

July 2019

PSNC Briefing 029/19: The Pharmacy Quality Scheme 2019/20

In July 2019, a new Pharmacy Quality Scheme (PQS) was announced for the 2019/20 financial year; this scheme was formerly known as the Quality Payments Scheme (QPS). The new scheme has a review point in February 2020 and several revisions from previous scheme criteria. This PSNC Briefing provides a summary of key information on the PQS for 2019/20.

The review date

There will be one review point at which a PQS payment can be claimed. The review point will be in February 2020; the exact date of the review point is being finalised and will be announced shortly.

NHS England and NHS Improvement guidance

NHS England and NHS Improvement will be publishing new guidance to provide more information ahead of the February 2020 review point of the PQS; this will be available on the [NHS England website](#). PSNC will alert contractors once the new guidance is published.

The gateway criteria

There are **four** gateway criteria which contractors must meet. As per previous declarations, passing the gateway criteria will not, in and of itself, earn a payment for the pharmacy.

1) Advanced services

The contractor must be offering at the pharmacy the NHS Community Pharmacy Seasonal Influenza Vaccination Advanced Service and/or the New Medicine Service (NMS).

If a contractor is declaring that they provide the Flu Vaccination Service and/or NMS at the pharmacy to meet this gateway criterion, they should ensure that either or both of these services are listed on their NHS.UK profile.

2) NHSmail

Pharmacy staff at the pharmacy must be able to send and receive NHSmail from their shared premises NHSmail mailbox, which must have at least two active linked accounts.

Each pharmacy's designated mailbox owner can add and remove personal NHSmail addresses to or from a pharmacy's premises-shared NHSmail account as required. If your pharmacy does not have a shared NHSmail account or two live linked accounts, [PSNC's NHSmail page](#) contains further guidance.

3) NHS website

Update NHS website profile for opening hours (including Bank Holidays), services and facilities and promptly update as information changes to ensure information is accurate for the public.

Contractors must edit and/or validate their NHS.UK entry between a specific timeframe (the timeframe has not been confirmed yet). PSNC will alert contractors of this when the information becomes available.

4) Safeguarding Level 2

80% of all pharmacy professionals have achieved Level 2 safeguarding status for children and vulnerable adults in the last two years.

Registered pharmacy professionals are pharmacists and pharmacy technicians. This includes locums, so contractors should encourage temporary staff, such as locum pharmacists, to undertake the training and assessment.

Level 2 safeguarding training may be available to pharmacy staff locally (for example, organised by local authorities or other providers) or via the Centre for Pharmacy Postgraduate Education (CPPE). This may be completed online or by attending a CPPE workshop; please check the CPPE website for further details.

Pharmacy professionals should check with the training provider and satisfy themselves that the training they are completing enables them to attain Level 2 safeguarding status.

The quality criteria

Several changes have been made to the structure and content of the quality criteria.

Composite bundles

Some of the quality criteria are bound together in composite bundles; contractors will need to achieve **all** activities within a bundle to receive payment for the bundle. Contractors can seek to achieve as many of the bundles or standalone criteria as they wish.

The six bundles/standalone criteria are:

1. Risk management and safety composite bundle;
2. Medicines safety audits complementing Quality and Outcomes Framework Quality Improvement (QOF QI) composite bundle;
3. Prevention composite bundle;
4. Primary Care Networks (PCNs);
5. Asthma; and
6. Digital enablers composite bundle.

Please note, the total number of points allocated per bundle has not yet been finalised. PSNC will alert contractors of this when the information becomes available.

Meeting the gateway criteria and achievement of the quality criteria bundles/standalone criteria set for the scheme, described below, will mean a contractor is eligible for payments under the scheme.

Bundle/standalone criteria	Criteria	Points
Risk management and safety composite bundle	<ul style="list-style-type: none"> • 80% of all pharmacy professionals have completed the CPPE Risk management training and assessment. • 80% of all pharmacy professionals to complete CPPE Sepsis training and assessment. Apply learning to respond in a safe and appropriate way when it is suspected that someone has sepsis. Disseminate alert symptoms to staff, to ensure referral to pharmacist. • The pharmacy has available, at premises level, an update of the previous risk review that the pharmacy team at the premises had drawn up for a risk in that pharmacy. This update must include a recorded reflection on the identified risk and the risk minimisation actions that the pharmacy team has been taking and any subsequent changes identified as a result of the reflection. The risk review should include the risk of missing sepsis identification as a new risk as part of the review, record demonstrable risk minimisation actions that have been undertaken to mitigate the risk. Note: Pharmacies that did not claim for the risk management quality criterion previously and wish to claim at the next review point must have two identified risks, including the risk of missing sepsis as above, as part of completion and claiming for this whole composite bundle. • 80% of all pharmacy professionals to complete CPPE Reducing look-alike, sound a-like errors (LASA) e-learning and assessment. • A new written safety report (and subsequent actions completed in line with current criterion) at premises level available for inspection at review point, covering analysis of incidents and incident patterns (taken from an ongoing log), incorporating learnings from CPPE LASA e-learning. This should include a review of and subsequent actions where mitigation taken has failed to prevent a LASA incident from occurring, evidence of sharing learning locally and nationally, and actions taken in response to national patient safety alerts. Demonstrable evidence of actions identified in the patient safety report have been implemented. 	TBC
Medicines safety audits complementing QOF QI composite bundle	<ul style="list-style-type: none"> • All patients prescribed lithium: To be asked if they have had their lithium levels checked in the last 3 months and other relevant blood tests at appropriate intervals, e.g. for kidney (renal) and thyroid function every 6 months, whether this was/wasn't the case recorded on the PMR, or appropriate form/patient record, and referred as appropriate. <ol style="list-style-type: none"> 1. Asked whether they understand signs of lithium toxicity, e.g. upset stomach and go through these with the patient if they do not know what they are: <ul style="list-style-type: none"> • Record if they did/didn't know signs of lithium toxicity. 	TBC

	<ol style="list-style-type: none"> 2. Asked whether they know what to do if they miss one or more doses: <ul style="list-style-type: none"> • Record if they did/didn't know the appropriate action when they missed dose(s) and whether this advice was provided. 3. Asked if they understand how to prevent toxicity, e.g. adequate fluid intake especially if exercising heavily: <ul style="list-style-type: none"> • Record whether they did/didn't know how to prevent toxicity and whether this advice was provided. 4. Provided with general healthy living advice. 5. Monitored for interactions (OTC and prescription medicines) with lithium: <ul style="list-style-type: none"> • Record whether patient was taking or had taken medicines OTC which interact with lithium with/without the advice of a pharmacist or doctor. • Record whether patient was given advice not to take OTC medicines, including herbal remedies or supplements, without speaking to a doctor or a pharmacist. <p>If the pharmacy has no patients prescribed lithium, complete a safety audit of patients prescribed phenobarbital, methotrexate or amiodarone as alternatives, in line with the QOF QI.</p> <ul style="list-style-type: none"> • An audit of the provision of advice on pregnancy prevention for girls and women of childbearing potential taking valproate: <ul style="list-style-type: none"> • Ensure that all girls and women of childbearing potential who have presented a prescription for valproate, during a specified 3-month period, have been advised on the risks of taking valproate in line with all the requirements as detailed in MHRA Drug Safety Update 2018, including the potential impact on an unborn child, have been provided with a Patient Guide and have seen their GP or specialist to discuss their treatment and the need for contraception. This intervention should be recorded on the PMR, or appropriate form/patient record. • Report the number of patients dispensed a prescription for valproate who are old enough to become pregnant and been provided advice and information in line with the MHRA Drug Safety Update 2018 • Contractors should implement, into their day-to-day practice, the findings and recommendations from the previous clinical audit on NSAIDs prescribed for those 65 years and above without gastroprotection, undertaken as part of the Quality Payments Scheme for the February 2019 review point. The findings and 	
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	<p>recommendations from the audit will be published in a report by NHS Specialist Pharmacy Service (when this will be published is still to be confirmed. The pharmacy must then repeat the audit of NSAIDs and gastro-protection for all patients 65 years and over, including notifying the patient's GP where professional concerns are identified, sharing their anonymised data with NHS England, and incorporating any learning from the re-audit into future practice.</p> <p>Note: Pharmacies that did not claim for the NSAID audit quality criterion previously and wish to claim at the next review point as part of completion and claiming for this whole composite bundle must complete the audit for the first time and complete the other elements as described above.</p> <p>Submission of information to NHS England should be reported on the MYS application as part of all above audits.</p>	
<p>Prevention composite bundle</p>	<ul style="list-style-type: none"> • The pharmacy is a Healthy Living Pharmacy Level 1 (self-assessment). • All patient-facing staff are Dementia Friends. • The pharmacy has completed a specified dementia-friendly environment checklist and created an action plan which includes making some demonstrable recorded changes to the environment in line with the checklist, as appropriate. • Check all patients aged 12 years and over with diabetes who present with a prescription from 1st October 2019 to 31st Jan 2020 have had an annual foot and eye check (retinopathy). Make a record on the PMR or appropriate form/patient record and signpost/refer as appropriate. The total number of patients who have had this intervention, the number that have not had one or either check in the last 12 months and where they have been appropriately signposted/referred should be recorded and reported as part of this criterion. • The sales by the pharmacy of Sugar Sweetened Beverages account for no more than 10% by volume in litres of all beverages sold. The pharmacy must have either achieved by this by the review point or declare that they will be meeting this by 31st March 2020. 	<p>TBC</p>
<p>Primary Care Networks</p>	<ul style="list-style-type: none"> • Demonstrate that pharmacists in a PCN area have agreed a collaborative approach to engaging with their PCN, including agreement on a single channel of communication, for example, by appointing a lead representative for all community pharmacies in the PCN footprint to engage in discussions with the PCN. 	<p>TBC</p>
<p>Asthma</p>	<ul style="list-style-type: none"> • The pharmacy can show evidence of asthma patients, for whom more than 6 short-acting bronchodilator inhalers were dispensed without 	<p>TBC</p>

	any corticosteroid inhaler within a 6-month period, have since (28 June 2018, i.e. the last review date) been referred to an appropriate health care professional for an asthma review; and can evidence that they have ensured that all children aged 5-15 prescribed an inhaled corticosteroid for asthma have a spacer device where appropriate in line with NICE TA38 and have a personalised asthma action plan. Refer to an appropriate healthcare professional where this is not the case.	
Digital enablers composite bundle	<ul style="list-style-type: none"> NHS 111 DoS profile – Update the pharmacy’s NHS 111 DoS profile via DoS updater, including opening hours for Bank Holidays, and promptly update as information changes, to ensure information is accurate for the public. Demonstrable access to Summary Care Records. 	TBC

Funding, claiming and payment information

Contractors who successfully meet the requirements will receive a payment funded from a £75 million budget. The funding will be divided between qualifying pharmacies based on the number of points they have achieved. Payments will be made to eligible contractors depending on how many criteria/composite bundles they have met and hence points claimed.

Aspiration payments

At PSNC’s request, an aspiration payment will now be made within the scheme, ahead of contractors completing all the work on the various composite bundles/standalone criteria. These are advance payments of up to 70% of the contractor’s earning under the QPS in 2018/19. To receive an aspiration payment, contractors will need to be meeting the gateway criteria and state which of the composite bundles/standalone criteria they expect to achieve. This declaration will need to be undertaken by the end of October, with the aspiration payment being made by the end of November.

Further details on how to claim an aspiration payment will be published shortly.

To claim a PQS payment, contractors will need to complete a declaration using the NHSBSA’s Manage Your Service (MYS) system. The MYS system will check whether the pharmacy has met the gateway criteria (excluding the safeguarding gateway criterion).

Further information on the claiming and verification process will be issued in due course.

Payment for the February 2020 review point will be paid by the end of March 2020. There will not be a reconciliation payment made to contractors, as there is only a single declaration point for this scheme and the payment made to contractors will therefore be calculated to distribute the full £75 million funding.

The Pharmacy Quality Scheme 2020/21

In order to give contractors better warning of future requirements of the Scheme, PSNC has agreed some of the features of the 2020/21 Scheme. These include the completion of suicide prevention training by pharmacy staff and audits focussed on inhaler technique and anticoagulation. Further details on these points will be published in due course.

Further resources

PSNC is currently updating information on its website and producing new guidance and resources, where appropriate, to assist contractors to meet the criteria of the Scheme. PSNC will also be issuing regular communications to remind contractors of various actions required, so please ensure you have [signed up](#) to receive them.

If having read the additional information on the PSNC website, you have queries on this PSNC Briefing or you require more information please contact the PSNC Services Team at: Services.Team@psnc.org.uk