



Pharmacy Quality Scheme 2021/22 Action and Evidence Portfolio Workbook

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If having read this PSNC Pharmacy Quality Scheme 2021/22 Action and Evidence Portfolio Workbook and the information and resources on the PSNC website, you have further queries about the Pharmacy Quality Scheme (PQS) or you require more information please contact Services.Team@psnc.org.uk.

Introduction

On 12th August 2021, a new PQS was announced for the remainder of 2021/22. This scheme focuses on NHS priorities supporting recovery from COVID-19.

The scheme officially began on 1st September 2021 with a declaration period between 9am on 31st January 2022 and 11.59pm on 25th February 2022. As with previous schemes, it has £75m funding available and contractors were able to claim an optional Aspiration payment between 9am on 4th October 2021 and 11.59pm on 29th October 2021.

Contractors who meet all of the Gateway criteria on the day of the declaration will receive a PQS payment if they meet the requirements of one or more of the seven Domains. Contractors must meet all of the requirements within a Domain to be eligible for a PQS payment for that Domain; the only exception to this is for the Healthy living support Domain – please see Section 7: Healthy living support (Weight management) for further information.

Drug Tariff wording

This Workbook lists the PQS 2021/22 Drug Tariff wording for the requirements of the Scheme. It does not list the information which must be recorded on the NHS Business Services Authority (NHSBSA) Manage Your Service (MYS) portal when making the PQS declaration (this information is available in [Part VIIA of the Drug Tariff](#)). However, this information is reflected in the questions posed within the Workbook.

Questions and actions

The Workbook contains questions in each section (based on what contractors are required to declare) for pharmacy teams to answer to see if they are meeting the requirements of the Gateway/Domains. If they meet all the requirements in a section, they can tick the Gateway criterion/Domain off the PQS checklist, which is included on page 6 in the Workbook. If they are not currently meeting the requirements, this can be added to an action plan, which is included on pages 37-39 in the Workbook.

Training

If team members have previously completed any of the training requirements and where applicable, successfully passed the e-assessment, they will not need to complete these again for the 2021/22 PQS.

If contractors are currently meeting some or all of the training requirements, it is important that this is kept under review as this may change if new staff join the pharmacy or staff return from long term leave, for example, maternity leave, before the PQS declaration period.

Where new staff or staff returning from long term leave have not undertaken the training and assessment by the day of the declaration, the contractor can count them as having completed the training and assessment, if the contractor has a training plan in place to ensure they satisfactorily complete the training and assessment within 30 days of the day of the declaration. The training plan and demonstrable evidence of completion of the training and assessment must be retained at the pharmacy to demonstrate they are meeting this criterion.

Resources

PSNC has produced a large number of resources to support contractors to meet the requirements of the Scheme. The relevant resources are highlighted in each of the Gateway criteria and Domains sections. Contractors are not required to use these resources; however, they are all available at psnc.org.uk/pqs should contractors choose to use them.

Evidence

This Workbook provides contractors with examples of **suggested** evidence that they can use to confirm they have the necessary evidence ready to make their PQS declaration between 9am on 31st January 2022 and 11.59pm on 25th February 2022. If certain evidence is a requirement, it is stated as **REQUIRED** in the Workbook.

It is important that contractors have this evidence to assure themselves that they meet all the Gateway criteria and Domains that they intend to declare that they meet; as well as to be able to provide this evidence to the NHSBSA Provider Assurance Team (if requested) who will undertake validation checks on behalf of NHS England and NHS Improvement (NHSE&I) to ensure that these requirements are met.

Contractors are required to be able to provide evidence of how they meet the criteria; if they do not have this evidence, they put themselves at risk of having one or more Domains recovered or in the case of the Gateway criteria ALL their

PQS payment recovered. The examples provided as suggested evidence are not exhaustive; other evidence may also be suitable.

This Workbook is for an individual pharmacy. It cannot be used to complete a declaration for multiple pharmacies. Each pharmacy team must complete its own individual assessment of whether they meet the gateway criteria and then which Domains they are eligible to claim payment for.

Important dates for the diary

Below is a list of the important dates for the PQS 2021/22.

Date	Why is this date important?
1st September 2021	PQS 2021/22 officially started.
	This was the start date for having conversations with patients, their carers or representatives, for whom you have dispensed an inhaler, about the environmental benefits of them returning all unwanted and used inhaler devices to a community pharmacy for safer and environmentally friendly disposal.
	Catch up New Medicine Service (NMS) could start to be offered to patients.
	The Flu Vaccination Service started, so contractors could start providing flu vaccinations to meet the target of providing 30 or more vaccinations.
16th September 2021	Referrals to the NHS Digital Weight Management Programme could commence.
1st October 2021	The MYS online portal to record anticoagulant audit data opened.
4th October 2021	The Aspiration payment window opened at 9am.
29th October 2021	The Aspiration payment window closed at 11.59pm.
1st December 2021	The Aspiration payment is paid to contractors.
31st December 2021	Deadline for communications between the contractor and Pharmacy PCN Leads around increasing the uptake of flu vaccination to patients aged 65 and over for the 2021/22 influenza season.
	Deadline to start the antibiotic review (eight weeks till last day of declaration period).
5th January 2022	Deadline to have claimed payment for the provision of at least 20 NMS (including catch-up NMS) since 1st April 2021.
28th January 2022	Deadline to start the anticoagulant audit (four weeks till last day of declaration period).
31st January 2022	Declaration window opens at 9am.
	Contractors do not need to continue to have conversations with patients, their carers or representatives, for whom they have dispensed an inhaler, about the environmental benefits of them returning all unwanted and used inhaler devices to a community pharmacy for safer and environmentally friendly disposal to meet this quality criterion.
	Deadline to have provided 30 or more flu vaccinations.
25th February 2022	Declaration window closes at 11.59pm.
1st April 2022	Contractors are paid the PQS payment (Aspiration payment will be initially reconciled with the payment for the PQS 2021/22).
1st June 2022	Reconciliation of payments for the PCN domain when final data on the increase to the uptake of flu vaccination to patients aged 65 and over will be available.

PQS flow chart – How to use the Action and Evidence Portfolio Workbook

Read through the [NHSE&I PQS 2021/22 PQS guidance](#).



Watch PSNC's [on-demand PQS 2021/22 webinar](#) and read through the content on the [PSNC PQS hub](#).



Work through PSNC's PQS 2021/22 Action and Evidence Portfolio Workbook* with members of the pharmacy team to answer the questions in each section and therefore identify which requirements the pharmacy already meets; complete the tables in each section to evidence this.



When you can answer yes to all the questions in a section, tick off the Gateway criterion/Domain on the PQS checklist (on page 6 of the Workbook).



If the pharmacy cannot answer yes to all the questions in a section, consider what actions need to be taken to be able to do this and add this to the PQS action plan (on pages 37-39 of the Workbook).



Decide which parts of the action plan need to be prioritised, e.g. those that need to be completed or started by a certain date.



Work through the action plan to meet the different requirements (and therefore be able to answer yes to all the questions in a section). When a requirement is met, tick yes to the relevant question in that section, complete the section to evidence this in the Workbook and tick off the requirement on the PQS checklist (on page 6 of the Workbook).



When you have completed all the requirements for the Domains you intend to claim payment for and have the evidence to show that you meet these, you are ready to make your PQS declaration on the NHSBSA MYS portal – this must be made **between 9am on 31st January 2022 and 11.59pm on 25th February 2022**.

*Use of the PSNC Pharmacy Quality Scheme 2021/22 Action and Evidence Portfolio Workbook is optional, contractors can choose another option to support them to meet the requirements of the Scheme.

Pharmacy Quality Scheme 2021/22 checklist

Gateway criteria	Completed
1. Advanced services	<input type="checkbox"/>
2. Safety report and demonstrable learnings from the CPPE LASA e-learning	
Part a: CPPE LASA e-learning and assessment	<input type="checkbox"/>
Part b: New safety report	<input type="checkbox"/>
3. Risk review	
Part a: Risk management e-learning and assessment	<input type="checkbox"/>
Part b: Risk review	<input type="checkbox"/>
Domains	
1. Medicines safety and optimisation (High risk medicines – anticoagulant audit)	<input type="checkbox"/>
2. Respiratory (Asthma/COPD)	
Part a: Personalised asthma action plans and promoting spacer device use in children prescribed pressurised metered dose inhalers (pMDIs)	<input type="checkbox"/>
Part b: Inhaler technique checks for patients prescribed a new inhaler with asthma or COPD during the COVID-19 pandemic	<input type="checkbox"/>
Part c: Return of unwanted and used inhalers	<input type="checkbox"/>
3. Digital (Remote consultation skills)	<input type="checkbox"/>
4. Primary Care Networks (Influenza vaccination programme)	<input type="checkbox"/>
5. Prevention (Infection prevention and control and review of antimicrobial stewardship practice using the target antibiotic checklist)	<input type="checkbox"/>
6. Addressing unwarranted variation in care (Health inequalities)	<input type="checkbox"/>
7. Healthy living support (Weight management)	<input type="checkbox"/>

Gateway criteria

To qualify for a PQS payment, contractors will have to meet the following **THREE** Gateway criteria on the day of their declaration:

1. Advanced services;
2. Safety report and demonstrable learnings from the Centre for Pharmacy Postgraduate Education (CPPE) look-alike, sound-alike (LASA) errors e-learning (this gateway criterion has **TWO** parts); and
3. Risk review (this gateway criterion has **TWO** parts).

1. Advanced services

Drug Tariff wording

New Medicine Service (NMS) – The contractor must have claimed payments for the completion of a minimum of 20 NMS between 1st April 2021 and 5th January 2022.

Additional information

Remember, a minimum of 20 NMS must be claimed **between 1st April 2021 and 5th January 2021**; any NMS claimed for after this date, will not count towards the requirement to have claimed payment for at least 20 NMS. Therefore, contractors may want to prioritise meeting this Gateway criterion, as if this is not met, contractors will not be entitled to a PQS payment, even if they have met the other Gateway criteria and some or all of the Domains.

Resources

Further information and resources on NMS can be found at psnc.org.uk/nms.

NHSBSA has also [published a spreadsheet](#) showing which contractors have already met the Advanced services gateway criterion, and those that have not.

NHSBSA has used the NMS payment claim data between the period of April 2021 and July 2021 to calculate which contractors have already met the gateway criterion and those that have not yet achieved this; this spreadsheet will be updated on a regular basis in the lead up to the PQS declaration period.

If contractors are showing on the NHSBSA spreadsheet as having claimed for 20 or more NMSs, no further action is required to meet the Advanced Services gateway criterion.

Q. Has your pharmacy claimed payments for 20 or more NMSs between 1st April 2021 and 5th January 2022?

☐

Suggested evidence

Contractors are not required to retain evidence for this Gateway criterion as an assessment of whether the contractor has met this Gateway criterion will be confirmed against the NHSBSA's payment data for NMS.

2. Safety report and demonstrable learnings from the CPPE LASA e-learning

Part a: CPPE LASA e-learning and assessment

Drug Tariff wording

On the day of the declaration, all registered pharmacy professionals working at the pharmacy must have satisfactorily completed the [CPPE reducing look-alike, sound-alike \(LASA\) errors e-learning](#) and passed the [e-assessment](#).

Additional information

The below table highlights who needs to complete the CPPE LASA errors e-learning and e-assessment.

Who needs to complete the e-learning and e-assessment?	Pharmacists	Pharmacy technicians	Trainee pharmacists	Trainee pharmacy technicians
Registered pharmacy professionals	✓	✓	Recommended but not required	Recommended but not required

Resources

The following resource is available at psnc.org.uk/pqs to support contractors to meet this part of the Gateway criterion:

- Training record sheet.

Q. Have all the registered pharmacy professionals who work at your pharmacy satisfactorily completed the CPPE LASA errors e-learning and passed the e-assessment?	<input type="checkbox"/>
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The below table can be used to record details of pharmacy professionals that have completed the CPPE LASA errors e-learning and e-assessment (on the day of the PQS declaration, contractors will be required to enter the total number of pharmacy professionals working at the pharmacy who have completed this e-learning and e-assessment).

Pharmacy professional's name	Date completed
Total number of pharmacy professionals who have satisfactorily completed the CPPE LASA errors e-learning and passed the e-assessment	

Suggested evidence

Suggested evidence	Location of evidence in the pharmacy
Certificates from CPPE with the pharmacy professional's name and the date on which the e-assessment was completed (REQUIRED)	
Training plan – if applicable, see the Training section on page 3 (REQUIRED)	
Completed PSNC record sheet of pharmacy professionals that have undertaken the CPPE LASA errors e-learning and e-assessment (or complete the table above)	

Part b: New safety report

Drug Tariff wording <i>On the day of the declaration, pharmacies must have a new written safety report (new since February 2020 when this criterion was last included in PQS or covering the last two years if not previously claimed), at premises level, available for inspection from</i>
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the day of the declaration covering analysis of incidents and incident patterns (taken from an ongoing log), evidence of sharing learning locally and nationally, and actions taken in response to national patient safety alerts.

Demonstrable learnings from the CPPE LASA e-learning must be incorporated into the safety report. This must include a review of, and subsequent actions, where mitigation taken has failed to prevent a LASA incident or LASA near miss from occurring.

Demonstrably, the pharmacy contractor actively identifies and manages the risks at premises level associated with the following LASA medicines combinations identified from the National Reporting and Learning System (NRLS) propranolol and prednisolone, amlodipine and amitriptyline, carbamazepine and carbimazole, rivaroxaban and rosuvastatin, atenolol and allopurinol.

Demonstrably, the pharmacy contractor has put in place actions to prevent these risks, for example, physical separation, staff awareness raising, visual warnings, tags or labels on shelving, fatigue reduction strategies or enhanced checking procedures for these.

There must be demonstrable evidence of all actions identified in the patient safety report having been implemented.

Demonstrably, the pharmacy contractor uploads any LASA incident reports to the NRLS or to the Learn from patient safety events (LFPSE) system and keeps a record for confirmation of this activity at the pharmacy premises or within any electronic reporting system used by the contractor. In the description of what happened in the NRLS or the LFPSE report, the contractor must include the text 'LASA' as an identifier to facilitate future national learning.

Resources

The following resources are available at psnc.org.uk/pqs to support contractors to meet this part of the Gateway criterion:

- Monthly patient safety report;
- Patient safety report (to collate all the monthly data in); and
- Guidance on completing the patient safety report developed by the Community Pharmacy Patient Safety Group.

Q. Have you completed the patient safety report as detailed in the Drug Tariff requirements above?	<input type="checkbox"/>
Q. Have you incorporated demonstrable learnings from the CPPE LASA e-learning into the safety report?	<input type="checkbox"/>

Suggested evidence

Suggested evidence	Location of evidence in the pharmacy
Completed patient safety report (REQUIRED)	
Monthly patient safety report	
Anonymised copies of NRLS/LFPSE reports	
Review of errors and near misses	
Minutes of staff meetings raising awareness of patient safety	
Copies of national safety alerts and actions taken	

The below box can be used to record details of any additional evidence that the contractor has to demonstrate that they meet the above requirements and where this evidence is located within the pharmacy.

3. Risk review

Part a: Risk management e-learning and assessment

Drug Tariff wording

On the day of the declaration all registered pharmacy professionals working at the pharmacy must have satisfactorily completed the [CPPE risk management e-learning](#) and passed the [e-assessment](#).

Additional information

The below table highlights who needs to complete the CPPE risk management e-learning and e-assessment.

Who needs to complete the e-learning and e-assessment?	Pharmacists	Pharmacy technicians	Trainee pharmacists	Trainee pharmacy technicians
Registered pharmacy professionals	✓	✓	Recommended but not required	Recommended but not required

Resources

The following resource is available at psnc.org.uk/pqs to support contractors to meet this part of the Gateway criterion:

- Training record sheet.

Q. Have all the registered pharmacy professionals who work at your pharmacy satisfactorily completed the [CPPE risk management e-learning](#) and passed the [e-assessment](#)?

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The below table can be used to record details of pharmacy professionals that have completed the CPPE risk management errors e-learning and e-assessment (on the day of the PQS declaration, contractors will be required to enter the total number of pharmacy professionals working at the pharmacy who have completed this e-learning and e-assessment).

Pharmacy professional's name	Date completed
Total number of pharmacy professionals who have satisfactorily completed the CPPE risk management e-learning and passed the e-assessment	

Suggested evidence

Suggested evidence	Location of evidence in the pharmacy
Certificates from CPPE with the pharmacy professional's name and the date on which the e-assessment was completed (REQUIRED)	
Training plan – if applicable, see the Training section on page 3 (REQUIRED)	
Completed PSNC record sheet of pharmacy professionals that have undertaken the CPPE risk management errors e-learning and e-assessment (or complete the table above)	

Part b: Risk review

Drug Tariff wording

The contractor must have available, at premises level, a new risk review to include management to minimise the risk of transmission for COVID-19 as a new risk as part of the review. Contractors must record demonstrable risk minimisation actions that have been undertaken to mitigate this risk. These actions may include recommendations and best practice from the latest [Infection Prevention and Control \(IPC\) guidance](#) to protect staff, patients and members of the public in the pharmacy.

All registered pharmacy professionals working at the pharmacy must have satisfactorily completed the [CPPE sepsis online training](#) and passed the [e-assessment](#).

AND

For contractors who DID declare as having met the Risk management domain for the Pharmacy Quality Scheme 2020/21 (Part 2):

On the day of the declaration, the contractor must have available, at premises level, an update of the previous risk review undertaken as part of the PQS 2020/21 (that is, updated since PQS 2020/21 Part 2). This update must include a recorded reflection on the identified risks and the risk minimisation actions that the pharmacy team has been taking and any subsequent actions identified must be demonstrably completed as a result of this reflection.

OR

For contractors who DID NOT declare as having met the Risk management domain for the Pharmacy Quality Scheme 2020/21 (Part 2):

On the day of the declaration, the contractor must have available, at premises level, a new risk review for:

- The risk of missing red flag symptoms during over the counter (OTC) consultations; and
- The risk of missing sepsis identification.

Additional information

The below table highlights who needs to complete the CPPE sepsis e-learning and e-assessment.

Who needs to complete the e-learning and e-assessment?	Pharmacists	Pharmacy technicians	Trainee pharmacists	Trainee pharmacy technicians
Registered pharmacy professionals	✓	✓	Recommended but not required	Recommended but not required

Resources

The following resources are available at psnc.org.uk/pqs to support contractors to meet this part of the Gateway criterion:

- Risk review templates; and
- Training record sheet.

Q. Have you created a new risk review to include management to minimise the risk of transmission for COVID-19 as a new risk as detailed in the Drug Tariff wording above?	<input type="checkbox"/>
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Q. Have you updated your previous risk review or created a new risk review (if not previously completed) for the risk of missing red flag symptoms during OTC consultations and the risk of missing sepsis identification as detailed in the Drug Tariff on the previous page?	<input type="checkbox"/>
Q. Have all the registered pharmacy professionals who work at your pharmacy satisfactorily completed the CPPE sepsis online training and passed the e-assessment?	<input type="checkbox"/>

The below table can be used to record details of pharmacy professionals that have completed the CPPE sepsis online training and e-assessment (on the day of the PQS declaration, contractors will be required to enter the total number of pharmacy professionals working at the pharmacy who have completed this e-learning and e-assessment).

Pharmacy professional's name	Date completed
Total number of pharmacy professionals who have satisfactorily completed the CPPE sepsis online training and passed the e-assessment	

Suggested evidence

Suggested evidence	Location of evidence in the pharmacy
A new risk review to include management to minimise the risk of transmission for COVID-19 (REQUIRED)	
An update of the previous risk review undertaken as part of the PQS 2020/21 (that is, updated since PQS 2020/21 Part 2) (REQUIRED , for contractors who DID declare as having met the Risk management domain for the Pharmacy Quality Scheme 2020/21 (Part 2))	
A new risk review for the risk of missing red flag symptoms during OTC consultations and the risk of missing sepsis identification (REQUIRED , for contractors who DID NOT declare as having met the Risk management domain for the Pharmacy Quality Scheme 2020/21 (Part 2))	
Certificates from CPPE with the pharmacy professional's name and the date on which the assessment was completed (REQUIRED)	

Training plan – if applicable, see the Training section on page 3 (REQUIRED)	
Completed PSNC record sheet of pharmacy professionals that have undertaken the CPPE sepsis online training and e-assessment (or complete the table above)	

Domains

There are seven Domains in the 2021/22 PQS:

1. Medicines safety and optimisation;
2. Respiratory;
3. Digital;
4. Primary Care Networks;
5. Prevention;
6. Addressing unwarranted variation in care; and
7. Healthy living support.

Contractors must meet all of the requirements in a Domain to be eligible for a PQS payment for that Domain; the only exception to this is for the Healthy living support Domain – please see the Domain 7: Healthy living support (Weight management) section for further information.

Domain 1: Medicines safety and optimisation (High risk medicines – anticoagulant audit)

Drug Tariff wording

The audit aims to minimise preventable harm from the high-risk medicines - oral anticoagulants, including direct-acting oral anticoagulants (DOACs).

On the day of the declaration, contractors must have implemented, into their day-to-day practice, the findings and recommendations from the 2017 Specialist Pharmacy Service clinical audit on anticoagulants, which are included in the revised audit of anticoagulants.

The pharmacy must then complete the revised audit within the [PQS guidance](#) including notifying the patient's GP where concerns are identified, sharing their anonymised data with NHS England and NHS Improvement, and incorporating any learning from the audit into future practice.

The audit must be carried out over two weeks with a minimum of 15 patients or four weeks if 15 patients are not achieved within two weeks, and there must be a follow up of any patient that is referred to their prescriber to identify what actions were taken. Contractors must have completed the anticoagulant audit by the day of their declaration. The information that needs to be submitted to NHS England and NHS Improvement is included in the audit document and must be reported on the MYS application.

Additional information

It is important to make a record of the start and end date of the anticoagulant audit as contractors will be required to enter these dates when they complete their PQS declaration on the MYS portal.

The deadline for starting the anticoagulant audit is 28th January 2022. This will allow pharmacy teams to complete the anticoagulant audit within four weeks (the audit may be required to be completed over four weeks if the required number of patients do not present within a two-week period). If the contractor leaves completing the audit until the deadline, they will need to start the audit when the pharmacy opens on 28th January 2022 and if the contractor is required to complete the audit over a four week period, make their declaration on the final day of the declaration window (28th February 2022) after the pharmacy has closed for the day. Contractors are strongly encouraged to start their anticoagulant audit well before this date to reduce the risk of missing this deadline.

Pharmacy teams could start adding their audit data to MYS from **1st October 2021**.

Resources

The anticoagulant audit paperwork can be found at the end of the NHSE&I PQS guidance (pages 62-77) or the audit and data collection forms are also available as standalone documents at psnc.org.uk/pqs.

Q. Have you implemented, into your day-to-day practice, the findings and recommendations from the 2017 Specialist Pharmacy Service clinical audit on anticoagulants?	<input type="checkbox"/>
Q. Have you completed the anticoagulant audit in line with the Drug Tariff requirements on the previous page including notifying a patient's GP where concerns were identified and incorporating any learning from the audit into future practice?	<input type="checkbox"/>
Q. What date did you start your anticoagulant audit?	/ /
Q. What date did you finish your anticoagulant audit?	/ /
Q. Have you submitted the anticoagulant audit data on the MYS portal?	<input type="checkbox"/>

Suggested evidence

Suggested evidence	Location of evidence in the pharmacy
A record sheet detailing that members of staff have read the findings and recommendations report from the 2017 clinical audit or a copy of the report that members have signed and dated once they have read it	
Anonymised referral forms	
Email from NHSBSA confirming that the anonymised patient data has been added to MYS	
Record of audit completion and appropriate referrals detailed on the PMR or appropriate patient record	
Completed Specialist Pharmacy Service anticoagulant audit standards and audit actions page	
Updated standard operating procedure (SOP) reflecting reviews undertaken as part of the pharmacy's ongoing practice	

The below box can be used to record details of any additional evidence that the contractor has to demonstrate that they meet the above requirements and where this evidence is located within the pharmacy.

Domain 2: Respiratory (Asthma/COPD)

Part a) Personalised asthma action plans and promoting spacer device use in children prescribed pressurised metered dose inhalers (pMDIs)

Drug Tariff wording

On the day of the declaration, the pharmacy contractor must have evidence that they have ensured that:

- all children aged 5 to 15 dispensed inhaled press and breathe pMDI for asthma have a spacer device, where appropriate, in line with NICE TA38; and
- all patients, 5 years and above with asthma have a personalised asthma action plan.

The pharmacy contractor must be able to show that pharmacy staff have referred patients with asthma to an appropriate healthcare professional where this is not the case.

Additional information

If you do not identify any patients for referral, contractor will still be eligible for payment as long as they can evidence that they have been working to identify suitable patients and that they have a process in place for referral should they identify someone.

Contractors will need to enter the total number of referrals (for both a spacer device and a personalised asthma action plan (PAAP)) when they make your declaration for this criterion therefore it is important to decide **how you will collect this information for the duration of the PQS.**

Resources

PSNC Briefing 039/21: Pharmacy Quality Scheme – Asthma referrals – This PSNC Briefing provides contractors with guidance on meeting the PAAPs and promoting spacer device use in children prescribed pMDIs criterion.

The above Briefing also contains three annexes which are available at psnc.org.uk/pqs as separate documents:

- Suggested process for identifying patients for referral;
- Asthma referral form; and
- Asthma data collection form.

The above template data collection form is specifically for the asthma referrals quality criterion. PSNC has also produced a template data collection form which can be used to collect the required data for the different criteria in the Respiratory Domain and the weight management quality criterion (part of the Healthy living support Domain); this is also available at psnc.org.uk/pqs. Contractors can choose to use either for this quality criterion (both are optional and contractors can choose to record this information in the way most suitable for their pharmacy).

PharmOutcomes support – Contractors can now access an asthma referral service on [PharmOutcomes](#). This is available free of charge to all contractors.

This service allows contractors to record patient details who have consented to be referred to their GP practice if they meet the criteria* for this quality criterion. When this data is saved on PharmOutcomes, a referral will automatically be sent to the patient's GP practice (if an NHSmail email address is held for that GP practice within PharmOutcomes).

This service can be accessed by logging into PharmOutcomes, selecting 'Services'; and then the service is listed under the heading 'Quality criterion – Asthma referrals'.

*Please note, when you access this service, it will show both the options for a spacer device and personalised asthma action plan. However, when you enter the patient's date of birth, the spacer device question will be removed, if the patient is 16 years or over.

Q. Have you set up a process in your pharmacy (and have evidence of this) to identify and refer patients who meet the requirements to an appropriate health care professional?	<input type="checkbox"/>
Q. Have you decided and informed the team how to collect the required information (see above) for the duration of the PQS?	<input type="checkbox"/>

The below table can be used to enter the total number of patients who have been referred to a healthcare professional (the totals will need to be added to the MYS application when contractors make a declaration for a PQS payment).

Information required for the PQS declaration	Total number of patients
Child aged between 5 to 15 has been referred to a healthcare professional for a spacer device, in line with NICE TA38	
Patient aged 5 years or over with asthma has been referred to a healthcare professional for a personalised asthma action plan	

Suggested evidence

Suggested evidence	Location of evidence in the pharmacy
Completed data collection form	

Anonymised referral forms	
Completed PharmOutcomes summary report for asthma referrals	
Updated SOP reflecting reviews undertaken as part of the pharmacy's ongoing practice	
Record of interventions on the PMR or appropriate patient record	

The below box can be used to record details of any additional evidence that the contractor has to demonstrate that they meet the above requirements and where this evidence is located within the pharmacy.

Part b: Inhaler technique checks for patients prescribed a new inhaler with asthma or COPD during the COVID-19 pandemic

Drug Tariff wording

On the day of the declaration, the pharmacy contractor must be able to evidence that pharmacy staff have identified patients with asthma or COPD, who were prescribed a new inhaler (i.e. for the first time or changed to a new inhaler device) between 1 April 2020 to 31 August 2021 but did not have their inhaler technique checked due to the COVID-19 pandemic, have since been offered an inhaler technique check as part of the catch-up NMS arrangements.

All pharmacists working at the pharmacy, who are providing inhaler technique checks, as part of the catch-up NMS arrangements, must have satisfactorily completed the [CPPE inhaler technique for health professionals: getting it right e-learning](#) or attended a CPPE face-to-face or online inhaler technique workshop and passed the [e-assessment](#) (the e-assessment must be completed if you have completed the e-learning or attended the face-to-face/online workshop) before providing inhaler technique checks.

Where appropriate, pharmacists can conduct remote inhaler technique checks, as part of the catch-up NMS arrangements, as described in the following paper: [Taskforce for Lung Health position paper on optimising inhaler technique remotely](#).

Additional information

The below table highlights who needs to complete the CPPE inhaler technique for health professionals: getting it right e-learning and e-assessment (the e-learning is not a requirement if a pharmacist has already attended a CPPE face-to-face workshop). However, pharmacists who have attended a workshop would still need to have completed the e-assessment to meet the requirements.

CPPE has advised that they are unlikely to start providing face-to-face inhaler technique workshops until 2022 so if pharmacists have not previously attended one, they would need to complete the e-learning.

Who needs to complete it?	Pharmacists	Trainee pharmacists
Pharmacists	✓	Recommended but not required

It is important to note that pharmacists must have passed the current version of the e-assessment, 'Inhaler technique for health professionals', which was updated on 15th April 2020. The previous e-assessment, 'Inhaler technique' does not meet the requirements so if pharmacists did the e-assessment a while ago, check which e-assessment was completed as, pharmacists may need to complete the current version.

Contractors will need to enter the below information about patients who are offered an inhaler technique check when they make your declaration for this criterion therefore it is important to decide **how you will collect this information for the duration of the PQS:**

- the total number of patients identified as having been prescribed an inhaler for the first time or changed to a new inhaler device between 1st April 2020 and 31st August 2021 who were asked if they have had an inhaler technique check during that time;
- the total number of patients who answered no to the previous question and were offered a catch-up NMS, including an inhaler technique check;
- the total number of patients who were subsequently provided with a face-to-face catch-up NMS, including an inhaler technique check;
- the total number of patients who were subsequently provided with a remote catch-up NMS, including an inhaler technique check; and
- the total number of patients who were referred to their prescriber due to issues identified during a catch-up NMS.

Resources

The following resource is available at psnc.org.uk/pqs to support contractors to meet the requirements of the Domain:

- Data collection form.

Q. Have you set up a process in your pharmacy (and have evidence of this) to identify patients with asthma or COPD, who were prescribed a new inhaler (i.e. for the first time or changed to a new inhaler device) between 1 April 2020 to 31 August 2021 but did not have their inhaler technique checked due to the COVID-19 pandemic, and then be able to offer them an inhaler technique check as part of the catch-up NMS arrangements?	<input type="checkbox"/>
Q. Have you decided and informed the team how to collect the required information (see above) for the duration of the PQS?	<input type="checkbox"/>
Q. Have all the pharmacists who work at your pharmacy satisfactorily completed the CPPE inhaler technique for health professionals: getting it right e-learning and passed the e-assessment or have previously attended an inhaler technique workshop?	<input type="checkbox"/>

The below table can be used to record details of pharmacists that have completed the CPPE inhaler technique for health professionals: getting it right e-learning (or attended an inhaler technique workshop) and e-assessment (on the day of the PQS declaration, contractors will be required to enter the total number of pharmacists working at the pharmacy who have completed this e-learning and passed the e-assessment and those that have attended a workshop and passed the e-assessment).

Pharmacist's name	Completed the e-learning	Attended a workshop	Date completed
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
Total number of pharmacists who have satisfactorily completed the CPPE Inhaler technique for health professionals: getting it right e-learning (or attended an inhaler technique workshop) and passed the e-assessment			

Pharmacy teams are required to record information about patients who are offered an inhaler technique check. The below table can be used to enter the total number of patients for each of the data collection requirements (this will need to be added to the MYS portal when contractors make a declaration for a PQS payment).

Information required for the PQS declaration	Total number of patients
The patient was identified as having been prescribed an inhaler for the first time or changed to a new inhaler device between 1st April 2020 and 31st August 2021 and has been asked if they have had an inhaler technique check during that time	
The patient answered no to the previous question and were offered a catch-up NMS, including an inhaler technique check	
The patient was subsequently provided with a <u>face-to-face</u> catch-up NMS, including an inhaler technique check	
The patient was subsequently provided with a <u>remote</u> catch-up NMS, including an inhaler technique check	
The patient was referred to their prescriber due to issues identified during the catch-up NMS	

Suggested evidence

Suggested evidence	Location of evidence in the pharmacy
Updated SOP reflecting new process to identify patients suitable for an inhaler technique check	
Record of interventions on the PMR or appropriate patient record	
Completed data collection form	
Certificates from CPPE with the pharmacist's name and the date on which the assessment was completed (REQUIRED)	
Training plan – if applicable, see the Training section on page 3 (REQUIRED)	
Completed PSNC record sheet of pharmacists that have undertaken the CPPE e-learning/attended a workshop and e-assessment (or complete the table above)	

The below box can be used to record details of any additional evidence that the contractor has to demonstrate that they meet the above requirements and where this evidence is located within the pharmacy.

Domain 2: Respiratory

Part c: Return of unwanted and used inhalers

Drug Tariff wording

On the day of the declaration, all patient-facing pharmacy staff working at the pharmacy have been trained on the reasons why used, unwanted and expired inhalers should be returned to the pharmacy for safe disposal and the adverse effects on the environment when inhalers are disposed of in domestic waste.

On the day of the declaration, the pharmacy must be able to evidence that they have spoken (a verbal conversation rather than written communication) with all patients, their carer or representatives, for whom they have dispensed an inhaler between 1 September 2021 to 31 January 2022, about the environmental benefits of them returning all unwanted and used inhaler devices to a community pharmacy for safe and environmentally friendly disposal. Discussions can be supplemented with other communication methods such as leaflets, emails and texts.

Additional information

There is no set training for the return of unwanted and used inhalers; however, PSNC has produced a short briefing which contractors can use to meet this training requirement.

The below table highlights who needs to complete the training on the reasons why used, unwanted and expired inhalers should be returned to the pharmacy for safe disposal and the adverse effects on the environment when inhalers are disposed of in domestic waste.

Who needs to complete it?	Pharmacists	Pharmacy technicians	Trainee pharmacists	Trainee pharmacy technicians	Dispensary staff	Medicines counter assistants	Delivery drivers
Patient-facing pharmacy staff*	✓	✓	✓	✓	✓	✓	✓

* Contractors may also have other staff that can be identified as having patient-facing roles.

Contractors will need to enter the total number of conversation that have been had with the patient and/or their carer on the safe and environmentally friendly disposal of their inhaler when they make your declaration for this criterion therefore it is important to decide **how you will collect this information for the duration of the PQS.**

Resources

The following resources are available at psnc.org.uk/pqs to support contractors meet the requirements of the Domain:

- PSNC Briefing 024/21 Reducing the climate change impact of inhalers: environmentally safe disposal;
- Patient briefing aid on inhaler disposal; and
- Data collection form.

Q. Have all the patient-facing pharmacy staff who work at your pharmacy satisfactorily completed training on the reasons why used, unwanted and expired inhalers should be returned to the pharmacy for safe disposal and the adverse effects on the environment when inhalers are disposed of in domestic waste?	<input type="checkbox"/>
Q. Have you set up a process in your pharmacy (and have evidence of this) to identify patients that have dispensed an inhaler between 1st September 2021 to 31st January 2022, and then have a conversation with them about the environmental benefits of them returning all unwanted and used	<input type="checkbox"/>

inhaler devices to a community pharmacy for safe and environmentally friendly disposal?	
Q. Have you decided and informed the team how to collect the required information (see above) for the duration of the PQS?	<input type="checkbox"/>

The below table can be used to record details of the patient-facing pharmacy staff who have had training on the reasons why used, unwanted and expired inhalers should be returned to the pharmacy for safe disposal and the adverse effects on the environment when inhalers are disposed of in domestic waste (on the day of the PQS declaration, contractors will be required to enter the total number of patient-facing pharmacy staff working at the pharmacy who have completed this training).

Patient-facing pharmacy team member's name	Date completed
Total number of patient-facing pharmacy team members who have satisfactorily completed the required training	

The below table can be used to enter the total number of conversation that have been had with the patient and/or their carer on the safe and environmentally friendly disposal of their inhaler (the total will need to be added to the MYS application when contractors make a declaration for a PQS payment).

Information required for the PQS declaration	Total number of patients
A conversation was had with the patient and/or their carer on the safe and environmentally friendly disposal of their inhaler.	

Suggested evidence

Suggested evidence	Location of evidence in the pharmacy
Updated SOP reflecting new process to speak with all patients, their carer or representatives about the environmental benefits of them returning all unwanted and used inhaler devices to a community pharmacy for safe and environmentally friendly disposal	

Record of conversations on the PMR or appropriate patient record	
Completed data collection form	
Completed PSNC record sheet of patient-facing pharmacy staff that have undertaken training on the reasons why used, unwanted and expired inhalers should be returned to the pharmacy for safe disposal and the adverse effects on the environment when inhalers are disposed of in domestic waste (or complete the table above)	

The below box can be used to record details of any additional evidence that the contractor has to demonstrate that they meet the above requirements and where this evidence is located within the pharmacy.

Domain 3: Digital (Remote consultation skills)

Drug Tariff wording

On the day of the declaration, all registered pharmacy professionals working at the pharmacy have satisfactorily completed the [CPPE remote consultation skills e-learning](#) (please note there is no e-assessment for this e-learning). The contractor must, where relevant and not already undertaken, update their standard operating procedures (SOPs) in relation to the provision of remote consultations.

Additional information

The below table highlights who needs to complete the CPPE remote consultation skills e-learning.

Who needs to complete the e-learning?	Pharmacists	Pharmacy technicians	Trainee pharmacists	Trainee pharmacy technicians
Registered pharmacy professionals	✓	✓	Recommended but not required	Recommended but not required

There is no e-assessment for the CPPE remote consultation skills e-learning therefore to provide evidence of completion of the e-learning, pharmacy professionals will need to confirm completion of the CPPE remote consultation skills e-learning programme in their CPPE learning record. When you have confirmed completion, you will be able to download a certificate of study.

Pharmacy professionals will need to locate the Remote consultation skills e-learning programme in their learning record, select 'Certificate of study' and confirm that they have completed the e-learning programme to download their certificate.

Resources

The following resource is available at psnc.org.uk/pgs to support contractors meet the requirements of the Domain:

- Training record sheet.

Q. Have all the registered pharmacy professionals who work at your pharmacy satisfactorily completed the CPPE remote consultation skills e-learning?	<input type="checkbox"/>
Q. Can you confirm that, where relevant, the pharmacy's SOPs in relation to the provision of remote consultations have been updated?	<input type="checkbox"/>

The below table can be used to record details of pharmacy professionals that have completed the CPPE remote consultation skills e-learning (on the day of the PQS declaration, contractors will be required to enter the total number of pharmacy professionals working at the pharmacy who have completed this e-learning).

Pharmacy professional's name	Date completed
Total number of pharmacy professionals who have satisfactorily completed the CPPE remote consultation skills e-learning	

Suggested evidence

Suggested evidence	Location of evidence in the pharmacy
Certificates from CPPE with the pharmacy professional's name and the date on which the e-learning was completed (REQUIRED)	
Training plan – if applicable, see the Training section on page 3 (REQUIRED)	
Completed PSNC record sheet of pharmacy professionals that have undertaken the CPPE remote consultation e-learning (or complete the table above)	
Updated SOPs in relation to the provision of remote consultations	

Domain 4: Primary Care Networks (Influenza vaccination programme)

Drug Tariff wording

The contractor must have engaged with the Pharmacy Primary Care Network Lead (Pharmacy PCN Lead) to communicate that they would like to be involved in increasing the uptake of flu vaccination to patients aged 65 and over for the 2021/22 influenza season. All communications between the contractor and Pharmacy PCN Leads must be completed by 31 December 2021.

To increase the uptake of flu vaccination to patients aged 65 and over and to drive quality improvement in service delivery, the Pharmacy PCN Lead must:

- engage with all the community pharmacies in the PCN that wish to be involved, to agree how they will collaborate with each other and discuss how they could collaborate with general practice colleagues; and*
- engage with the PCN Clinical Director to agree how community pharmacies in the PCN will collaborate with general practices.*

On the day of the declaration, the pharmacy contractor must have demonstrably contributed to the PCN achieving 80.1% or above for flu vaccination to patients aged 65 and over. This can be evidenced by the number of vaccines they have administered

to all eligible patients (not just those aged 65 and over) between 1 September 2021 and 31 January 2022, under the community pharmacy seasonal influenza vaccination advanced service, with this number being 30 or greater.

Points will be allocated in accordance with a sliding linear scale starting from 80.1% up to a maximum allocation of points on achievement of 86% or above for the 6 bands. For more detail, please see the table below:

Primary Care Networks domain – point allocation to bands 1 to 6 depending on the sliding scale for increase in the uptake of flu vaccination to patients aged 65 and over.

	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6
Point per 0.1 percentage point increase between 80.1% and 86%	0.0083	0.1111	0.1389	0.1667	0.1944	0.2222

Data on the percentage of target population vaccinated by the PCN will not be available until after the day of the declaration. Therefore, contractors who wish to claim for this domain must declare on the day of the declaration that they have demonstrably contributed to the PCN delivery of flu vaccinations to the target population, as stated above. Based on this declaration, contractors will be allocated the maximum number of points available for a pharmacy in their band for this domain. There will be a reconciliation of the payment made to contractors for this domain on the payment date for the PQS 2022/23 PQS aspiration payment when final data on the increase to the uptake of flu vaccination to patients aged 65 and over will be available. Pharmacy contractors should be aware that if their PCN wishes to challenge the data underpinning the point allocation, they will be able to do so. However, this will delay the reconciliation payment.

Additional information

It is important to note that this year, there is a requirement that the contractor must have engaged with the Pharmacy PCN Lead to communicate that they would like to be involved in increasing the uptake of flu vaccination to patients aged 65 and over for the 2021/22 influenza season and that all communications between the contractor and Pharmacy PCN Leads **must be completed by 31st December 2021**. Therefore, contractors may want to consider prioritising this if they need to add this requirement to their action plan – see below.

Contractors may also want to prioritise ensuring that they vaccinate at least 30 patients under the Flu Vaccination Service if they need to add this requirement to their action plan – see below – as this needs to be completed **by 31st January 2022**.

Resources

There are numerous resources to support contractors and Pharmacy PCN Leads to meet this Domain at psnc.org.uk/pcnresources.

Further information and resources on the Flu Vaccination Service can be found at psnc.org.uk/flu.

Q. Has your pharmacy claimed payments for 30 or more flu vaccinations by 31st January 2022?	<input type="checkbox"/>
Non-Pharmacy PCN Lead	
Q. Have you engaged with your Pharmacy PCN Lead to communicate that you would like to be involved in increasing the uptake of flu vaccination to patients aged 65 and over for the 2021/22 influenza season and contributed to discussions on how you will collaborate with other pharmacies and GP practices in the PCN area?	<input type="checkbox"/>
Pharmacy PCN Lead	
Q. Have you engaged with the contractors to see who in your area would like to be involved in increasing the uptake of flu vaccination to patients aged 65 and over for the 2021/22 influenza season and led discussions on	<input type="checkbox"/>

how contractors will collaborate with other pharmacies and GP practices in the PCN area?	
Q. Have you engaged with the PCN Clinical Director to agree how community pharmacies in the PCN will collaborate with general practices?	<input type="checkbox"/>
Q. Have you notified the LPC in which the PCN lies that you are the appointed Pharmacy PCN Lead for the PCN?	<input type="checkbox"/>

The below table can be used by a **non-Pharmacy PCN Lead contractor** to record information which will need to be added to the MYS application when contractors make a declaration for a PQS payment.

The total number of eligible patients vaccinated under the seasonal influenza vaccination advanced service between 1st September 2021 and 31st January 2022:	
Record the name of the PCN to which you are aligned:	
Record the name of the appointed Pharmacy PCN Lead for the PCN:	
Record the pharmacy name and ODS code for the Pharmacy PCN lead:	

The below table can be used by a **contractor where the Pharmacy PCN Lead is based** to record information which will need to be added to the MYS application when contractors make a declaration for a PQS payment.

The total number of eligible patients vaccinated under the seasonal influenza vaccination advanced service between 1st September 2021 and 31st January 2022:	
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:	
Name of Pharmacy PCN Lead:	
Name of PCN:	

Suggested evidence

Suggested evidence for non-Pharmacy PCN Lead contractor	Location of evidence in the pharmacy
A record to indicate communication with the Pharmacy PCN Lead, and agreement to be involved in increasing the uptake of flu vaccinations to patients aged 65 and over by the provision of flu vaccinations	
A record of the number of vaccines that have been administered to eligible patients between 1st September 2021 and 31st January 2022 which contributed to the PCN achieving at or above a specified percentage	
A copy of the PCN Community Pharmacy Flu plan	
Suggested evidence for contractors where a Pharmacy PCN Lead is based	Location of evidence in the pharmacy
A record to indicate communication with the PCN Clinical Director and all community pharmacies in the PCN that wish to be involved, to agree how they will	

collaborate with each other and discuss how they could collaborate with general practice colleagues	
A record of the number of vaccines that have been administered to eligible patients between 1st September 2021 and 31st January 2021 (where the pharmacy provides the service)	
An email confirming, they have notified the LPC in which the PCN lies that they are the appointed Pharmacy Lead for the named PCN	

The below box can be used to record details of any additional evidence that the contractor has to demonstrate that they meet the above requirements and where this evidence is located within the pharmacy.

Domain 5: Prevention (Infection prevention and control and review of antimicrobial stewardship practice using the target antibiotic checklist)

Drug Tariff wording

On the day of the declaration (applies to ALL contractors):

Contractors must have reviewed their current practice using the [target antibiotic checklist](#), in order to provide tailored advice to patients and promote antibiotic awareness and stewardship.

This review must be completed by the date of declaration and must be carried out over four weeks with a minimum of 25 patients; or up to eight weeks if the minimum number of patients are not achieved within four weeks. Contractors should make a record of the start and end date of the review as they will be required to enter this information into the MYS application when they make their declaration. There must be a follow up of any patient where the prescriber was contacted to identify what actions were taken.

Using the [target antibiotic checklist](#), appropriately trained staff must discuss the antibiotic prescribed with the patient or representative to help ensure safe and effective use. Attempts should be made for this discussion to occur with all patients to promote antimicrobial stewardship. It may be appropriate to speak to an identified patient representative, family member or member of care staff.

If there is a potential risk of antibiotic related adverse effects (for example, change in allergy status) or concerns about the patient's therapy, the prescriber must be contacted to suggest a review is undertaken and the details of this intervention recorded in the pharmacy PMR. The pharmacy team should support the patient to reduce the risk of adverse effects arising from ongoing antibiotic therapy and optimise outcomes through education and advice as well as adopting principles of shared decision-making.

The data from the checklists must be submitted via the [Public Health England \(PHE\) portal application](#). No patient identifiable data should be entered into the PHE portal application.

AND

For contractors who DID declare as having met the Infection prevention & control and antimicrobial stewardship domain for the PQS 2020/21 Part 2:

On the day of the declaration, contractors must have reviewed and updated their existing antimicrobial stewardship (AMS) action plan and have implemented changes to further promote AMS in their day-to-day practice.

OR

For contractors who DID NOT declare as having met the Infection prevention & control and antimicrobial stewardship domain for the PQS 2020/21 Part 2:

On the day of the declaration, all non-registered pharmacy staff working at the pharmacy must have satisfactorily completed the [HEE Infection prevention and control Level 1 e-learning and assessment](#) on the Health Education England (HEE) e-Learning for Healthcare website.

All registered pharmacy professionals working at the pharmacy must have satisfactorily completed the [HEE Infection Prevention and Control Level 2 e-learning and assessment](#) on the HEE e-Learning for Healthcare website.

All patient-facing pharmacy staff working at the pharmacy that provide advice on medicines or healthcare must have satisfactorily completed the [PHE Antimicrobial Stewardship for Community Pharmacy e-learning and e-assessment](#).

Contractors must have available, at premises level, an AMS action plan for the pharmacy, which details how they will promote AMS. The action plan must include details of how all pharmacy staff involved in the provision of self-care advice will incorporate the principles of AMS into self-care advice, including reinforcing the messages around appropriate use of antibiotics, and the uptake of vaccinations, including the flu vaccine. There must be documented evidence, at the pharmacy, that the actions within the plan have been implemented by the day of the declaration.

All patient-facing pharmacy staff working at the pharmacy that provide health advice, should have become [Antibiotic Guardians](#), if they have not already done so, and have an awareness of the local antibiotic formulary.

Additional information

It is important to make a record of the start and end date of the antibiotic review as contractors will be required to enter these dates when they complete their PQS declaration.

The deadline for starting the antibiotic review is 31st December 2021. This will allow pharmacy teams to complete the antibiotic review within eight weeks (the audit may be required to be completed over eight weeks if the required number of patients do not present within a four-week period). If the contractor leaves completing the antibiotic review until the deadline, they will need to start the audit when the pharmacy opens on 31st December 2021 and if the contractor is required to complete the audit over an eight week period, make their declaration on the final day of the declaration window (28th February 2022) after the pharmacy has closed for the day. Contractors are strongly encouraged to start their antibiotic review well before this date to reduce the risk of missing this deadline.

The below table highlights who needs to complete the different training and assessment requirements of the Domain.

Training and assessment	Who needs to complete it?	Pharmacists	Pharmacy technicians	Trainee pharmacists	Trainee pharmacy technicians	Dispensary staff	Medicines counter assistants	Delivery drivers
HEE infection prevention and control level 1 e-learning and e-assessment	Non-registered pharmacy staff			✓	✓	✓	✓	✓
HEE infection prevention and control level 2 e-learning and e-assessment	Registered pharmacy professionals	✓	✓	Recommended but not required	Recommended but not required			
HEE antimicrobial stewardship for community pharmacy e-learning and e-assessment	Patient-facing pharmacy staff that provide advice on medicines or healthcare	✓	✓	✓	✓	✓	✓	

Resources

The following resources are available at psnc.org.uk/pqs to support contractors meet the requirements of the Domain:

- Training record sheet; and
- Template action plan.

Q. Have you completed the antibiotic review in line with the above Drug Tariff requirements (including notifying the patient's GP where concerns were identified)?	<input type="checkbox"/>
Q. What date did you start your antibiotic review?	/ /
Q. What date did you finish your antibiotic review?	/ /
Q. Have you submitted the antibiotic review data on the PHE portal application?	<input type="checkbox"/>

For contractors who DID declare as having met the Infection prevention & control and antimicrobial stewardship domain for the PQS 2020/21 Part 2:	
Q. Have you reviewed and updated your existing AMS plan as detailed in the Drug Tariff wording above?	<input type="checkbox"/>
For contractors who DID NOT declare as having met the Infection prevention & control and antimicrobial stewardship domain for the PQS 2020/21 Part 2:	
Q. Have all non-registered pharmacy staff who work at your pharmacy satisfactorily completed the HEE Infection prevention and control Level 1 e-learning and assessment on the Health Education England (HEE) e-Learning for Healthcare website?	<input type="checkbox"/>
Q. Have all pharmacy professionals working at the pharmacy satisfactorily completed the HEE Infection Prevention and Control Level 2 e-learning and assessment on the HEE e-Learning for Healthcare website?	<input type="checkbox"/>
Q. Have all patient-facing pharmacy staff who work at your pharmacy that provide advice on medicines or healthcare satisfactorily completed the PHE Antimicrobial Stewardship for Community Pharmacy e-learning and e-assessment ?	<input type="checkbox"/>
Q. Have you created an AMS plan as detailed in the Drug Tariff wording above?	<input type="checkbox"/>
Q. Have all patient-facing pharmacy staff working at the pharmacy that provide health advice become Antibiotic Guardians , if they have not already done so?	<input type="checkbox"/>
Q. Do all patient-facing pharmacy staff working at the pharmacy have an awareness of the local antibiotic formulary?	<input type="checkbox"/>

The below table can be used to record details of non-registered staff who have completed the HEE IPC Level 1 e-learning and assessment (on the day of the PQS declaration, contractors will be required to enter the total number of non-registered staff working at the pharmacy who have completed this e-learning and assessment).

non-registered staff member's name	Date completed

Total number of non-registered staff who have satisfactorily completed the completed the HEE IPC Level 1 e-learning and assessment	

The below table can be used to record details of all pharmacy professionals who have completed the HEE IPC Level 2 e-learning and assessment (on the day of the PQS declaration, contractors will be required to enter the total number of pharmacy professionals who have completed this e-learning and assessment).

Pharmacy professional's name	Date completed
Total number of pharmacy professionals who have satisfactorily completed the completed the HEE IPC Level 1 e-learning and assessment	

The below table can be used to record details of all patient-facing pharmacy staff that provide advice on medicines or healthcare who have completed the PHE Antimicrobial stewardship for community pharmacy e-learning and e-assessment (on the day of the PQS declaration, contractors will be required to enter the total number of patient-facing pharmacy staff working at the pharmacy that provide advice on medicines or healthcare who have completed this e-learning and e-assessment).

Patient-facing pharmacy staff member's name who provides advice on medicines or healthcare	Date completed

Total number of patient-facing pharmacy staff who have satisfactorily completed the completed the PHE Antimicrobial stewardship for community pharmacy e-learning and e-assessment	

The below table can be used to record details of all patient-facing staff that have become Antibiotic Guardians and have an awareness of the local antibiotic formulary (on the day of the PQS declaration, contractors will be required to enter the total number of patient-facing staff working at the pharmacy that have become Antibiotic Guardians and have an awareness of the local antibiotic formulary).

Patient-facing staff member's name	Date completed
Total number of patient-facing staff who have become Antibiotic Guardians and have an awareness of the local antibiotic formulary	

Suggested evidence

Suggested evidence	Location of evidence in the pharmacy
Completed target antibiotic checklists	
Copy of a team review documenting the reflections and actions following the antibiotic review	
Updated SOP reflecting reviews undertaken as part of the pharmacy's ongoing practice	
Record of interventions on the PMR or appropriate patient record	
Copies of emails from PHE confirming the patient data from the target antibiotic checklists has been added to the PHE portal application	
Copy of an action plan including details of how all pharmacy staff involved in the provision of self-care	

advice will incorporate the principles of AMS into self-care advice, including reinforcing the messages around appropriate use of antibiotics, and the uptake of vaccinations, including the flu vaccine (REQUIRED)	
Copy of certificates of all non-registered staff who have completed the HEE IPC Level 1 e-learning and assessment (REQUIRED)	
Copy of certificates of all registered staff who have completed the HEE IPC Level 2 e-learning and assessment (REQUIRED)	
Copy of certificates of patient-facing pharmacy staff that provide advice on medicines or healthcare who have completed the PHE Antimicrobial stewardship for community pharmacy e-learning and e-assessment (REQUIRED)	
Completed PSNC record sheets of staff that have undertaken the above training (or complete the tables above)	
Copy of a team review documenting the reflections and actions following the training	
Training plan – if applicable, see the Training section on page 3 (REQUIRED)	
A record of patient-facing staff that have become Antibiotic Guardians and have an awareness of the local antibiotic formulary (or complete the table above)	

The below table can be used to record details of any additional evidence that the contractor has to demonstrate that they meet the above requirements and where this evidence is located within the pharmacy.

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Domain 6: Addressing unwarranted variation in care (Health inequalities)

Drug Tariff wording

*On the day of declaration, all registered pharmacy professionals working at the pharmacy have satisfactorily completed the **CPPE health inequalities e-learning** and passed the **e-assessment**.*

On the day of declaration, contractors have completed an action plan to actively promote COVID-19 vaccinations, particularly in Black, Asian and minority ethnic (BAME) and low uptake communities, incorporating myth busting methods as part of their efforts to tackle lower levels of COVID-19 vaccination uptake and to support these patients.

Additional information

The below table highlights who needs to complete the CPPE health inequalities e-learning and e-assessment.

Who needs to complete the e-learning and e-assessment?	Pharmacists	Pharmacy technicians	Trainee pharmacists	Trainee pharmacy technicians
Registered pharmacy professionals	✓	✓	Recommended but not required	Recommended but not required

Resources

The following resources are available at psnc.org.uk/pgs to support contractors meet the requirements of this Domain:

- Training record sheet; and
- Template action plan.

Q. Have all the registered pharmacy professionals who work at your pharmacy satisfactorily completed the CPPE health inequalities e-learning and passed the e-assessment?	<input type="checkbox"/>
Q. Have you completed an action plan to actively promote COVID-19 vaccinations as detailed in the Drug Tariff wording above?	<input type="checkbox"/>

The below table can be used to record details of pharmacy professionals that have completed the CPPE health inequalities e-learning and e-assessment (on the day of the PQS declaration, contractors will be required to enter the total number of pharmacy professionals working at the pharmacy who have completed this e-learning and e-assessment).

Pharmacy professional's name	Date completed
Total number of pharmacy professionals who have satisfactorily completed the CPPE health inequalities e-learning and e-assessment	

Suggested evidence

Suggested evidence	Location of evidence in the pharmacy
Certificates from CPPE with the pharmacy professional's name and the date on which the e-assessment was completed (REQUIRED)	
Training plan – if applicable, see the Training section on page 3 (REQUIRED)	
Completed PSNC record sheet of pharmacy professionals that have undertaken the CPPE health inequalities e-learning and e-assessment (or complete the table above)	
Completed action plan (REQUIRED)	

The below box can be used to record details of any additional evidence that the contractor has to demonstrate that they meet the above requirements and where this evidence is located within the pharmacy.

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Domain 7: Healthy living support domain (Weight management)

Drug Tariff wording

On the day of the declaration, all non-registered patient facing pharmacy staff who provide health advice must have completed the PHE All Our Health bitesize training and assessments on [Adult Obesity](#) and [Childhood Obesity](#) to gain a broader understanding of the causes and effects of obesity. On the day of the declaration, all registered pharmacy professionals working at the pharmacy must have satisfactorily completed section one and three of the [CPPE weight management for adults: understanding the management of obesity e-learning](#) and [e-assessment](#).

Pharmacy teams are also required to complete a weight management action plan of how they would assist a person who would like support with their weight. The weight management action plan should include, but should not be limited to, a list of local and national support or exercise groups (contractors should note that exercise groups should not be recommended on their own but in conjunction with other support groups because exercise on its own has been shown not to lead to weight loss) that the person could be referred to (as appropriate) and support materials/tools they could use, for example, NHS materials such as [Better Health, Let's do this](#) (contractors should note that "Let's do this" should not be recommended on its own but in conjunction with other support because exercise on its own has been shown not to lead to weight loss) and the [NHS website](#). It should also include details of how to refer people to the NHS Digital Weight Management Programme for those with hypertension and/or diabetes or available Local Authority funded tier 2 weight management services (where the individuals meet the criteria for referral).

For contractors who claimed for the Prevention domain in the 2020/21 PQS Part 2, an update to their previous action plan will be required to be documented. In addition, the pharmacy team's knowledge and understanding of weight management and how to identify and engage suitable patients must be reviewed. Methods used to identify patients for referral must be reviewed for effectiveness.

Pharmacy teams must proactively discuss weight management with a minimum of 25 patients.

Pharmacy teams are encouraged to review the [PHE Let's Talk About Weight infographic](#) and the [PHE Let's talk about weight: a step-by-step guide to brief interventions with adults for health and care professionals guidance](#) for support with initiating and managing conversations with people about weight management.

A competent individual within the pharmacy (for example, a registered pharmacy professional or nominated team member) must be able to offer to measure a patient's Body Mass Index (BMI), using an appropriate BMI calculator such as, the [NHS healthy weight calculator](#) and measure waist circumference. This should include explaining the purpose of measuring BMI and waist circumference. Pharmacies must weigh people, calculate their BMI, measure their waist circumference and support those who wish to lose weight through advice and referral to Local Authority funded tier 2 weight management services or the [NHS Digital Weight Management Programme](#) (where the individuals meet the criteria for referral).

To gain the maximum number of points for this criterion (e.g., 20 points for band 4), the pharmacy must have referred at least one patient (who meets the criteria for referral) to either a Local Authority funded tier 2 weight management services or the NHS Digital Weight Management Programme. The number of points attributed to the referral and the intervention aspect of this domain is outlined in the table below for each of the bands:

	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6
Intervention	0.75	10.00	12.50	15.00	17.50	20.00
Referral	0.25	3.33	4.17	5.00	5.83	6.67

Pharmacies are expected to have access to equipment to accurately measure height, weight and waist circumference.

Additional information

The below table highlights who needs to complete the different training and assessment requirements of the Domain.

Training and assessment	Who needs to complete it?	Pharmacists	Pharmacy technicians	Trainee pharmacists	Trainee pharmacy technicians	Dispensary staff	Medicines counter assistants
PHE All Our Health: bitesize training and e-assessments on adult obesity and childhood obesity	Non-registered patient-facing pharmacy staff who provide health advice			✓	✓	✓	✓
Section 1 and 3 of CPPE weight management for adults: understanding the management of obesity training and e-assessment	Registered pharmacy professionals	✓	✓	Recommended but not required	Recommended but not required		

Contractors will need to enter the below information about patients when they make their declaration for this Domain therefore it is important to decide **how you will collect this information for the duration of the PQS**:

- The total number of patients who had their BMI calculated and waist circumference measured, including explanation of the definition of BMI and the potential health impact of each;
- The total number of patients who were referred to a Local Authority funded tier 2 weight management service; and
- The total number of patients who were referred to the NHS Digital Weight Management Programme (for those with hypertension and/or diabetes).

Resources

The following resources are available at psnc.org.uk/pqs to support contractors meet the requirements of this Domain:

- Training record sheet;
- Template action plan; and
- Resources on the NHS Digital Weight Management Programme will be available shortly; PSNC will advise contractors when these are available through their normal communication channels.

Q. Have all non-registered patient-facing pharmacy staff who provide health advice completed the PHE All Our Health bitesize training and assessments on Adult Obesity and Childhood Obesity?	<input type="checkbox"/>
Q. Have all registered pharmacy professionals working at the pharmacy satisfactorily completed section one and three of the CPPE weight management for adults: understanding the management of obesity e-learning and e-assessment?	<input type="checkbox"/>
Q. Have you completed/updated your weight management action plan as detailed in the Drug Tariff wording above?	<input type="checkbox"/>
Q. Do you have at least one member of staff (for example, a registered pharmacy professional or nominated team member) who is able to weigh people, calculate their BMI using an appropriate BMI calculator such as, the NHS healthy weight calculator and measure waist circumference, and is able to support those who wish to lose weight through advice and referral to Local Authority funded tier 2 weight management services or the NHS Digital Weight Management Programme (where the individuals meet the criteria for referral)?	<input type="checkbox"/>
Q. Do you have equipment at your pharmacy to accurately measure height, weight and waist circumference?	<input type="checkbox"/>
Q. Have you decided and informed the team how to collect the required information (see above) for the duration of the PQS?	<input type="checkbox"/>
Q. Have the pharmacy team proactively discussed weight management with a minimum of 25 patients?	<input type="checkbox"/>
Q. Have you made one or more referrals to a Local Authority funded tier 2 weight management services or the NHS Digital Weight Management Programme (where the individuals meet the criteria for referral)?	<input type="checkbox"/>

The below table can be used to record details of all non-registered, patient-facing pharmacy staff who provide health advice that have completed the PHE All Our Health: bitesize training and assessments on Adult Obesity and Childhood Obesity (on the day of the PQS declaration, contractors will be required to enter the total number of non-registered,

patient-facing pharmacy staff (who provide health advice) working at the pharmacy who have completed the training and assessments).

Non-registered patient-facing pharmacy staff member's name who provides health advice	Date completed
Total number of non-registered patient-facing pharmacy staff who provide health advice who have completed the PHE All Our Health: bitesize training and assessments on Adult Obesity and Childhood Obesity	

The below table can be used to record details of all pharmacy professionals that have completed sections 1 and 3 of the CPPE Weight management for adults: understanding the management of obesity training and e-assessment (on the day of the PQS declaration, contractors will be required to enter the total number of pharmacy professionals who have completed this e-learning and e-assessment).

Pharmacy professional's name	Date completed

Total number of pharmacy professionals who have completed sections 1 and 3 of the CPPE Weight management for adults: understanding the management of obesity training and e-assessment	

Pharmacy teams are required to record information about patients who they discuss weight management with. The below table can be used to enter the total number of patients for each of the data collection requirements – this will need to be added to the MYS portal when contractors make a declaration for a PQS payment.

Information required for the PQS declaration	Total number of patients
The patient had their BMI calculated and waist circumference measured, including explanation of the definition of BMI and the potential health impact of each	
The patient was referred to Local Authority funded tier 2 weight management service	
The patient was referred to the NHS Digital Weight Management Programme (for those with hypertension and/or diabetes)	

Suggested evidence

Suggested evidence	Location of evidence in the pharmacy
Copy of the user activity report of all non-registered, patient-facing pharmacy staff who provide health advice that have completed the PHE All Our Health: bitesize training and assessments on Adult Obesity and Childhood Obesity (REQUIRED)	
Copy of certificates of pharmacy professionals that have completed sections 1 and 3 of the CPPE Weight management for adults: understanding the management of obesity training and e-assessment (REQUIRED)	
Training plan – if applicable, see the Training section on page 3 (REQUIRED)	
Completed PSNC record sheets of staff that have completed the above training (or complete the tables above)	
A copy of a completed or updated weight management action plan on how they would proactively engage with people to discuss weight and assist a person who would like support with their weight; this should include a list of local support or physical activity groups that the person could be referred to and support materials/tools they could use (REQUIRED)	
A record of data capture, showing the total number of people who had a conversation with a trained member of the pharmacy team about the benefits of achieving a healthy BMI, who have been shown how to self-measure and calculate their BMI and measure their waist circumference and the total number of people referred to other services for weight management support, e.g. physical activity	
A record of data capture, showing the total number of people referred to a Local Authority funded tier 2 weight	

management services and the number of people referred to the NHS Digital Weight Management Programme (where the individuals meet the criteria for referral)	
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The below box can be used to record details of any additional evidence that the contractor has to demonstrate that they meet the above requirements and where this evidence is located within the pharmacy.

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Pharmacy Quality Scheme 2021/22 action plan

Gateway criteria/Domain	Action to be completed	Lead person	Timescale	Completed

Gateway criteria/Domain	Action to be completed	Lead person	Timescale	Completed

Gateway criteria/Domain	Action to be completed	Lead person	Timescale	Completed