# Community Pharmacy Brent & Harrow Newsletter

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

October 2026



## Vaccination Services

### Meningitis B Vaccination Service

Community Pharmacy England resources

**Pharmacy owner implementation checklist for the NHS Meningococcal B Vaccination Service**

A checklist to help pharmacy owners to prepare for and to provide the service.

**Vaccinator implementation checklist for the NHS Meningococcal B Vaccination Service**

This checklist provides suggested actions that vaccinators need to undertake to prepare to provide the service.

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Pharmacy team briefing on the NHS Meningococcal B Vaccination Service

This Briefing is to assist pharmacy owners to engage and brief their team members about the service.

GP letter/email service notification template (Microsoft Word)

A letter template that can be used to notify your local general practice that your pharmacy will be providing the service.

Briefing 011/26: Briefing for general practice teams: NHS Meningococcal B Vaccination Service – Community Pharmacy England

A briefing to assist pharmacy owners to provide information to general practice teams on the service.

Anaphylaxis action card – Personalise this card and keep it by the phone to guide staff on calling an ambulance if a patient has an anaphylactic reaction to a vaccine.

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**Other guidance and briefing documents**

Meningococcal B (MenB) time limited vaccination offer letter

UKHSA and NHS England have published this letter containing details for commissioners and pharmacy owners on the one off time-limited MenB vaccination programme.

The UKHSA also published guidance (on 29th June 2026) on the vaccination programme and an associated PowerPoint slide set, which can be used to train staff that will be administering the vaccine.

UKHSA guidance for health professionals delivering the vaccination programme

UKHSA training slide set to accompany the above guidance

NHS England guidance on the Futures platform (login required)

Bexsero® SmPC

Protocol for ordering, storing and handling vaccines

Vaccine incident guidance: responding to errors in vaccine storage, handling and administration

Immunisation against infectious disease: the green book (Chapter 22 Meningococcal)

UKHSA Vaccine Update bulletin

Anaphylactic guidelines and algorithm poster (Resuscitation Council UK) (May 2021)

https://cpe.org.uk/national-pharmacy-services/advanced-services/meningitis-b-vaccination-service/meningitis-b-vaccination-service-faqs/

Read more on the Meningitis B Vaccination Service here

The deadline to administer first doses of the 4CMenB vaccine to allow sufficient amount of time for the second dose to be administered before the end date of the service (31st March 2027) is **31st December 2026.**
Pharmcy owners will not be paid if the first dose is administered after 31st December 2026.

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## Covid– 19, Adult & Childhood Flu

**Urgent reminders for Autumn/Winter 26 COVID-19 programme – vaccination reporting, vaccine ordering, stock/waste reporting, minimise waste and offering booking slots**

**Vaccinations to eligible cohorts only**

Please ensure:

- Sites must assess and vaccinate patients in line with the eligible cohort advised by the JCVI and using the approved vaccines only.

**Timely and accurate reporting of vaccinations**

- Vaccinations must be reported using NHS approved point of care system (GP IT / PoC system) ideally on the same day or in exceptional cases within 15 days of vaccinations. **Records entered after 15 days will not be paid.**
- We are already seeing several providers recording vaccinations (i.e. VVEs) under the legacy vaccine type (i.e. Spikevax LP.8.1 vaccine). However, the vaccine supplied for A/W26 is Spikevax (XFG). Please can all providers ensure the **correct** vaccine type is selected at the time of reporting vaccinations on the GP IT / PoC system. This is important to maintain accurate patient clinical records and to ensure vaccine replenishment is processed correctly.

## Ordering vaccines/requesting vaccine allocation

If the site has ordered all the vaccine quantities in line with their approved allocation and need further deliveries, sites must submit the request for additional allocation with justification for demand (for the approved vaccines) via the site Supply Dashboard on FDP using option 

. Once the additional allocations are approved by the regional/national team, sites can go ahead and place the order for delivery. **Note: order must be placed by site against available allocation to receive vaccine delivery at all times**.

## Vaccine stock reporting

We would recommend sites to record all vaccine stock **in vials** at least 3 times per week (recommended Monday, Wednesday, and Friday) or **daily** if the majority of the activity at the site is walk-ins. Do this at the end of the working day, particularly on delivery days since your submitted figures are treated as your end-of-day position.

If done routinely along with the recording of actual vaccinations as soon as they are administered and waste reporting, and if demand exceeds stock, the TDM replenishment process will add additional vaccines to the site allocation for site to place order.

*IMPORTANT: Vaccine supply to the site will be directly affected if the site is not compliant with stock reporting requirements and if there is unaccounted stock at the site.*

**Stocktake rule now active**

- Stocktake compliance is now in place across all COVID-19 vaccination sites. Sites that do not submit stocktakes will be **unable** to increase their vaccine allocation nor will they be able to order vaccine.
- FDP will automatically block vaccine orders from sites that are not stocktake compliant.
- Sites must submit a stocktake for every vaccine type they hold at least once every 7 days and consistent reporting will also help with the TDM process (which compares stock v demand and increases site allocation for site to order).

**How to minimise vaccine waste**

- **Vaccine waste must also be reported on a regular basis and use of short date vaccine first must be prioritised.**
- Please only request additional allocation / order vaccines that is likely to be used.
- Sites are also reminded to order small quantities more frequently rather than one large order, where the possibility of stock expiring may arise. **Align future orders to confirmed clinic activity only to reduce expiry risk.**

**Vaccine waste reporting**

When vaccines are wasted (stock expired, operational waste etc.), please can we **urgently** remind sites to report all waste in doses via Site Stock Manager on FDP *(under: site stock manager – waste – add new record – select reporting date and vaccine type from the drop down list – select suitable reason for waste from the list of categories – enter no. of doses/batch no./expiry date – add new record).*

**Offer booking slots**

Please can sites continue to offer/open bookings slots on NBS, AccuRx and any local booking systems being used. This will ensure booking visibility to the public for an appointment for their COVID-19 vaccination.

Please take care to open a reasonable number of slots in line with your site's operational capacity, expected demand and **confirmed** vaccine stock. If your bookings come close to or exceed your vaccine allocation, we expect the TDM process to add additional allocation to the site (and for the site to place order) to cover planned activity (provided compliance with reporting is met). However, please continue to check the Supply Dashboard on FDP for confirmation or to request additional vaccine allocation.

Sites **should not** upload any COVID-19 vaccination appointments for the cohort's site is not assured for or does not have the suitable vaccine on site to administer.

If you have any queries, please contact wnlicb.preventionandvaccination@nhs.net

**NHS Flu and C-19 vaccine programmes roll out to all those eligible**

From 1st October, the flu and COVID-19 vaccination programmes rollout to all eligible people.

For adult flu vaccinations, this includes people aged 65 and over, adults with certain long-term health conditions, care home residents, carers, close contacts of people who are immunocompromised and people experiencing homelessness.

Community pharmacies are now also able to provide flu vaccinations to all children aged 2- and 3-years old **and** children aged 4-17 years old with certain long-term health conditions.

Pharmacy owners are reminded that pharmacies **cannot** administer flu vaccinations to school aged children (Reception to Year 11) who are not part of the clinical at-risk cohort until **1st December 2026**.

## Childhood Flu Vaccination

All Pharmacies wishing to provide the 2026/27 Childhood Flu Vaccination Service must register on MYS, even if they provided it last season. The final deadline for registration is **30th November 2026.**

**FOC resources -** https://www.myastrazeneca.co.uk/fluenz.html

**For Adult Flu and COVID -** Pharmacy owners can still register to administer both vaccines now, the final deadline to register is **11.59pm on 30th November 2026.**

Read more on the vaccination services here

## Temporary safeguarding payments

Part XIVC of the Drug Tariff sets out the temporary safeguarding payment arrangements put in place where a pharmacy contractor's dispensing business is adversely affected if prescribers systematically increase prescription duration on all or a significant percentage of their prescription items, due to direct or indirect instigation by the NHS. This could lead to dispensing contractors facing increased supplier bills in certain months (as more medicines are dispensed per prescription than usual) and then decreased prescription item volume in subsequent months.

There are two payments available, depending on the type of claim made:

- Payment due to an increase in supplier bills following an increase in prescription volume due to an increase in prescription duration on all or a significant percentage of their prescription items (Claim 1).
- Payment due to an increase in prescription duration and the subsequent drop in items dispensed and therefore fewer fees (Claim 2).

The form can be found **here**.

**More information**

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## Hypertension Case-Finding Service

NHS England published an updated version of the Hypertension Case-Finding Service (HCFS) specification on 6th August 2026.

**Download the revised service specification**

The changes to the service, came into effect on **Thursday 3rd September 2026.**

- To better focus the service towards case-finding, the service specification clarifies that any patient who seeks a clinic check, but who is already being treated for hypertension, is not eligible to receive the service.

- In line with NICE guidance, there is now a general exclusion of people who have had their blood pressure checked in the last five years.

- Signposting from general practice for a clinic check is restricted to adults aged 40 years and over without a diagnosis of hypertension, who have not had a blood pressure check in the last five years.

- Other healthcare professionals who have been commissioned to support case-finding (such as optometrists and dentists – not other community pharmacies) can request ambulatory blood pressure monitoring (ABPM) following clinic checks undertaken at their practices.

- Expectations regarding patient consent, clinical judgement, escalation of abnormal findings and health promotion are further clarified.

- ABPM requirements have been clarified, covering timing, minimum readings, follow-up of non-attenders and equipment availability.

- Advice on record-keeping, claiming, monitoring, post-payment verification and service withdrawal have been aligned with the requirements in other Advanced service specifications.

- Service delivery requirements have been clarified, including tighter rules on off-site provision, for which ICB approval must continue to be sought. Previously,

NHS England guidance for local commissioners said off-site provision should only be for occasional approval. This has now been clarified in the service specification, with a limit of 4 days off-site provision allowed per financial year.

- Guidance has also been added on the process to request off-site provision and to provide visibility on the ICB approval framework for off-site service provision.

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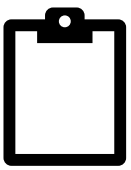
## 2026 Community Pharmacy Workforce Survey

The 2026 survey has been open for completion since 14th September 2026 and it closes on **14th November 2026.**

The data will be collected via an online survey which can be accessed by logging into the **NHSBSA's Manage Your Service (MYS) portal**.

All pharmacy owners in England must complete the survey.
Read more about the survey, download guidance on completing it and read FAQs on the **NHS England Community Pharmacy Workforce Survey webpage**.

If you need help with your survey submission, please contact the NHSBSA by emailing **pharmacysupport@nhsbsa.nhs.uk**.



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# Pharmacy Quality Scheme

## Gateway criterion a) PEoLC questionnaire

Pharmacy owners must complete the questionnaire to evaluate the value of the Palliative and End of Life Care criterion. The questionnaire can be accessed via the NHSBSA's MYS portal and must be submitted by the end of **31st December 2026** to meet the gateway criterion.

A copy of the questions asked in the questionnaire is available as a PDF on the NHSBSA PQS webpage.

Pharmacy owners who successfully complete their questionnaire submission will receive a confirmation email as evidence that their submission has been successful. This email must be provided if a pharmacy owner needs to demonstrate that they have successfully completed their questionnaire submission. Should a pharmacy **owner not** receive this questionnaire confirmation email within one hour of submitting this then; after first checking their junk email folder, they should email the provider assurance team at pharmacysupport@nhsbsa.nhs.uk immediately to make them aware of the issue.

**No patient identifiable data should be entered into the questionnaire.**

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## Amended NHS regulations, including EPS nominations

PLEASE READ: IMPORTANT AMENDMENTS TO NHS REGULATIONS CONCERNING EPS NOMINATIONS

Please note that important amendments to NHS regulations were published last month and came into force on October 1st 2026. For a summary of these changes, please see the CPE **Briefing 020/26: Amendments to NHS pharmacy regs**

Most of these changes are highly relevant to community pharmacy, particularly the amendment covering explicit patient consent for nomination. Changes to patient EPS nominations have been a contentious issue for some time. The LPC has seen many complaints made by patients against pharmacies where their nomination has been changed without their consent and, sometimes, without their knowledge. To protect contractors and patients alike, the LPC has always recommended that pharmacies keep a record of written consent demonstrating that their pharmacy is the one that has been chosen and nominated by the patient. Now, in the document EPS *nomination: standards that must be followed,* the rules are clearly set out. The key messages can be summarised as below:

- Patients must choose their own nomination. There must be no changes made to a patient's nomination unless the patient has requested it.
- Nominations can be changed or removed, but only at the request of the patient. A patient can change their nomination as many times as they wish.
- A patient can change their nomination at any time.
- Contractors must only set or change the nominated dispenser upon a current request from the patient

- Patients must not be influenced or persuaded to nominate a specific dispensing contractor and inducements cannot be offered.

Under information for dispensers, the principles state that "Nomination changes should be recorded promptly in the patient medication record (PMR) system (some dispenser sites do this at the end of each day or throughout the day)." NHS England has suggested to the LPC that contractors may wish to keep a record of written consent or a log summarising any changes to nominations on each occasion a change occurs.

The full standards document can be found at: **https://digital.nhs.uk/services/electronic-prescription-service/eps-nomination-standards-that-must-be-followed** The principles should be understood by any member of staff who may have a role in helping patients understand the nominations process. The published list includes:

- prescribers
- pharmacists
- dispensing doctors
- technicians
- dispensing and counter staff
- delivery drivers
- GP practice receptionists
- dispensing appliance contractor staff

3rd party service providers, including IT developers, app developers and website managers will also have to adhere to these restated principles, which have the force of law behind them.

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## First national health campaign – Respect for Pharmacy Staff

The first 2026/27 national health campaign started on **Monday 5th October 2026.** All pharmacies will need to participate in the campaign, which focuses on the expectation that pharmacy staff are treated with respect so they can undertake their professional practice safely, and in the best interest of both patients and the people working in our pharmacies.

**How to meet the requirements of the campaign**

Pharmacy owners must promote the campaign to the public during the campaign period (Monday 5th October 2026 to Sunday 25th October 2026).

Pharmacy owners can use assets developed by **NHS England** or **Community Pharmacy England**.

Pharmacy owners can meet the requirements of the campaigns in several ways, by promoting the campaign messages to the public, including any of the following:

- Displaying posters relating to the campaign topics at the pharmacy;
- Information on your pharmacy's website; or
- Information posted on your pharmacy's social media channels.

## Community Pharmacy London Webinars

CPL is standing up a webinar on the third Wednesday of every month until March 2027 between 19:30 – 21:00, and the subjects will be -

**21 October – "Clinical note taking".**

https://teams.microsoft.com/meet/360790682462830?p=zEagYIo3ukUt4gU2HO

**18 November – "Pharmacy First".**

**20 January 2027 – "What does Leadership look like in Community Pharmacy"**

**17 February 2027– "Soar Beyond training session"**

**17 March 2027 – "CP Lon End of Year Review".**

Please Note - The topics may be subject to change.

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## Security and personal safety

Pharmacy owners and their teams work hard to support local communities every day, but **more than half of pharmacies have experienced verbal abuse in the last six months**, with three-quarters of those experiencing it at least weekly.

If you face any type of abuse from patients, please don't feel like you have to tolerate it. The following actions can be considered:

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- **Call the police:** Please report instances to the police who can provide appropriate support and take action where appropriate.

- **Refuse to dispense the prescription:** The pharmacy regulations permit this if a pharmacy owner or their staff (or other people at the premises) are threatened with or subject to violence or other criminal behaviour.

Community Pharmacy England and the other national pharmacy bodies have had discussions with senior police representatives regarding the safety of community pharmacy teams and premises.

The National Police Chiefs' Council has issued the following guidance for community pharmacy teams, which was developed during the COVID-19 pandemic, but which is still valid:

Security advice for pharmacies during the pandemic (summary)

Security advice for pharmacies during the pandemic

Key contacts for police services

## Opening hours (including Core, Supplementary, Rest Breaks & Temporary Suspensions)

### Changing supplementary hours

Pharmacy owners who want to change their supplementary opening hours are required by their terms of service to notify the relevant ICB. If a pharmacy owner wants to:

- increase supplementary opening hours at the pharmacy, notification of the change must be given to the ICB in advance of the increase but there is no notice period.

- decrease supplementary opening hours at the pharmacy, at least five weeks' notice must be given to the ICB prior to implementing the change.

Pharmacy owners are encouraged to give the ICB as much notice of changes as they can of any changes to supplementary opening hours.

There is a template **notification form** for notifying ICBs (see Chapter 36, Annex 9 – Notification of changes to supplementary opening hours) and the relevant ICB email address on the **pharmacy contract teams' web page.**

Pharmacy owners have the right to change supplementary opening hours so long as the required notice/notification is given. This is not an application process and there is no requirement for an ICB to approve or grant changes to supplementary opening hours.

Using the **NHS Profile Manager** tool, pharmacy owners will need to update their opening hours in their NHS website profile and their Directory of Services (DoS) profile, to reflect their changed opening hours.

## Changing core contractual hours

Pharmacy owners who want to change their core contractual hours (core opening hours) must apply to the ICB.

Pharmacy owners have no right to change core opening hours, but must apply for any changes. This is not a notification procedure. Consequently, applications to change core opening hours may be granted or refused. An ICB is required to consider and determine applications within 60 days, and any changes, if approved, may be implemented only after 30 days (from the date of approval).

Full details of the process can be found **here**

- **Application form to reduce core opening hours** (existing application route)
- **Application form to redistribute core opening hours** (existing and new application routes)

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# Community Pharmacy Practice Manager Project Showcased at The Pharmacy Show

We were delighted to present the findings of the Community Pharmacy Practice Manager (CPPM) project at this year's Pharmacy Show as part of a panel discussion featuring representatives from NHS England, the National Pharmacy Association (NPA), and West and North London ICB.

Michael Levitan and Shivali Lakhani shared key findings from the work and highlighted the valuable contribution that Community Pharmacy Practice Managers can make in supporting pharmacy teams, improving operational effectiveness, and helping deliver high-quality patient care.

The session generated significant interest from attendees, with many recognising the potential of the CPPM role to strengthen workforce development and support the evolving needs of community pharmacy. The positive feedback received reflected the importance of continuing to explore innovative approaches to supporting pharmacy teams and enhancing service delivery.

The project has been a truly collaborative effort, and we would like to thank all participating sites, partners, stakeholders, and colleagues who contributed their expertise, insights, and support throughout the programme. Their involvement has been instrumental in shaping the findings and recommendations.

The Pharmacy Show provided an excellent platform to share learning, exchange ideas, and discuss how we can continue to invest in and develop the community pharmacy workforce for the future.

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## Resources

Please note the attached Wellbeing resources and contacts in England

MPG Communication folder 🗀 **Harrow communications** 🗀 **MPG Communications**

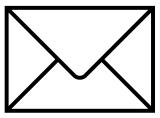
MPG training resources: **https://middlesex.communitypharmacy.org.uk/**

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

Drug Tariff Watch https://cpe.org.uk/our-news/drug-tariff-watch-october-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/J9lkV4DcixN31nZ9REzVzi

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