

Community Pharmacy Bulletin

Date: 31 July 2025

Headline News

- Community Pharmacy Assurance Framework (CPAF) 2
- GLP-1 receptor agonists interactions with oral contraception 2
- Data Sec Opportunity for nurses, midwives, allied healthcare professionals, pharmacists, and healthcare scientists from NIHRurity 2
- Core Opening Hours 3
- Community Pharmacy Workforce Survey 2024: key findings now available 4
- Primary Care Cybersecurity Pilot – Get Involved 4

Campaign Information

- Cycle to Work- Day 1st of August 5

Useful Information

- Social media – NHS England and Integrated Care Boards (ICBs) 5
- GDPR email requirements 6
- Email Correspondence – Signature Details 6
- Serious Shortage protocols (SSP's) 6
- DHSC medicine Supply notifications 6
- Medical Alerts 6
- Reporting a Temporary Suspension in Service 6
- Pharmaceutical Clinical Waste 7
- Changes of director and/or superintendent pharmacist 7
- SouthWest Controlled Drugs team 7
- Drug and Alcohol Services 8
- Pharmacy Support for Health & Wellbeing 9
- Interpretation and Translation Services 9
- Contact Details and Further Information 10
- Monthly Riddle 10

Community Pharmacy Assurance Framework (CPAF)

The closing date to submit the CPAF screening questionnaire is **31st of July 2025 at 11:59pm**

If you haven't already submitted your questionnaire, make sure you do before the deadline.


GLP-1 receptor agonists interactions with oral contraception

Pharmacy owners delivering the Pharmacy Contraception Service are reminded of recent guidance from the Faculty of Sexual and Reproductive Healthcare (FSRH) regarding the use of contraception in individuals prescribed Glucagon-like peptide-1 (GLP-1) receptor agonists, including tirzepatide.

The FSRH advises that:

- Individuals using GLP-1 medications should use effective contraception during treatment.
- There is additional guidance for those prescribed tirzepatide, given its potential effects on the absorption of oral contraceptives.

A formal statement has been issued by the FSRH, which can be accessed here:

 <https://www.fsrh.org/Public/Public/Documents/FSRH-statement-Glucagon-like-peptide-1-agonists-and-oral-contraception-Feb-2025.aspx>

In addition, the Medicines and Healthcare products Regulatory Agency (MHRA) has updated its public guidance. It confirms that all individuals of childbearing potential using GLP-1 medications should take steps to avoid pregnancy during treatment. <https://www.gov.uk/government/publications/glp-1-medicines-for-weight-loss-and-diabetes-what-you-need-to-know/glp-1-medicines-for-weight-loss-and-diabetes-what-you-need-to-know>

Please ensure this guidance is incorporated into patient counselling where relevant and that patients are provided with the appropriate advice and support materials.

Opportunity for nurses, midwives, allied healthcare professionals, pharmacists, and healthcare scientists from NIHR

The [NIHR Senior Investigators cohort 19](#) is now open for applications from June 24 to September 8, 2025.

- Senior Investigators receive a 4-year appointment, funding to support research leadership activities, and opportunities to influence NIHR strategy and mentor emerging researchers.
- We are particularly keen to see applications from AHPs, nursing and midwifery, methodology and social care.
- We also welcome applications from all institutions to reflect the growing diversity of health and care research leadership. Apply if you are eligible and please forward along to a colleague who could be interested.
- Download the [communications toolkit](#), which includes: sample text for use on social media, a short slide summary of the award and some quote cards of current SIs.

NIHR Programme Grants for Applied Research (PGfAR) Funding Opportunity
Opening in October 2025

- Building on NIHR's Strategic Focus - Strengthening careers for under-represented disciplines and specialisms, we are delighted to announce that the NIHR Programme Grants for Applied Research (PGfAR) Funding Opportunity, opening in October 2025, will be a ring-fenced call dedicated to 'Research

inspired by under-represented disciplines and specialisms to drive transformational changes for patients and the public’.

- [NIHR Programme Grants for Applied Research](#) (PGfAR) is seeking to grow a portfolio of applied health and care research programmes with leadership/co-leadership from underrepresented disciplines, specialisms and/or methodologists, that is:
 - Registered health and care professionals (HCPs), who are not doctors or dentists (i.e., proposals cannot solely be led by doctors or dentists but in alignment with the above, a co-lead arrangement is permitted given the scale and complexity of research programmes).
 - Allied health professionals.
Research methodologists specifically the following disciplines: medical statistics, health economics, clinical trial design, operational research, modelling, bioinformatics, qualitative research, mixed methods, and epidemiology.
 - Offers multidisciplinary research teams considerable flexibility to focus on any health and care topics within remit and scope of the NIHR PGfAR programme. We welcome applications with leadership from underrepresented disciplines, specialisms and/or methodologists that present a coherent applied research programme of interrelated, multidisciplinary projects which individually and together produce outputs and outcomes that are likely to realise a transformative step change in the way the health and care services can meet the needs of the UK public.
 - The amount awarded and the length of the funding period depends on the nature of the proposed work. In recent competitions PGfAR awards attract funding of around £2.0 - £3.5 million across 4 - 6 years.
 - More details can be found in the [PGfAR Funding Opportunity -October 2025 Summary webpage](#) and also the [Research Specification](#) with the accompanying supporting information.
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Core Opening Hours

Contractors wishing to reduce or redistribute the core opening hours of their pharmacy premises must first apply to the ICB. All core hour applications are decided by the NHS South West Pharmaceutical Services Regulations Committee (SW Committee).

Pharmacy owners have no right to change core opening hours and this is not a notification process, they must apply for any changes. Consequently, applications to change core opening hours may be granted or refused. Applications are determined against the 2013 Regulations as amended, and if refused, the contractor may appeal the decision to NHS Resolution.

If a contractor wishes to maintain the total core opening hours of its pharmacy premises but change the timing of them or the days on which they are, they may apply to do so under paragraph 26(1), Schedule 4. On 23 June 2025, a second test was introduced at paragraph 26(2ZB) Schedule 4 and contractors are required to state in their application whether they wish their application to be determined on the basis of:

- The test in paragraph 24(1), or
- The new test in paragraph 26(2ZB)

As part of their application applicants are required to provide the information necessary to satisfy the SW Committee in respect of the test they are applying for.

For the test in paragraph 24(1), a pharmacy owner must ensure evidence is provided to show that the proposed change to the core opening hours will either:

- maintain as necessary the existing level of service provision for the people in that area or other likely users of the pharmacy premises; or
- maintain a sustainable level of adequate service provision for the people in that area or other likely users of the pharmacy premises, in circumstances where maintaining the existing level of service provision is either unnecessary or not a realistically achievable outcome.

For the test in paragraph 26(2ZB) a pharmacy owner must ensure evidence is provided to show that the proposed change to core opening hours demonstrates that the proposed hours will:

- ensure that the people who are accustomed to accessing pharmaceutical services at the pharmacy premises are likely to benefit from the changes because, overall, they would be more likely to access those services at those premises during the proposed core opening hours than during the existing core opening hours.

Evidence could include, for example, changes to the local surgery hours, and the opening hours of neighboring pharmacies, but provide as much factual information as possible about the needs of the pharmacy's patients – patient surveys, records of levels of use (prescriptions and requests for advice / OTC medicines sales). This is not an exhaustive list.

Recent appeal cases (which can be found on the Primary Care Appeals decisions website) identify key evidence such as the distance from the pharmacy to nearby pharmacies, how patients could travel to them, the opening hours and the services those pharmacies offer. To support this evidence applicants could provide survey data for the hours they wish to change, to show how patients are travelling to the pharmacy and the reason for their visit (e.g. dispensing services).

Please note that 100-hour pharmacies can only apply to redistribute core hours under 24(1) (if not already reduced under 26(2A)) or reduce core opening hours in line with paragraph 26(2A), Schedule 4 (or redistribute in line with that paragraph if already reduced).

Community Pharmacy Workforce Survey 2024: key findings now available

The Community Pharmacy Workforce Survey (CPWS) provides valuable insights to support future workforce planning and investment, ensuring continued access to vital pharmacy services.

Key findings from the 2024 survey, now available on the [CPWS webpage](#), show:

- Five per cent increase in pharmacists
- 22 per cent rise in pre-registration trainee pharmacy technicians
- Four per cent overall reduction in workforce, mainly due to fewer trainee dispensing assistants, medicines counter assistants, and delivery drivers
- Nine per cent of community pharmacists are now independent prescribers

Explore the full findings on the [CWPS webpage](#) or via the [NHS Dashboard](#).

Primary Care Cybersecurity Pilot - Get Involved

NHS England is inviting general practice, community pharmacy, optometry, and dental providers to join a new pilot to strengthen cyber resilience across primary care.

Backed by the National Cyber Security Centre's [Small Business Guide](#), this programme offers free access to tailored tools, practical resources, and expert advice.

Why join? Participating in organisations will help shape future national support and benefit from:

- Boosted staff confidence in spotting and reporting cyber threats
- Access to free NCSC resources for small organisations
- Peer support and collaboration
- Real improvements in cyber hygiene
- Direct links to expert guidance and local cyber networks

Want to take part? Send your Expression of Interest to chan.maher@nhs.net by 8 August 2025, including:

- Organisation name

- ODS code(s)
- Primary contact name and email
- Confirmation you're happy to participate

What happens next? A small cohort will be selected to join the pilot from September. Future phases will expand the range more widely.

Questions? Get in touch via chan.maher@nhs.net

Campaign Information

Cycle to Work- Day 1st of August

Cycle to Work -Day is the UK's biggest cycling commuting event.

This year workers all around the country will be encouraged to get on their bikes and get into work the best way possible – on two wheels (or three for tricyclists!)

It's an event for everyone, from people who haven't hopped on a bike since their school days to committed cycle commuters.

What's matters is jumping on a bike, giving it a go and joining a community of cyclists sharing all that's good about cycling to work.

This is not a mandatory campaign

Useful Information

Social media – NHS England and Integrated Care Boards (ICBs)

Stay connected with NHS England and your local ICB on social media. Keep up to date with posts on the latest news and information about local and national healthcare initiatives as well as information about opportunities to have your say and find out more about projects and plans in your region.

Organisation	X	Facebook	Instagram
NHS England SW	@NHSSW	https://www.facebook.com/NHSSW	@nhssouthwest
BNSSG ICB	@BNSSG_ICB	https://www.facebook.com/BNSSGICB	@bnssg_icb
BSW ICB	@BSW_Together	https://www.facebook.com/NHSBSWICB	@nhsbswccg
Cornwall and IoS ICB	@ciosicb	https://www.facebook.com/ciosicb	
Devon ICB	@NHSDDevon	https://www.facebook.com/NHSDDevon	@nhsdevon
Dorset ICB	@NHSDorset	https://www.facebook.com/NHSDorset	@nhsdorset
Gloucestershire ICB	@NHSGlos	https://www.facebook.com/nhsglos	@nhsgloucestershire
Somerset ICB	@NHSSomerset	https://www.facebook.com/NHSSomerset1	

GDPR email requirements

We would like to remind all contractors that any email containing patient identifiable information must be sent from a secure email address, preferably the pharmacies shared generic nhs.net store email address. Any emails with patient details must not be sent from a non-secure email address as this could result in a breach of GDPR.

Email Correspondence – Signature Details

Please can you ensure when communicating with the NHS South West Collaborative Commissioning Hub's Community Pharmacy Team you include the following details within your correspondence to help us with responding to your enquiry. Many thanks.

- Contact Name
 - Name of Contractor
 - ODS Code (F Code)
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Serious Shortage Protocols (SSPs)

All current Serious Shortage Protocols can be viewed via [BSA website](#).

If you have any questions regarding SSPs please contact the NHS Prescription Service:

- Email: nhsbsa.prescriptionservices@nhsbsa.nhs.uk
 - Telephone: 0300 330 1349
 - Textphone: 18001 0300 330 1349
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DHSC Medicine Supply Notifications

DHSC and NHSE/I have now launched an online [Medicines Supply Tool](#), which provides up to date information about medicine supply issues. The contents of these MSNs can now be viewed on the Tool. The Tool also details any changes to resupply dates and updates to the entries. To access the Tool, you will be required to register with the [SPS website](#).

The Medicine Supply Tool is moving on the SPS website. Update your links and bookmark its new home in the 'Tools' section: <https://www.sps.nhs.uk/home/tools/medicines-supply-tool/>

Medicine Alerts

For information on medical alerts, recalls and safety information regarding drugs and medical devices please see the Medicines and Healthcare products Regulatory Agency below:
Medicines and Healthcare products Regulatory Agency - GOV.UK (www.gov.uk)

Reporting a Temporary Suspension of Service

In accordance with regulations, contractors must notify the commissioner of any temporary suspension in service; including those for reasons due to illness or causes beyond the control of the contractor. In accordance with pharmacy regulations contractors must provide evidence to the commissioner that they have undertaken the following:

- Notified the commissioner of the suspension as soon as practical.
- Used all reasonable endeavors to implement the business continuity plan required by paragraph 29D, Schedule 4 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, and

- Used all reasonable endeavors to resume the provision of pharmaceutical services as soon as is practicable. (Paragraph 23(10), Schedule 4, of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

In the event of you being unable to open please complete a Temporary Suspension closure form via one of the following ways either:

1. via [Manage Your Service \(MYS\) portal](#).
2. Completing the Temporary Suspension Form found [here](#) titled Annex 18 and sending this to the SW generic email address: england.pharmacysouthwest@nhs.net.

Details of the new Temporary Suspension policy can be found [here](#), the new temporary suspension policy went live on the 1st of April.

Pharmaceutical Clinical Waste- Waste Segregation

Effective segregation of waste delivers important benefits for workplace health and safety.

With the correct waste type disposed of in the right containers, needlestick injuries can be reduced, the risk of dangerous infections and diseases can be better controlled, and staff and patients are protected from encountering hazardous substances that could cause them harm. It also means that everyone who handles the waste once it leaves your site is protected, and with correctly segregated waste reaching the most appropriate place for treatment and disposal.

If you have any queries with regards to the collection of clinical waste from your premises e.g. a missed collection or issues with the frequency of collection; please contact the SW Collaborative hub on england.pharmacysouthwest@nhs.net.

Changes of director and/or superintendent pharmacist

When a body corporate appoints a new director and / or a new superintendent they must inform the commissioner within 30 days of the person taking up that new position. Recent experience suggests that contractors sometimes overlook making these declarations.

To make such a declaration you should go to the Primary Care Support England (PCSE) website at <https://pcse.england.nhs.uk/services/pharmacy-market-administration-services/market-entry/> where you will be able to complete the necessary declarations. Failure to notify any changes to directors and / or superintendent pharmacist maybe a breach of your terms of service.

South West Controlled Drugs Team

Following the roll out of the Pharmacy First Urgent Supply of Repeat Medicines Service, we would like to take this opportunity to remind colleagues to please consider the following points before making supplies as part of this service:

- Supplies carried out for urgent repeat medicines supply under Pharmacy First **MUST** comply with emergency supply legislation (regulation 225 HMR 2012), including **the pharmacist being satisfied that there is an immediate need and that it is not practical for the patient to obtain a prescription without undue delay**. An entry **MUST** be made in the POM register and the medicine labelled 'emergency supply'. The medicine **MUST** have been previously prescribed, and consideration should be given to when it was last prescribed.
- Legislation **limits any supplies** of Schedule 4, and 5 controlled drugs made through this service **to five days**. This includes codeine containing products such as co-codamol which are schedule 5 controlled drugs. This restriction also applies to other lower schedule-controlled drugs including dihydrocodeine, diazepam, lorazepam, morphine sulfate solution 10mg/5ml, zopiclone, zolpidem, testosterone and

others. If a medicine comes in a container containing more than 5 days' supply, that cannot be split, it is not legal to supply (this applies to most testosterone products).

- Codeine, related products and other lower schedule-controlled drugs are medicines that can be subject to abuse and pharmacists should always access the patient's national care record or where available the GP record via GP Connect: Access Record and check for previous supplies. If a patient refuses to provide consent to view their clinical record, consideration should be given as to whether it is clinically appropriate to make that supply.
- Please also be aware that **it is for the pharmacist to determine whether any urgent medicines referral to supply a medicine is appropriate**, not the person who issued the referral. The supplying pharmacist needs to balance the potential for misuse against clinical need and to consider any impact on the patient if not supplying a medicine or appliance, and also if supplying. If thought appropriate, a limited supply of one or two days can be considered to allow the patient time to access their GP practice.
- Please note that with the exception of supply of phenobarbitone for the treatment of epilepsy, **schedule 1, 2 or 3 controlled drugs** (including tramadol) **cannot be supplied under emergency supply regulations**
- If a referral is received for a controlled drug that cannot be supplied under emergency supply regulations and the pharmacist believes that there is a genuine patient need to obtain a supply of their medicine, although it would not be possible to make an emergency supply, the pharmacist should ensure the patient is able to speak to another appropriate healthcare professional by either:
 - Referring the patient to their own general practice; or
 - By contacting a local out-of-hour provider.

An entry should be made to the Pharmacy First IT system, and a consultation fee can be claimed in this instance.

Please report any controlled drug incidents to us via our reporting website www.cdreporting.co.uk The NHSE SW Controlled Drugs Team can be contacted at ENGLAND.southwestcontrolledddrugs@nhs.net

Drug and Alcohol Services

Below are the contact details for your local drug and alcohol service. In the event of temporary suspension of service at your premises please ensure you contact your local service provider to make arrangements for the continuity of patient care for those attending the pharmacy regularly for the supervised administration of medicines.

- BSW - Swindon Borough Council - SubstanceMisuseTeam@swindon.gov.uk
 - BSW - Wiltshire - <https://www.turning-point.co.uk/services/connect-wiltshire>
email: substanceUseTeam@wiltshire.gov.uk Tel: 0300 0034566
 - BSW - Banes - TheBeehive@dhbath.org.uk Tel: 01225 329411
 - BNSSG - <https://remedy.bnssg.icb.nhs.uk/adults/drug-and-alcohol-misuse/bristol-drug-and-alcohol-service/>
 - Cornwall and Isles of Scilly - Drug and Alcohol Action Team (DAAT) DAAT@cornwall.gov.uk
 - Devon - [Together - EDP Drug & Alcohol Services](#) Tel: 0800 233 5444
 - Dorset - [Dorset HealthCare :: Addictions \(Alcohol and Drugs\)](#)
 - Gloucestershire - <https://www.viaorg.uk/services/gloucestershire-2/>
email: gloucestershire@viaorguk.cjsm.net Tel: 01452 223 014
 - Somerset - <https://www.turning-point.co.uk/services/somerset> Tel: 0300 303 8788
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Pharmacy Support for Health & Wellbeing

Please see below support available for our NHS people with free confidential coaching and support for the primary care workforce.

- Wellbeing apps:
 - NHS staff have been given free access to a number of wellbeing apps to support their mental health and wellbeing.
 - Link: <https://www.england.nhs.uk/supporting-our-nhs-people/support-now/wellbeing-apps/>
 - Mental Health and Wellbeing:
 - Guidance and advice on how you can stay mentally healthy and boost your wellbeing from Pharmacists' Support.
 - Link: <https://pharmacistsupport.org/i-need-help-managing-my/mental-health-and-wellbeing/>
 - Addiction support:
 - Information about the free and confidential addiction support provided by Pharmacists Support.
 - Link: <https://pharmacistsupport.org/how-we-can-help/addiction-support-programme/>
 - Managing your finances:
 - Information and guidance on money management and finding financial assistance from Pharmacists Support.
 - Link: <https://pharmacistsupport.org/i-need-help-managing-my/finances/>
 - Physical Health:
 - Support on Physical Health from Pharmacists Support, including how to easily incorporate exercise and healthy eating into your daily routine, and the benefits of doing so.
 - Link: <https://pharmacistsupport.org/i-need-help-managing-my/physical-health/>
 - Royal Pharmaceutical Society Wellbeing Guide
 - Wellbeing Guide from the Royal Pharmaceutical Society
 - Link: <https://www.rpharms.com/resources/pharmacy-guides/your-wellbeing>
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Interpretation & Translation Services

Interpretation and translation services are available for Community Pharmacies when treating NHS Patients. These services are commissioned and paid for by NHS England.

The information and how to access these are available on the South West Pharmacy website page via the following link [NHS England — South West » Interpretation and Translation Services](#)

The services commissioned cover the following areas:

- Bristol, North Somerset, and South Gloucestershire (BNSSG)
 - Bath and North East Somerset, Swindon, and Wiltshire (BSW)
 - Cornwall & Isles of Scilly
 - Devon
 - Dorset
 - Gloucestershire
 - Somerset
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Contact Details and Further Information

South West Collaborative Commissioning Hub Community Pharmacy Contract Management Team contact information: email: england.pharmacysouthwest@nhs.net.

Website: [South West Community Pharmacy information](#) for more further information, blank templates, forms, and documents.

Riddle of the Month

The answer to last month's riddle was... A Teapot- Well done to Raymond Mak
Lead Clinical Pharmacist at OneMedicalGroup for being the first to send in the correct answer

This month's riddle is

You'll find me in Mercury, Earth, Mars, Jupiter, Saturn and Uranus. But never Neptune, or Venus. What am I?



Send your answers to the pharmacy team at england.pharmacysouthwest@nhs.net. We will share the answer in the next bulletin