

Community Pharmacy Hillingdon Newsletter

Community Pharmacy Hillingdon — Stay up to date with the latest LPC updates and service deadlines

February 2026

Pharmacy Quality Scheme

Declaration window is open (2nd February 2026)

The declaration window for the Pharmacy Quality Scheme (PQS) 2025/26 is now open. Pharmacy owners can make a claim for a PQS payment up to 11.59pm on Friday 27th February 2026 through the MYS portal.

[Read more about making your PQS declaration](#)

PQS declaration questions published (14th January 2026)

The NHS Business Services Authority (NHSBSA) has published the questions which will be included in the 2025/26 Pharmacy Quality Scheme (PQS) declaration so pharmacy owners can view these ahead of making their declaration when the declaration window opens.

[Read more about the publication of the PQS declaration questions](#)



Domain 1 – Medicines optimisation

There are five quality criteria in Domain 1 – Medicines optimisation. All of the quality criteria need to be met to be eligible to claim payment for the domain. The quality criteria are:

- Palliative and End of Life Care Action Plan – [see information attached](#)
- Consulting with people with mental health problems – CPPE learning
- Respiratory: Use of a spacer in patients aged 5–15 years
- Respiratory: Referrals for patients using 3 or more short-acting bronchodilator inhalers in 6 months
- Emergency Contraception – CPPE learning & e-assessment

Domain 2 – Patient safety

There are three quality criteria in Domain 2 – Patient safety. All of the quality criteria need to be met to be eligible to claim payment for the domain. The quality criteria are:

- Antimicrobial Stewardship – Pharmacy First consultations – Clinical Audit
- Sepsis – CPPE learning & e-assessment
- Regularising Enhanced DBS checks for registered pharmacy professionals

[Read more](#)

Pneumococcal Vaccination Update for London Community Pharmacies

Critical Update: January 2026

Key Change to Pneumococcal Vaccination Programme

What's Changing?

The NHS is transitioning from PPV23 (Pneumovax 23) to PCV20 (Prevenar 20) for the routine adult pneumococcal vaccination programme. This change is expected to be implemented in late 2025/early 2026, with PPV23 central supply being run down in January and February 2026. This briefing is for the London Vaccination Service.

The RAVs system now has PCV20 listed for pharmacy contractors to select. So you can re- start your Pneumococcal Vaccine service with immediate effect.

The SLA for PPV23 can still be used for PCV20. The SLA will be renewed on 1st of April 2026.

Please do not use PPV23 anymore. It is no longer recommended.

All London Pharmacies can provide the service.

Pharmacy First Service

Public health (promotion of healthy lifestyles) campaign details

Second national health campaign has commenced (2nd February 2026)

The second 2025/26 national health campaign started on Monday 2nd February 2026. All pharmacies will need to participate in the campaign, using relevant materials to promote the Pharmacy First service to the public.

Read below to find out how to meet the requirements of the campaign.

Download here: [Pharmacy First promotional resources](#)

[Read more](#)

Pharmacy First myth busting

Read the news story [published](#) on Pharmacy First myth busting to tackle some of the misconceptions around who can provide Pharmacy First consultations.

Pharmacy Contraception Service

New patient-facing website to promote NHS pharmacy clinical services (22nd January 2026)

Community Pharmacy England has launched a patient-facing website to promote several of the key Advanced services that pharmacy teams provide and to direct patients to pharmacies in England that provide these services.

The website (communitypharmacy.org.uk) provides information about the following three services:

- Pharmacy First Service (clinical pathways);
- Hypertension Case-Finding Service (publicly known as the Blood Pressure Check Service); and
- Pharmacy Contraception Service.

There is a separate page for each of the services, providing patients with information about the individual services and directing them to the NHS website to find a pharmacy that offers the service.

This website can be used by other healthcare providers such as GP practices and by Local Pharmaceutical Committees (LPCs) to provide information on these services and direct patients to pharmacies in England that offer them.

[Read more about the website and view resources to promote this to your GP practices](#)

[Webinars](#)



Hypertension Case-Finding Service

There is a strong focus on hypertension in all boroughs and those pharmacies offering the HCFS are reminded that the appropriate use of ABPM is an essential component of the service.

Reminder to all contractors: Where the clinic blood pressure measurements are 140/90mmHg or higher but less than 180/120mmHg, then ABPM should be offered to the patient in a timely manner. For example, either on the same day as the clinic reading where an ABPM device is available, as soon as convenient to the patient, or as soon as an ABPM device will become available. **GPs must be notified by email each time an ABPM check is carried out as part of the Hypertension Case Finding Service.**

Test results, including 'normal' clinic readings (BP \geq 90/60mmHg and <140/90mmHg), should be sent on a minimum of a weekly basis, or as locally agreed, to general practices for patients who complete the service that week and do not need a referral. These results should be sent at the end of each week with a standardised title, e.g. 'WEEKLY SUMMARY OF BP MEASUREMENTS FOR ENTRY INTO PATIENT RECORDS'.

Data Security and Protection Toolkit 2026 Workshop

Community Pharmacy England will be holding a webinar on Wednesday, 11th February at 7.30pm to help community pharmacy owners complete the Data Security and Protection Toolkit (DSPTK) 2026.

Date and time: Wednesday 11th February at 7.30pm

Location: Online event (after your registration you will receive an email invite with the MS Teams webinar joining link)

Guidance to support pharmacy owners and LPCs seeking access to records: [DSPTK](#)

Register for this event now. Complete the form below:

[Register for CPEs Data Security and Protection Toolkit Workshop](#)

Stress management and building resilience workshop – facilitated by Pharmacist Support

Thursday 26th February 2026 | 7.15pm – 9pm | Online

This workshop explores wellbeing and looks at how to build resilience. It provides techniques for dealing with feelings of pressure including cognitive behavioural therapy (CBT) and encourages participants to identify and build on strengths and explains the advantages of positive thinking and self-reflection, in addition to providing tips to enhance resilience and wellbeing.

[Book here](#)

Category H webinar

Community Pharmacy England will be holding a webinar about Drug Tariff Category H on Monday 16th February at 7.30pm.

During the webinar, our funding and Drug Tariff experts will explain how entry to and price-setting arrangements for Category H will operate, as well as the background to these changes.

There will also be plenty of time to answer your questions.

[Register for the Category H webinar](#) (note, booking will close at 12 noon on the day of the event)

Drug Safety Updates

1. Please note the latest MHRA Drug Safety Updates:

<https://www.gov.uk/drug-safety-update>

2. Important advice from the GPhC in relation to emerging issues of medicines safety. This includes information regarding **methotrexate** dispensing and to check carefully for PGD exclusions to **antibiotic supply** under **Pharmacy First**, e.g. immunosuppression:

<https://mailchi.mp/pharmacyregulation/important-information-from-the-gphc-on-emerging-issues>

3. Please note the detailed report of a fatality involving a **clarithromycin-statin** drug interaction in Wales:

<https://www.pharmacymagazine.co.uk/profession-news/coroner-lack-of-pharmacy-access-to-patient-records-a-factor-in-drug-interaction-death>

4. The LPC is aware of two further drug interactions involving clarithromycin:

1. **Clarithromycin-tacrolimus** – resulting in nephrotoxicity and hospital admission. The tacrolimus may not have been visible on the National Care Record as it was being supplied by the hospital. Please be vigilant to the potential for interactions with hospital medicines. Access to the London Care Record is being rolled out to community pharmacies across London which will strengthen availability of a more complete medicines record, including discharge summaries.
2. **Clarithromycin-diltiazem** – potentially contributing to two falls

Please check carefully for all **macrolide** interactions in the BNF or the relevant Summary of Product Characteristics and alert the prescriber. Remember that where patients have previously received a combination of medicines without reported problems, circumstances may have changed (for example, weight loss or increased frailty) making them more susceptible and therefore a check with the prescriber may be required on each occasion.

A more detailed safety bulletin is being prepared to provide further information and safety improvement for macrolide prescribing.

5. Memantine titration packs

The LPC has been informed of an incident relating to **Memantine titration packs** and of reports that these have been in short supply in other parts of England. Please let the LPC know of supply shortages for these packs and make sure to report any medicines shortages not already listed on the [Specialist Pharmacy Services website](#) via the usual reporting channel:

<https://cpe.org.uk/dispensing-and-supply/supply-chain/shortage-reporting-form/>

Prescribers are being reminded they should not prescribe a **Memantine titration pack** together with ongoing **memantine** maintenance supply as this may result in patients inadvertently taking both sets of tablets.

Disposal of unwanted medicines

The Disposal of unwanted medicines Essential service involves all pharmacies accepting unwanted medicines from patients.

The NHS will make arrangements for a waste contractor to collect the waste medicines from pharmacies at regular intervals.

The local NHS contract management team or the waste contractor will provide guidance on the segregation of different types of medicines, including those that are classed as hazardous waste.

[Read the disposal of unwanted medicines service specification](#)

Please note that changes to environmental legislation and policy have occurred since the publication of the service specification.

The service does not include accepting for disposal other clinical waste from patients, such as sharps; local authorities have a legal duty to arrange disposal of clinical waste created by households and patients should be advised to [contact their local authority to arrange the disposal of such waste](#).

Change of Clinical Waste Provider and Mobilisation Process

There will be a change to your provider of clinical waste collection and disposal services. The implementation of the new service provider will facilitate significant financial and environmental benefits, with your support. The mobilisation phase started earlier this month and we are working closely with Anenta and the new provider, to commence services on or around 7 April 2026.

Anenta Ltd is our designated managing agent, overseeing all aspects of this mobilisation, undertaking service management on your behalf and all associated contract management functions. You should consider Anenta your internal waste manager and the contact point for this service. Details on how to communicate with them are provided at the end of this briefing.

What's changing?

- The organisation who is currently responsible for providing clinical waste collection and disposal services to your location on behalf of the ICB, including the provision of waste receptacles will be changing following a thorough procurement process.
- Some aspects of your current service may change such as the size any type of sharps containers (single use to reusable), the day collections take place and where that waste is taken for onward processing and disposal.
- A greater emphasis on the use of offensive waste will be managed closely.
- Anenta will shortly be providing you with detailed information regarding the specific changes impacting you and more specificity on exact service commencement dates.

How do I contact Anenta?

You can contact Anenta and discuss any aspect of the existing or new service through two channels set out below. You do not need to contact the new service provider or the existing one as all requirements and communications must go via Anenta Ltd.

1. Open a service ticket by logging into your Vector account and clicking "How can we help?"
2. Call the team on 03301 222 143

Reasonable adjustment digital flag action checklist: what you need to do to achieve compliance

A new [information standard for the reasonable adjustment digital flag](#), published in December, requires all primary care providers to be able to read, write and share reasonable adjustments via the National Care Records Service by 30 September 2026. Full details in the above ISN, accompanying implementation guidance and this [summary checklist](#).

Providers whose software suppliers have completed national registration and onboarding will be able to use their software to access the digital flag. Alternatively, they can do so directly via the NCRS online portal. Providers are advised to establish if their software supplier has registered their interest in the onboarding process for the digital flag by consulting NHS England's national [supplier interest list](#) or [Information about suppliers](#) (NHS Futures – requires login). If their supplier's software isn't registered, providers should ask them to do so.

Suppliers can use this link to register: [Patient Flag API supplier interest form – NHS England Digital](#)

Details of how to read and write reasonable adjustments are here: [Guide to Using the Reasonable Adjustment Flag in NCRS – NHS England Digital](#).

It's the latest stage in the national roll-out of reasonable adjustment digital flags that will help millions of disabled people to access publicly-funded health and care services more easily.

Under the ISN, providers must also ensure:

- all staff learn about reasonable adjustments using either their own training or using the national training developed here: [Reasonable adjustment digital flag – e-Learning](#)
- a person's reasonable adjustment entries are identified, recorded and reviewed regularly to ensure they reflect the person's current needs, ready for sharing via NCRS.

For more detail on the application of this information to community pharmacy practice, please see:

<https://cpe.org.uk/digital-and-technology/electronic-health-records/reasonable-adjustment-flag-raf-info-it/>

Pharmacy Commercial Research Fellow Opportunity, NIHR

The National Institute of Health and Care Research (NIHR) is offering an opportunity for community pharmacists to apply for a Pharmacy Commercial Research Fellowship:

<https://www.spcr.nihr.ac.uk/career-development/funding/pharmacy-commercial-research-fellow>

- **Post:** Part-time Pharmacy Commercial Research Fellow, 0.2 FTE (one day per week)
- **Duration:** Fixed term up to 18 months, ending by 31st December 2027
- **Salary:** Academic clinical/research scale based on current salary (pro rata, capped at NHS banding 8b, or equivalent £74,896)

Resources

MPG training resources: <https://www.middlesexlpcs.org.uk>

Order free promotional materials: <https://campaignresources.dhsc.gov.uk/search/>

Drug Tariff Watch <https://cpe.org.uk/our-news/drug-tariff-watch-february-2026/>

SSPs Info: <https://www.nhsbsa.nhs.uk/serious-shortage-protocols-ssps>

Contact us

We here at the LPC office support all MPG contractors and pharmacy teams. We would love to hear any feedback you may have about your LPC and if there is anything you would like raised at our next Committee meeting.



Email: group@middlesexpharmacy.org

Join our WhatsApp group via the link or scan the QR code below:

<https://chat.whatsapp.com/Bw8Vc1D9Nqs1dniexmmjgU>



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