Reminder: Updated Hypertension Case-Finding Service (HCFS) Specification Now Live

Pharmacy teams are reminded that there has been a change to the service specification for the Hypertension Case-Finding Service (HCFS). The change came into effect on Thursday 3rd September 2026. Please ensure your SOPs, team training, and clinical workflows reflect these active requirements:

Don't forget to check your windows! Ensure your public health displays, consultation room signage, and website information reflect the current eligibility rules.

Below is a quick overview of the changes, for more please visit our website

Service Changes

• Five-Year Check Rule & Patient Self-Declaration: Patients without a prior diagnosis are eligible for a clinic check every five years. Eligibility relies on the patient's verbal confirmation/declaration regarding their last check.

• National Monitoring & Outliers: While eligibility relies on patient self-declaration at the time of consultation, NHS England and national teams will monitor activity data and contractors identified with outlier data or higher-than-average rates of non-compliant claims (e.g., more than one check provided within the 5-year window) will be subject to post-payment verification reviews (PPV).

• Diagnosed Patients Excluded: Patients with an existing diagnosis of hypertension or currently on medication for hypertension are **excluded** from clinic checks under this service.

• GP & Secondary Care Referrals: Referrals from general practice are restricted to adults **aged 40 and over without a diagnosis or a check in the last five years**. Other commissioned providers (e.g., optometrists, dentists) can signpost patients directly for ABPM following an elevated clinic reading.

CPE Resource Access: Community Pharmacy England has published updated service guidance, briefing documents, and patient-facing resources to support teams with implementation.

LAIV Children's Flu Vaccine: Ordering Changes for Autumn/Winter 2026

Information has already been sent directly to your Community Pharmacy premises by the from the Regional Vaccination Operation Centre (RVOC).

Please be aware that the process for receiving your initial stock allocation of the flu nasal spray for children is changing for the upcoming Autumn/Winter 2026 vaccination season.

What Is Changing

In the 2025 campaign, pharmacies delivering the childhood flu vaccination service automatically received an initial allocation of 10 Live Attenuated Influenza Vaccine (LAIV) doses. However, for the Autumn/Winter 2026 vaccination season, pharmacies will still be allocated an initial 10 doses, but **delivery is no longer automatic**. To receive your initial stock, your pharmacy team must log on to the Supply Dashboard on the Federated Data Platform (FDP) and manually place an order. **If you do not place an order, no vaccine will be delivered**.

Key Actions for Pharmacy Teams

You should access the FDP Supply Dashboard and submit your initial LAIV order **ahead** of the Service Commencement Date. Contractors who completed registration by **31 August 2026** will receive their initial vaccine allocation in time for the start of the service.

Requesting Additional Vaccine Supply

Full requirements for ongoing vaccine supply are detailed in Section 6 of the Advanced Service Specification. Once your initial 10-dose allocation is in use, subsequent supply can be requested provided the conditions outlined in paragraph 6.4 of the specification are met. Crucially, a valid stocktake must be submitted on the FDP within 7 days prior to any request for additional vaccine; orders that do not meet these requirements will be deferred until they comply. Allocation uplift requests submitted by **3:00 PM** will be reviewed and processed on the same day, enabling providers to place an immediate same-day order. Please note that the minimum order quantity is 10 doses (1 pack). As a reminder, pharmacies must active avoid stockpiling vaccines and are expected to manage stock so that all doses are administered within their shelf life.

Regional Immunisation Contact Arrangements: New Centralised Inbox Launched

NHS England East of England Regional Public Health Commissioning has introduced a new centralised email structure to streamline immunisation support across the region. Effective from **7th September 2026**, a new regional inbox has replaced the historical local inboxes (including the former Essex, East Anglia, and Herts & BLMK imms addresses).

To avoid delays, pharmacy teams should route their enquiries according to the specific nature of the query using the two dedicated pathways outlined below:

• **Clinical Queries:** For enquiries regarding clinical guidance, vaccine incidents, cold chain issues, or patient eligibility, please email the new regional inbox at **england.eoeimms@nhs.net**. The former local inboxes (essexatimms etc.) will only be monitored sporadically during this transition period, so make sure you update contacts immediately.

***Note**: Any immunisation-related incidents **must** still be reported formally using the standard Vaccine Incident Reporting Form.*

• **Operational Queries:** For matters concerning vaccine supply, site assurance, contract management, or payments, please continue to contact the Regional Vaccination Operations Centre (RVOC) directly at **england.eoe-vacprg@nhs.net**.

• **Key Action on Submissions:** Please send your enquiry to only **one** inbox at a time. The clinical and operational teams work closely together and will re-route messages internally if needed. Submitting duplicate emails to both inboxes simultaneously creates administrative overlap and causes delays in processing.

Notice: 2026 Mandatory Community Pharmacy Workforce Survey – Open on Monday 14th September 2026.

The 2026 NHS England Community Pharmacy Workforce Survey will open on **Monday 14th September 2026** and is to be completed by **all** Pharmacy Owners. Completing this annual survey is a **mandatory requirement under the NHS Terms of Service** for all pharmacy owners in England. Failure to submit the survey before the deadline may result in contractual sanctions.

Key Information:

- **How to Complete:** The survey can be accessed by logging into the **NHSBSA Manage Your Service (MYS) portal**.
- **Purpose:** The data collected provides essential insight into sector capacity, skill mix, and staffing pressures to inform national workforce planning and funding decisions.

For guidance documents and support with your submission, log in to your MYS portal or contact the NHSBSA at **pharmacysupport@nhsbsa.nhs.uk**.

Community Pharmacy Essex – Virtual Annual General Meeting (AGM) - Tuesday 8th September 2026

We wanted to inform you about our recent AGM held on **Tuesday 8th September 2026 at 7:30 pm**. The meeting was chaired by our Committee's Vice Chair Mo Raje where the Annual reports and New model constitution was voted on.

- **The AGM** sought and secured approval for the 2025/26 Annual Report and Financial Statement and the adoption of the new national LPC model Constitution.

All related AGM documents and voting forms were previously emailed to contractors, with postal voting finalised ahead of the meetings, please note that CCA member voting was managed centrally through Head Office, requiring no action at the branch level.

If you have any queries, please contact **office@cpesx.org.uk**.

Prescription Nomination: Consent or Informed Consent?

This one seems to be a standing item on our bulletins! Complaints regarding unauthorised or unclear changes to patient Electronic Prescription Service (EPS) nominations continue to surface during pharmacy visits and calls to the office. While getting a signed nomination form covers basic consent, pharmacy teams must ensure patients are providing fully ***informed*** **consent**.

When a patient nomination has changed, the previous pharmacy has no route to complain, as this is a patient matter. You can, however, advise the patient if they are not happy or have been incorrectly nominated (consent not given) they will need to contact the pharmacy in the first instance and if need be complain to the new nominated pharmacy.

- **Acute vs. Permanent Changes:** When a patient visits a different pharmacy for an acute or out-of-hours prescription, changing their primary EPS nomination without fully explaining the impact can disrupt their ongoing repeat medication flow from their regular pharmacy.
- **Ensuring Full Clarity:** Always explain clearly to the patient whether they are setting a permanent nomination or simply receiving a single issue.
- **Patient Autonomy:** Patients must explicitly understand where their future repeat prescriptions will be routed following any form update.

For more, please visit the NHS Digital - nominations or read guidance on **Nomination core principles (Community Pharmacy England factsheet**

See also EPS principles and nomination best practices on the Community Pharmacy England EPS Guidance Page.

Potentially leave out the below and put into next week's bulletin.

PQS 2026/27: Pharmacy First Clinical Services Audit

Information for pharmacies planning on claiming Domain 2

For the 2026/27 Pharmacy Quality Scheme (PQS), you will need to complete a clinical audit focusing on the quality of your Pharmacy First clinical pathways consultations. This audit is structured to drive quality improvement across our networks and help teams pinpoint exact areas where clinical practice can be strengthened. You must audit at least 10 Pharmacy First clinical pathways consultations from unique patients conducted between 1 April 2026 and 31 March 2027.

Review - Carefully review consultation records to verify clear documentation of patient eligibility for the clinical pathway, key assessment findings, the rationale behind your treatment decision, and all safety-netting and follow-up advice provided.

Peer Discussion - Schedule a 1 to 2 hour peer discussion with a 'buddy' pharmacist to evaluate your findings and map out a practical action plan for improvement and be sure to record your audit start and end dates, as you will need these when submitting your final declaration via the Manage Your Service (MYS) platform.

All audit data, action planning, and peer discussions must be fully completed and submitted via the MYS data collection tool by **11.59pm on 31 March 2027**.

Don't leave this until the last minute! Give your pharmacy enough lead time to collect the 10 records, host your peer discussion, and actually embed the learnings into your daily practice.

You can access full details and download the Data collection and analysis form directly via the NHS England page.

PQS Gateway Criterion: Palliative and End of Life Care

To meet the mandatory PQS gateway criterion and remain eligible for PQS quality payments, pharmacy owners must take action across two key deadlines. Missing the

initial gateway milestone will prevent you from making a PQS declaration altogether. The q**uestionnaire deadline is** to complete the Palliative and End of Life Care questionnaire on the MYS platform by **31 December 2026**. (Please note: missing this cutoff locks you out of claiming PQS quality payments entirely!) you will also need to update your NHS Profile Manager status to reflect that you are a 'Pharmacy palliative care medication stockholder'—provided you routinely stock the 16 critical palliative care medicines and can support access to parenteral haloperidol by the **31 March 2027**.

Business Continuity Action Plan: Ensure a clear action plan is in place to manage supply and signpost effectively on occasions when any of these critical medicines are out of stock.

Useful links:

- PQS guidance and gateway criteria
- NHS Profile Manager
- NHS Service Finder support

Action Required: Verify Your NHS Profile Manager Profile

A quick reminder to all contractors: please log in to NHS Profile Manager to check and verify your pharmacy details for the next financial (Quarter 3). Under NHS Terms of Service, opening hours, contact details, facilities, and services must be verified every quarter—even if no information has changed.

Key Points to Check:

- Verify Every Section: Ensure all categories are marked as updated or verified for this quarter.
- Accuracy on Services: Review your active listings. Ensure non-commissioned local services (such as NHS Chlamydia screening or NHS weight management services, which are not currently commissioned in Essex) are removed from your profile, so patients and referrers receive accurate information.
- Live DoS Updates & Unscheduled Closures: If you experience temporary disruptions or service withdrawals under your business continuity plan, update your Directory of Services (DoS) profile immediately for the affected duration and inform the regional contracts team at hweicbhv.pharmacy@nhs.net. Remember to restore normal settings as soon as service resumes to prevent inappropriate NHS 111 referrals.

Community Pharmacy England

On the **22nd September 2026,** the Department of Health and Social Care (DHSC) will host an online session with Community Pharmacy England, focusing on crucial updates to Part IX of the Drug Tariff. **Register for the Part IX Webinar** (note: booking will close at 12 noon on the day of the event. For more, or to submit your question, please email **ds.team@cpe.org.uk**.

The session will focus on:

- Summary of Part IX and background to the targeted consultation
- Plans and approach to Part IX re-categorisation
- Timelines and impact of changes on patients, pharmacy teams and prescribers