees

Standard dispensing fees payable to a community pharmacy contractor under the General Medical Services Scheme, the Drug Payment Scheme, the Long-Term Illness Scheme, the European Economic Area Scheme and the Health (Amendment) Act 1996 Scheme per item dispensed under those schemes will increase, as follows:

For each of the first 1,667 items dispensed by the Community Pharmacy Contractor in a month	€5.60
For each of the next 833 items dispensed by the Community Pharmacy Contractor in that month	€4.50
For each other item dispensed in that month	€4.10

These rates will be applicable from 1 September 2025.

2. HRT Arrangement

In line with the increase in dispensing fees outlined above, a fee of €5.60 will be payable for each item dispensed under the HRT Arrangement.

3. eHealth Integration Allowance

To recognise the central role of community pharmacies in the digital transformation of healthcare, and to support the development of the systems, infrastructure, training, and workflows required to capture structured clinical data, the State will provide an additional once off grant of €1,825. This allowance will be payable once the Community Pharmacy Contractor has submitted a completed and signed a Community Pharmacy Agreement 2025 Notice of Participation Form to the HSE.

4. Emergency Medicine Administration Preparedness Allowance

To recognise that community pharmacists are authorised to administer emergency medicines, and that this service is provided on an ad hoc basis requiring pharmacists to be trained and ready to respond, an annual recurring allowance of €525 will be made available to community pharmacy contractors. This allowance will commence in January 2026 and be payable annually thereafter on confirmation of receipt of signed agreement by community pharmacy contractors.

5. New Fees and Allowances for New Services

In furtherance of the Government's commitment to supporting community pharmacy services through investment, reform and modernisation, the parties have agreed that the following new services may be offered by community pharmacies, and for which the following fees have been agreed.

(i) Free Contraception Scheme

A service fee of €37.50 will be payable for each continuation of a prescription for a short-acting contraception to a woman eligible to avail of the Free Contraception Scheme.

This fee will apply from the launch date of this service and more details on this service provision, and the terms and conditions will be defined within operational guidance provided in advance of the launch date and related contractual measures to be developed in consultation between the Parties.

(ii) Pneumococcal Polysaccharide (PPV 23) Vaccination

A fee of €28.50 will be paid to Community Pharmacy Contractors for administration of a Pneumococcal Polysaccharide Vaccine (PPV23) by a pharmacist to an eligible individual in the relevant at-risk group under the GMS scheme, provided that the vaccine is not administered by the Community Pharmacy on the same day as an Influenza vaccine.

A fee of €42.75 will apply for the administration of Influenza and PPV23 vaccinations by a pharmacist on the same day by the Community Pharmacy Contractor.

If the person is not covered by the GMS scheme it will be a matter for the community pharmacy contractor to determine the administration fee.

These fee rates will commence as soon as arrangements are put in place for Community Pharmacies to order PPV 23 vaccines and for claims to be processed through the HSE PharmaVax interface with PCRS.

(iii) BowelScreen

Community pharmacists and their teams, as trusted healthcare professionals, can play an important role in supporting increased uptake through promoting the programme at population level as well as enhancing access by supporting individuals to participate in the programme to recognise this health promotional role an annual allowance of €500 will be provided to all participating community pharmacy contractors. This allowance will be available on confirming participation with the HSE onboarding process for this programme and annually available thereafter.

A fee of €5.00 will be paid to Community Pharmacy Contractors for each time a pharmacy team member confirms participation of an eligible patient in the BowelScreen programme and registers them to receive a FIT (Faecal Immunochemical Test) kit.

The allowance and fees will apply from the commencement of this service in 2026. Terms and conditions of the Service will be defined within the operational guidance provided in advance of the launch date and related contractual measures to be developed in consultation between the Parties.

(iv) Common Conditions Service Establishment Allowance

A once-off allowance of €2000 to facilitate the establishment of the common condition service will be paid to each Community Pharmacy Contractor who confirms participation in the Common Conditions Service by end of Q1 2026. To receive this allowance, confirmation of participation in the service must be returned by 1 December 2025. Commencement of the service must thereafter commence no later than 31 March 2026 otherwise the allowance will be repayable.

(v) Common Conditions Service Evaluation – Data Provision

An annual allowance of €1,667 will be paid to each of the 150 Community Pharmacy Contractors who is selected on completion of an expression of interest to collect and return data for the purposes of the evaluation of the Common Conditions Service, and to help inform plans for future expansion of the service. For avoidance of doubt these contractors will need to collect and provide the data in a digital format as per CCS requirements. The final approach and methodology will be agreed between the parties.

6. Training, Education and Development of the Pharmacy Team

The HSE annual Pharmacy training grant will be increased as a sector by €2,432,050, per calendar year making the available budget for training for the sector increasing to €4,864,100. In conjunction a new budget of €500/ pharmacy will be made available to contribute to pharmacy contractor expenses for purchasing of mandatory reference texts either in paper or electronic format. The annual budget allowance for this is €957,500, bringing the annual education

and training budget for the sector to €5,821,600. This means that the annual education and training budget available per pharmacy will be €3060 per annum.

7. Enhanced Immunisation Fund

To support enhanced immunisation programme development as outlined within the agreement in the area of immunisation expansion a dedicated annual funding allowance of €2,000,000 from 2026. This yearly budgetary allocation is ring fenced for community pharmacy delivered immunisation programmes and any unallocated funding will be reinvested across the sector on an annual basis.

8. Medicines Optimisation Fund

To support medicine optimisation programme development as outlined within the agreement a dedicated annual funding allowance of €4,500,000 will be made available from 2026. This yearly budgetary allocation is ring fenced for community pharmacy delivered optimisation programmes and any unallocated funding will be reinvested across the sector on an annual basis.

9. Unused Medicines Return and Disposal Development Fund

A yearly allocation of €4,500,000 is being made available to provide for the provision for a HSE tendered medicine disposal service from community pharmacies. Unallocated funding on stabilisation /steady state of this service will be ring fenced for pharmacy service development.



Community Pharmacy Agreement 2025

Notice of Participation Form

Pursuant to the Community Pharmacy Agreement 2025, the Department of Health, the Health Service Executive (HSE), and the Irish Pharmacy Union (IPU) have agreed a range of fee adjustments to address public healthcare requirements, improve accessibility to existing provisions, and facilitate the modernisation and reform of service delivery.

I (Pharmacy Contractor) GMS/PCRS Number.....

as a Registered Pharmacy Contractor with a HSE Contract, hereby confirms my participation in the provision of services in accordance with the terms of the Community Pharmacy Agreement 2025 as listed within.

I further undertake to notify the HSE of any changes or proposed changes in respect of any information provided in this Community Pharmacy Agreement 2025 Notice of Participation form.

Registered Pharmacy Stamp

Signed by the Pharmacy Contractor:

Printed Name:

Date:

Registered Pharmacy Contractor Details

1	Pharmacy Name (Full Name) (as it appears on the PSI Register)											
2	Pharmacy Address											
3	Retail Pharmacy Business PSI Registration Number	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>										
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5	GMS /PCRS assigned Number	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td> </tr> </table>										
6	Pharmacy Telephone Number											
7	Healthmail Email											
8	Pharmacy Email Address											