**Re: Primary Care Network Community Pharmacy Lead**

Dear All

I am getting in touch with you with regards to this year’s Pharmacy Quality Scheme (PQS). For all the pharmacies that wish to complete the Primary Care Network (PCN) PQS domain, you will be aware that **to meet the requirements of the PCN Flu Domain**, pharmacies must be able to:

* *Declare that they have engaged with the Pharmacy PCN Lead and agreed to be involved in increasing the uptake of flu vaccinations to patients aged 65 and over by the provision of flu vaccinations; and*
* *Administer at least 30 NHS flu vaccinations to eligible patients (not just those aged 65 and over), between 1st September 2021 and 31st January 2022;*
* *Declare the name of the PCN to which they have aligned;*
* *Declare the name of the appointed Pharmacy PCN Lead for the PCN; and*
* *Declare the pharmacy name and ODS code for the Pharmacy PCN Lead.*

While the Pharmacy PCN Lead must:

* *Declare that they have engaged with the PCN Clinical Director to agree how community pharmacies in the PCN will collaborate with general practices to increase the uptake of flu vaccinations to patients aged 65 and over;*
* *Administer at least 30 NHS flu vaccinations to eligible patients (not just those aged 65 and over), between 1st September 2021 and 31st January 2022;*
* *Declare the ODS codes of the pharmacies who have engaged in the process for increasing the uptake of flu vaccination to patients aged 65 and over;*
* *Declare that they are the appointed Pharmacy Lead for that PCN;*
* *Declare the name of the PCN; and*
* *Declare that the Pharmacy PCN lead has notified the Local Pharmaceutical Committee in which the PCN lies that they are the appointed Pharmacy Lead for the named PCN.*

If you want to participate in this PCN domain, I will need to work closely with you and the broader local system to discuss and agree how our community pharmacies will support the aim of increasing the number of flu vaccines administered to people 65 years and over.

To achieve this, for contractors that wish to participate in completing the PCN domain, I will need them to complete the relevant parts of the attached data collection survey that will enable me to start to build a plan to then aid our discussion.

Additionally, I will be sending all of you a separate message to seek to confirm a suitable date and time for us to meet virtually to hold these discussions. **Please could you complete and return the survey** to me as quickly as possible. It is the responsibility of contractors that want to be able to claim for this domain to both provide the requested information and attend the contractor discussion that I will organise.

If you have any questions regarding this letter or would like to discuss any of the matters further, please feel free to contact me directly.

Yours sincerely

[Your Name]

**Pharmacy PCN Lead**

Phone: [Phone number]

Email: [email address]