
STATUTORY INSTRUMENTS

2026 No. 702

NATIONAL HEALTH SERVICE, ENGLAND

**The National Health Service (Pharmaceutical and Local
Pharmaceutical Services) (Amendment) Regulations 2026**

<i>Made</i>	- - - -	<i>at 9.47 a.m. on 29th June 2026</i>
<i>Laid before Parliament</i>		<i>at 3.30 p.m. on 29th June 2026</i>
<i>Coming into force</i>	- -	<i>20th July 2026</i>

The Secretary of State for Health and Social Care makes the following Regulations in exercise of the powers conferred by sections 164(8A)(a), (8B)(b) and (8D) and 272(7) and (8) of the National Health Service Act 2006⁽¹⁾.

Citation, commencement, extent and application

1.—(1) These Regulations may be cited as the National Health Service (Pharmaceutical and Local Pharmaceutical Services) (Amendment) Regulations 2026.

(2) These Regulations come into force on 20th July 2026.

(3) These Regulations extend to England and Wales and apply to England only⁽²⁾.

**Amendment to regulation 91A of the National Health Service (Pharmaceutical and Local
Pharmaceutical Services) Regulations 2013**

2.—(1) Regulation 91A of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (zero or nominal product reimbursement for vaccines and antivirals)⁽³⁾ is amended as follows.

(2) In paragraph (2)—

(a) omit “or” at the end of sub-paragraph (ae); and

(b) after sub-paragraph (ae), insert—

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- (1) [2006 c. 41](#). In section 164, subsections (8A) to (8E) were inserted by the Health Service Medical Supplies (Costs) Act [2017 \(c. 23\)](#), section 1, and subsections (8A) and (8D) were thereafter amended by the Health and Care Act [2022 \(c. 31\)](#), section 161(1)(a) to (c). See section 275(1) of the National Health Service Act 2006 for the meanings given to “prescribed” and “regulations” which are relevant to the powers being exercised.
- (2) See section 271(1) of the National Health Service Act 2006, by virtue of which the functions of the Secretary of State being exercised in the making of these Regulations are exercisable only in relation to England.
- (3) Inserted by [S.I. 2022/930](#). Relevant amending instruments are [S.I. 2024/838](#), [2024/894](#), [2025/636](#) and [2025/989](#).

“(af) a drug or medicine which is used for vaccinating or immunising people against meningococcal disease caused by—

(i) *Neisseria meningitidis* groups A, C, W and Y bacteria, or

(ii) *Neisseria meningitidis* group B bacteria,

if the conditions set out in paragraph (3) are satisfied;

(ag) a drug or medicine which is used for vaccinating or immunising people against tetanus, diphtheria and polio, if the conditions set out in paragraph (3) are satisfied; or”.

(3) In paragraph (3A), for “to (ae)” substitute “to (ag)”.

Signed by authority of the Secretary of State for Health and Social Care

at 9.47 a.m. on 29th June 2026

Stephen Kinnock
Minister of State
Department of Health and Social Care

EXPLANATORY NOTE

(This note is not part of the Regulations)

These Regulations amend the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. They govern the arrangements in England, under Part 7 of the National Health Service Act 2006 (“the 2006 Act”), for the provision of NHS pharmaceutical and local pharmaceutical services.

The scheme for paying for NHS pharmaceutical and local pharmaceutical services is predicated on the basis that pharmaceutical remuneration that relates to prescription items will ordinarily include an amount which is in respect of the price that a service provider paid when they purchased a prescription item that they go on to supply or administer. However, there are powers in Part 7 of the 2006 Act to enable alternatives to these ordinary remuneration arrangements in some circumstances.

Regulation 2 amends the alternative arrangements that already allow a zero or nominal NHS reimbursement price to be set for centrally purchased vaccines for other viruses, such as respiratory syncytial virus and measles, mumps and rubella, so that they also apply to centrally purchased vaccines for vaccinating or immunising people against specified causes of meningococcal disease, and for tetanus, diphtheria and polio vaccines.

A full impact assessment has not been produced for this instrument as no, or no significant, impact on the public sector is foreseen, and only a limited impact on the private sector, below the threshold for producing a full impact assessment.