



## COMMUNITY PHARMACY ARDEN GENERAL UPDATE 26<sup>th</sup> June 2025

Information is subject to change and is as accurate as we can ascertain at date published.

If your pharmacy is part of a larger organisation (CCA, IPA), please consult with your HO in relevant matters.

**LPC CPCF UPDATE EVENT 6<sup>th</sup> July 2025 Cancelled** This LPC Local Update and CPCF event has been postponed due to low sign-up numbers. We plan to do an event in the autumn. Please reach out to us at [ahwlpc@gmail.com](mailto:ahwlpc@gmail.com) if there is anything specific you would like us to cover at a f2f event for you or your pharmacy team. Please see details below on the CPE event in Warwick on 16<sup>th</sup> July.

### CPCF 2024/25 & 2025/26

All of the CPE resources created to support contractors with the new CPCF agreement, including different FAQs, can be found [here](#).

#### CPE F2F events

This face-to-face event will enable pharmacy owners and their representatives to discuss the next steps for community pharmacy with us, which will feed directly into our priorities for the 2026/27 CPCF negotiations and beyond.

Members of the Community Pharmacy England Committee will also be in attendance. Topics for discussion will include:

- The impact of the CPCF settlement for 2025/26;
- Challenges community pharmacies are continuing to face;
- Pharmacy's place in the NHS 10-Year Health Plan;
- Preparations for 2026/27 negotiations; and
- How best to support community pharmacies to plan for the future.

This event is part of a series of regional workshops taking place across the country.

Details:

Location: Warwick Racecourse, Hampton St, Warwick, CV34 6HN

Timings: Wednesday 16<sup>th</sup> July. 8pm – 9.30pm, with doors open from 7pm when a hot buffet and light refreshments will be available, with informal networking and Q&A with the Community Pharmacy England team)

Register your place here.

This event is free to attend, but you are asked to register in advance. Please note, attendance is for pharmacy owners and their representatives.

Bookings for this event will close on Wednesday 9th July, unless we reach maximum numbers earlier



## 1. LOCAL

### Reminder: Controlled drugs within the Pharmacy First Service Urgent Supply

The urgent medicines supply strand of the Pharmacy First service follows the same rules and legislation as any other emergency supply. A referral from NHS 111 does not automatically indicate that an emergency supply is appropriate; that is for the pharmacist to determine. Pharmacists who receive referrals for urgent supplies should use their professional judgement to determine whether an emergency supply is appropriate and legal to make. If it is not, the patient may need to be escalated to the GP OOH service or signposted to their own GP practice. Care should be taken when deciding to supply any medicine that has a potential for misuse. The Human Medicines Regulations 2012 (HMR) set out the maximum quantity of a POM that can be supplied as an emergency supply. Professional judgement should be used to supply a reasonable quantity that is clinically appropriate, particularly where the requested medicine is liable to misuse.

To make sure urgent medicines supplies for Controlled Drugs are provided appropriately, please remember that:

- Emergency supplies of Schedule 2 and Schedule 3 Controlled Drugs are **not permitted** by the HMR, with the exception of **phenobarbitone** or **phenobarbital sodium** for the treatment of epilepsy;
- **Temazepam, gabapentin, pregabalin and tramadol** are all Schedule 3 Controlled Drugs. **Emergency supplies of these medicines are not allowed and so they cannot be supplied via the service;**
- Medicines such as **benzodiazepines, zopiclone, and zolpidem** are Schedule 4 Controlled Drugs. **Up to five days' treatment may be supplied**, if it is clinically appropriate and after an assessment has been made of the risk that the patient is using the service to inappropriately gain additional supplies;
- Medicines such as **dihydrocodeine** and **codeine** containing products (including **co-codamol 30mg/500mg**) are Schedule 5 Controlled Drugs. **Up to five days' treatment may be supplied** if it is clinically appropriate and after an assessment has been made of the risk that the patient is using the service to inappropriately gain additional supplies.
- Where the legislation does permit an emergency supply, it limits the supply to a **maximum of 5 days for Controlled Drugs**.

Further Information can be found on the CPE Website:

<https://cpe.org.uk/national-pharmacy-services/advanced-services/pharmacy-first-service/pharmacy-first-service-faqs/>

### Communication to Healthcare Providers 25th June 2025 : Glucagon-like Peptide-1 (GLP-1) Agonist Medicines, Contraception and Pregnancy

With increasing private and NHS use of GLP-1 agonists, it is important to remind health care professionals of the warnings regarding GLP-1 agonist use, pregnancy and oral contraception.

The following points are taken from the FSRH statement: Glucagon-like peptide-1 (GLP-1) agonists and MHRA guidance GLP-1 medicines for weight loss and diabetes: what you need to know:



- Individuals should be advised to use contraception whilst using GLP-1 agonists.
- GLP-1 agonists should not be used if people are pregnant, trying to get pregnant or breastfeeding.
- Individuals using tirzepatide and oral contraception should switch to a non-oral contraceptive method, or add a barrier method of contraception, for four weeks after initiation and for four weeks after each dose increase.
- There is no need to add a barrier method of contraception when using semaglutide, dulaglutide, exenatide, lixisenatide or liraglutide.

Individuals who experience severe diarrhoea or vomiting during use of GLP-1 agonists should follow existing FSRH recommendations: Follow missed pill rules if vomiting occurs within a few hours of pill taking (see manufacturer instructions) or if severe diarrhoea persists for >24 hours

If an individual has persistent vomiting or diarrhoea, consider non-oral contraception

Consistent use of condoms is recommended

When prescribed privately, GLP-1 agonist use may not be recorded in NHS patient records, and some people may feel uncomfortable sharing this information with their GP or community pharmacist. Therefore, it is essential to actively ask people whether they are using GLP-1 agonists (weight loss injections) when initiating or reauthorising oral contraception.

Primary Care are encouraged to record any privately prescribed GLP-1 agonists in patient records as a hospital only medication. This will ensure drug interactions are flagged when they occur.

## Pharmacy Contraception Service (PCS)

It's brilliant to see the interest in this service with over 90% of pharmacies having now signed up to provide the PCS across CW. If your pharmacy has newly registered for the service please ensure that your pharmacy profile is updated via [NHS Profile Manager](#) to show that you provide the service. The [Find a Pharmacy Offering Contraceptive Pill Service Finder](#) is used by both healthcare professionals and patients; if you have not updated your pharmacy profile to show that you offer the PCS your pharmacy cannot be identified as a provider of the service. **Please Remember to Update Your Pharmacy Profile to Show That You Offer the Service**

## 2. REGIONAL/ NATIONAL

### Data Security & Protection Toolkit 2025

The Data Security and Protection Toolkit must be completed by 30th June 2025. All the questions marked mandatory in the toolkit must be completed as part of a pharmacy's NHS Terms of Service to meet the minimum information governance requirements. See further guidance for the toolkit on the CPE website [here](#).



## NHS Profile Manager

The deadline for meeting the requirement to ensure pharmacy owners have verified and, where necessary, updated the information contained in their [NHS website](#) profile and their [DoS](#) profile for this quarter is 30th June 2025. See more information [here](#)

## Pharmacy First Claims

Pharmacy owners are encouraged to ensure that claims for all Pharmacy First consultations delivered in March, April, and May 2025 are submitted via the MYS portal by 11:59pm on 30th June 2025 to secure payment.

This follows the recent change to the claim window introduced on 1st June, which reduced the submission period to one month to align with the new variable monthly payment system. Claims made after the final day of following month will not be accepted unless exceptional IT issues, outside of the pharmacy's control, are evidenced.

[Get the full details](#)

## Shortened Manual Claim Journey for MYS NHS Discharge Medicines Service (NHS DMS)

NHS England and NHSBSA have announced a shortened claims process for the DMS, launching on **6th July 2025**, following feedback from CPE. The new Manage Your Service (MYS) portal process will ease the submission of claims across all three DMS stages. An API will also be introduced in the future to support direct data transfer from clinical IT systems. Further information on the shortened claim journey can be found [here](#).

### Key actions for pharmacy owners:

- **Up to 30th June 2025:** Submit claims via the existing MYS DMS route. This will be retired at 11:59pm on 5th July 2025.
- **From 1st July 2025:** Use the new shortened MYS process for any activity completed from this date.
- **Transitional claims:** DMS activity started on or before 30th June but completed after must be entered into the new process from 6th July

## Online CPPE Events

The next set of online workshops are now live for booking. See the documents below for further details on workshops and resources:

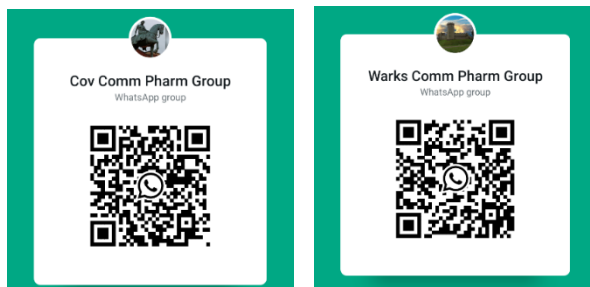
[CPPE Workshops – March to July 2025](#)

[CPPE Resources – March to May 2025](#)



**New Virtual Outcomes ABPM training** – this has been launched to support pharmacies engage with the ABPM element of the HCFS and includes tips on how you can maximise the service and key messages for patients – please see [here](#).

**Finally....Whatsapp Groups** Reminder to share the WhatsApp groups with others who work in community pharmacy within Coventry and Warwickshire.



#### CONTACT INFORMATION:

Office Phone M-F 10-3 or answer phone  
outside of this time: 01386 897529

Office main email: [ahwlpc@gmail.com](mailto:ahwlpc@gmail.com)

Support Officer: [eva.ahwlpc@gmail.com](mailto:eva.ahwlpc@gmail.com)

Chief Executive Officer: [fionalowe@nhs.net](mailto:fionalowe@nhs.net)  
07792970382

#### USEFUL LINKS:

[CPA Website](#)

[CPHW Website](#)

[CPE Newsletters](#)

[CPE Payment Timetable and Deadline  
Tracker](#)

[CPE CPCF Important Dates](#)

[Virtual Outcomes - Pharmacy Training](#)