



Pharmacy Quality Scheme 2022/23 Action and Evidence Portfolio Workbook

Contents

If having read this PSNC Pharmacy Quality Scheme 2022/23 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 email Services.Team@psnc.org.uk.

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Introduction

Initial details of the Pharmacy Quality Scheme (PQS) 2022/23 were released on 22nd September 2022, as part of the [arrangements for the Community Pharmacy Contractual Framework \(CPCF\) in 2022/23 and 2023/24](#).

On 5th October 2022, full details of the PQS requirements were published as a [Drug Tariff Determination](#).

The 2022/23 scheme will officially begin on 10th October 2022 and has a declaration period between **9am on Monday 6th February 2023 and 11.59pm on 3rd March 2023**. Contractors must have evidence to demonstrate meeting the gateway criteria and the domains that they have claimed for **by the end of 31st March 2023**. As with previous schemes, it has £75 million funding available, and contractors will be able to claim an Aspiration payment if they wish to **between 9am on 10th October 2022 and 11.59pm on 4th November 2022** (this will be paid to contractors on 1st December 2022).

Contractors who meet both gateway criteria by the end of 31st March 2023 will receive a PQS payment on 3rd April 2023 if they meet the requirements of one or more of the five domains. Contractors must meet all 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 ‘Domain 3: Healthy living support, Part a) Weight management’ for further information.

Drug Tariff wording

This Workbook lists the PQS 2022/23 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 the [Drug Tariff Determination](#)). 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 7 in the Workbook. If they are not currently meeting the requirements, this can be added to an action plan, which is included on pages 38-40 in the Workbook.

Training

Contractors and pharmacy team members should note that there is a new requirement in the 2022/23 Scheme that may mean that staff are required to repeat training and e-assessments that they have completed previously, depending on the stated validity period and when staff completed the training and e-assessments. The table in [PSNC Briefing 031/22: Pharmacy Quality Scheme – Summary of the training requirements for the 2022/23 Scheme](#) details the validity periods and the dates in which the training and e-assessments must have been completed within.

If contractors are currently meeting some or all 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 who have recently joined the pharmacy or staff returning from long term leave, for example maternity leave, have not undertaken the training and assessment by 31st March 2023, the pharmacy contractor can count them as having completed the training and assessment, if the pharmacy 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 or by 31st March 2023, whichever is the later. This training plan and demonstrable evidence of completion of the training and assessment, within 30 days of the day of the declaration or 31st March 2023 (as appropriate), must be retained at the pharmacy to demonstrate they are meeting this criterion.

Resources

PSNC has produced many resources to support contractors to meet the requirements of the Scheme. The relevant resources are highlighted in each of the gateway criteria and domain 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 by 31st March 2023. 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 both 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 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 the payment for 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 2022/23.

Date	Why is this date important?
10th October 2022	PQS 2022/23 officially starts.
	Aspiration payment window opens at 9am.
	Start date for the following criteria included in the Respiratory Domain: <ul style="list-style-type: none"> • Inhaler waste management; • Use of a spacer in patients aged 5-15 years; and • Personalised asthma action plans. <p>DO NOT MISS THIS START DATE: CONTRACTORS NEED TO START WORKING ON THESE FROM THIS DATE TO ENSURE THEY ARE ELIGIBLE TO MEET THE QUALITY CRITERIA.</p>
	MYS audit collection tool opens at 9am for the antimicrobial stewardship criterion.
4th November 2022	Aspiration payment closes at 11.59pm.
1st December 2022	Aspiration payment is paid to contractors.
16th January 2023	NHS Profile Manager can be updated if the pharmacy routinely hold the 16 palliative end of life critical medicines listed in the PQS Drug Tariff Determination (if contractors are not a stockholder of these 16 palliative and end of life critical medicines, they are not required to update NHS Profile Manager).
4th February 2023	Deadline to start antibiotic review (eight weeks till 31st March 2023).
6th February 2023	Declaration window opens at 9am.
After the PQS declaration has been made (the declaration must be made between 9am on 6th February 2023 and 11.59pm on 3rd March 2023)	Pharmacy teams do not need to continue to offer NMS, with the appropriate inhaler technique check, as part of PQS.
	Pharmacy teams do not need to continue to have conversations with patients, their carers or representatives about the environmentally safe disposal of inhalers, as part of PQS.
	Pharmacy teams do not need to continue with the 'Use of a spacer in patients aged 5-15 years' quality criterion, as part of PQS.
	Pharmacy teams do not need to continue with the 'Personalised Asthma Action Plans' quality criterion, as part of PQS.
	Contractors do not need to continue with the 'Referrals for patients using three or more short-acting bronchodilator inhalers without any corticosteroid inhaler in six months' quality criterion, as part of PQS.
3rd March 2023	Declaration window closes at 11.59pm.
31st March 2023	Deadline for ensuring the requirements of the gateway and quality criteria (excluding those that need to be met by the day of the declaration (see above)) have been met.
	MYS audit collection tool closes at 11.59pm for the antimicrobial stewardship criterion.
3rd April 2023	Contractors will be paid their PQS payment.
5th April 2023	Deadline to have claimed payment for the provision of at least 20 NMS since 1st April 2022 (the Advanced services gateway criterion).

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

Read through the [Drug Tariff Determination](#).



Watch [PSNC's PQS 2022/23 Digital Guide](#) and read through the content on the [PSNC PQS hub](#).



If you want to claim for an Aspiration payment, choose which domains you want to work towards meeting by the end of 31st March 2023 and then claim for this between **9am on 10th October 2022 and 11.59pm on 4th November 2022**.



Work through PSNC's PQS 2022/23 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 or quality criterion on the PQS checklist (on page 7 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 38-40 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 7 of the Workbook).



Make your PQS declaration between **9am on Monday 6th February 2023 and 11.59pm on 3rd March 2023** and then make sure to complete all the requirements for the gateway criteria and the domains you have claimed payment for **by the end of 31st March 2023**.

*Use of the PSNC Pharmacy Quality Scheme 2022/23 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 2022/23 checklist

Gateway criteria	Completed
Gateway criterion 1: Advanced services – New Medicine Service (NMS)	<input type="checkbox"/>
Gateway criterion 2: Patient safety report	<input type="checkbox"/>
Domains	
Domain 1: Risk management and safeguarding	
Quality criterion a) Risk review update	<input type="checkbox"/>
Quality criterion b) Safeguarding level 3 webinar	<input type="checkbox"/>
Quality criterion c) Domestic abuse prevention	<input type="checkbox"/>
Domain 2: Respiratory	
Quality criterion a) Inhaler technique checks	<input type="checkbox"/>
Quality criterion b) Inhaler waste management	<input type="checkbox"/>
Quality criterion c) Use of a spacer in patients aged 5-15 years	<input type="checkbox"/>
Quality criterion d) Personalised Asthma Action Plans (PAAPs)	<input type="checkbox"/>
Quality criterion e) Referrals for patients using three or more short-acting bronchodilator inhalers in six months	<input type="checkbox"/>
Domain 3: Healthy living support	
Quality criterion a) Weight management	<input type="checkbox"/>
Domain 4: Prevention	
Quality criterion a) Antimicrobial stewardship	<input type="checkbox"/>
Quality criterion b) Cancer awareness	<input type="checkbox"/>
Domain 5: Addressing unwarranted variation in care	
Quality criterion a) Palliative and end of life care action plan	<input type="checkbox"/>

Gateway criteria

To qualify for a PQS payment, contractors will have to meet both of the following gateway criteria by the end of 31st March 2023:

1. Advanced service – New Medicine Service (NMS); and
2. Patient safety report.

Gateway criterion 1: Advanced services – New Medicine Service (NMS)

Drug Tariff wording

Contractors must have delivered a minimum of 20 NMS between 1st April 2022 and end of 31st March 2023.

Additional information

You must ensure you claim for the NMS that you have provided during March 2023, by **5th April 2023** as the Drug Tariff section on NMS states ‘The claim for activity for each month must be made by submitting the appropriate form to the Pricing Authority no later than 5th of the following month’. Claims for NMS submitted after 5th April 2023 will not be considered for the gateway criterion. 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 criterion and some or all the domains.

Resources

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

The NHSBSA will publish a spreadsheet on a regular basis throughout the remainder of 2022/23 showing which contractors have met the Advanced services – NMS gateway criterion, and those that have not. This will be published on the [NHSBSA PQS hub page](#).

If contractors show on the NHSBSA spreadsheet as having claimed for 20 or more NMS, no further action is required to meet the Advanced Services – New Medicine Service gateway criterion.

Q. Has your pharmacy delivered 20 or more NMS between 1st April 2022 and end of 31st March 2023?

Suggested evidence

Contractors are not required to retain evidence for this gateway criterion as the automatic verification assessment of whether a contractor has met the NMS gateway criterion will be confirmed against the NHSBSA’s payment data for NMS.

Gateway criterion 2: Patient safety report

Drug Tariff wording

By the end of 31st March 2023, contractors must have a new written safety report (new since March 2022 when this criterion was last included in PQS or covering the last two years if not previously claimed; or since the contractor acquired or opened the pharmacy if this time period is less than two years) at premises level, available for inspection from the end of 31st March 2023, 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 a review of all patient safety incidents must be incorporated into the safety report. This must include a review of, and subsequent actions, where mitigation taken has failed to prevent a look-alike, sound-alike (LASA) incident or LASA near miss from occurring.

Demonstrably, the pharmacy contractor actively identifies and manages the risks at premises level associated with LASA and other high-risk medicines.

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.

Contractors who undertook this gateway criterion for a previous declaration will not be able to use the same patient safety report to make a claim in the 2022/23 PQS declaration.

Resources

The following resources are available at psnc.org.uk/pqs to support contractors to meet this 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?

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.

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Domains

There are five Domains in the 2022/23 PQS:

1. Risk management and safeguarding;
2. Respiratory;
3. Healthy living support;
4. Prevention; and
5. Addressing unwarranted variation in care.

Contractors must meet all 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 ‘Domain 3: Healthy living support’ section for further information.

Domain 1: Risk review and safeguarding

Quality criterion a) Risk review update

Drug Tariff wording

By the end of 31st March 2023, all registered pharmacy professionals working at the pharmacy on the day of the declaration must have satisfactorily completed, within the last two years (between 1st April 2021 and end of 31st March 2023), the [CPPE sepsis online training](#) and passed the [e-assessment](#).

By the end of 31st March 2023, all registered pharmacy professionals working at the pharmacy on the day of the declaration must have satisfactorily completed the [CPPE risk management guide](#) and passed the [e-assessment](#).

Please note, for the 2023/24 PQS, registered pharmacy professionals will be required to have satisfactorily completed the CPPE risk management guide and passed the e-assessment within the four years prior to 31st March 2024 (between 1st April 2020 and 31st March 2024). Originally, this four year requirement was due to be introduced into the 2022/23 PQS but due to the start date of the scheme being delayed, it has been agreed to delay this requirement until the 2023/24 Scheme.

By the end of 31st March 2023, the contractor must have available, at premises level, an update of the previous risk review undertaken as part of the PQS 2021/22 or if not previously completed, a new risk review. The risk review must include:

- managing the risk of missing sepsis identification;
- missing red flag symptoms during over the counter (OTC) consultations; and
- minimising the risk of transmission of COVID-19.

The risk review must also include a recorded reflection on the identified risks and the risk minimisation actions that the pharmacy team has been taking since completing the risk review and any subsequent actions identified must be demonstrably completed as a result of this reflection.

Additional information

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

Training and assessment	Who needs to complete it?	Pharmacists	Pharmacy technicians	Trainee pharmacists	Trainee pharmacy technicians
CPPE sepsis online training and e-assessment	Registered pharmacy professionals	✓	✓	Recommended but not required	Recommended but not required
CPPE risk management guide and e-assessment	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 quality criterion:

- Training record sheet; and
- Risk review templates.

Q. Have all the registered pharmacy professionals who work at your pharmacy satisfactorily completed the CPPE sepsis online training and passed the e-assessment since 1st April 2021?	<input type="checkbox"/>
Q. Have all the registered pharmacy professionals who work at your pharmacy satisfactorily completed the CPPE risk management guide and passed the e-assessment ?	<input type="checkbox"/>

Q. Have you updated your previous risk review or created a new risk review (if not previously completed as part of PQS 2021/22) for managing the risk of missing sepsis identification; missing red flag symptoms during over the counter (OTC) consultations; and minimising the risk of transmission of COVID-19 as detailed in the Drug Tariff requirements above?	<input type="checkbox"/>
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The below table can be used to record details of pharmacy professionals that have either completed the **CPPE sepsis online training and e-assessment since 1st April 2021** and those that have not, but who will undertake this requirement by 31st March 2023 (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 requirement and those that have not but who will undertake this requirement by 31st March 2023).

Pharmacy professional's name	Completed by day of the declaration	Will complete by 31st March 2023	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"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
Total			

The below table can be used to record details of pharmacy professionals that have either completed the **CPPE risk management errors guide and e-assessment** and those that have not, but who will undertake this requirement by 31st March 2023 (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 requirement and those that have not but who will undertake this requirement by 31st March 2023).

Pharmacy professional's name	Completed by day of the declaration	Will complete by 31st March 2023	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			

Suggested evidence

Suggested evidence	Location of evidence in the pharmacy
Copy of certificates of completion (REQUIRED)	
Training plan – if applicable, see the Training section on page 3 (REQUIRED)	
Completed PSNC training record sheets (or complete the tables above)	
An update of the previous risk review for contractors who completed a risk review as part of PQS 2021/22 (REQUIRED)	
A new risk review for managing the risk of missing sepsis identification; missing red flag symptoms during over the counter (OTC) consultations; and minimising the risk of transmission of COVID-19, for contractors who DID NOT complete the risk review as part of PQS 2021/22 (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.

Domain 1: Risk review and safeguarding

Quality criterion b) Safeguarding level 3 webinar

Drug Tariff wording

By the end of 31st March 2023, all registered pharmacy professionals working at the pharmacy on the day of the declaration must have watched the [bespoke one-hour webinar training video for community pharmacy](#) available on the elearning for healthcare (elfh) website, or alternatively attended the live training event held on 30th June 2022, to cover adult and child safeguarding level 3 (please note there is no e-assessment for this e-learning) and have completed an action plan on how they will manage people who require a safeguarding referral.

When completing the safeguarding level 3 webinar, pharmacy professionals will need to download a certificate of completion from the elfh website. Contractors and/or staff who attended the live safeguarding level 3 webinar on 30th June 2022 will have already been emailed the certificate of completion which is also valid evidence for the completion of this criterion. Contractors must keep a copy of the certificate for each member of staff as evidence that the training has been completed.

Additional information

The below table highlights who needs to watch the bespoke one-hour webinar training video for community pharmacy.

Training	Who needs to complete it?	Pharmacists	Pharmacy technicians	Trainee pharmacists	Trainee pharmacy technicians
Bespoke one-hour training video on level 3 safeguarding	Registered pharmacy professionals	✓	✓	Recommended but not required	Recommended but not required

If registered pharmacy professionals attended the live safeguarding level 3 webinar on 30th June 2022, but do not have a copy of their certificate of completion, they should email ENGLAND.CommunityPharmacy@nhs.net to request a copy of their certificate.

Resources

The following resources are available at psnc.org.uk/pqs to support contractors to meet this quality criterion:

- Training record sheet; and
- Action plan.

Q. Have all the registered pharmacy professionals who work at your pharmacy either watched the bespoke one-hour webinar training video for community pharmacy or attended the live training event held on 30th June 2022, to cover adult and child safeguarding level 3?	<input type="checkbox"/>
Q. Have you completed your action plan 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 either watched the **bespoke one-hour webinar training video for community pharmacy** or **attended the live training event held on 30th June 2022**, to cover adult and child safeguarding level 3 (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 requirement and those that have not but who will undertake this requirement by 31st March 2023).

Pharmacy professional's name	Completed by day of the declaration	Will complete by 31st March 2023	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			

Suggested evidence

Suggested evidence	Location of evidence in the pharmacy
Copy of certificates of completion (REQUIRED)	
Training plan – if applicable, see the Training section on page 3 (REQUIRED)	
Completed PSNC training record sheet (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.

Domain 1: Risk review and safeguarding Quality criterion c) Domestic abuse prevention

Drug Tariff wording

By the end of 31st March 2023, all* patient-facing staff that provide advice on medicines or healthcare working at the pharmacy on the day of the declaration must have satisfactorily:

- completed the Domestic abuse awareness ([Safe Spaces training](#)) which is hosted on the CPPE website and have passed the [quiz](#) on the training; and
- read and understood the [Ask for ANI and Safe Spaces schemes: training toolkit](#).

By the end of 31st March 2023, at least one person responsible for the premises must have:

- read and understood the [Safe Spaces Set-up Toolkit](#).

Please note, it is not a requirement of the PQS 2022/23 to register as a Safe Space or to register to participate in Ask for ANI; however, the intention is to ensure all patient-facing staff that provide advice on medicines or healthcare know how they can provide assistance, when required, for vulnerable people seeking help with domestic abuse.

* Staff members, who have been affected by domestic abuse and do not wish to undertake the Safe Spaces training, are exempt from completing it. Contractors must record the number of staff at the pharmacy who have not undertaken the training under this exemption. This will need to be dealt with sensitively.

Additional information

The below table highlights who needs to have completed the Domestic abuse awareness (Safe Spaces training) and have passed the quiz on the training; and who needs to read and understand the Ask for ANI and Safe Spaces schemes: training toolkit.

Training	Who needs to complete it?	Pharmacists	Pharmacy technicians	Trainee pharmacists	Trainee pharmacy technicians	Dispensary staff	Medicines counter assistants
Safe Spaces training and passed the quiz; and read the Ask for ANI and Safe Spaces schemes training toolkit	Patient-facing pharmacy staff that provide advice on medicines or healthcare	✓	✓	✓	✓	✓	✓

Contractors will need to decide who is going to be the person responsible for the premises to meet the requirement for reading and understanding the Safe Spaces Set-up Toolkit. It does not need to be a member of staff who works in

the pharmacy, for example, it could be a member of staff such as the Superintendent Pharmacist, who works at head office who takes on this responsibility. However, it is important that this is communicated to the pharmacy, so they know who is taking on this responsibility and when the requirement has been met.

Resources

The following resource is available at psnc.org.uk/pqs to support contractors to meet this quality criterion:

- Training record sheet.

Q. Have all the patient-facing pharmacy staff that provide advice on medicines or healthcare completed the domestic abuse awareness (Safe Spaces training) and passed the quiz on the training; and read and understood the Ask for ANI and Safe Spaces schemes: training toolkit?	<input type="checkbox"/>
Q. Has one person responsible for the pharmacy read and understood the Safe Spaces Set-up Toolkit?	<input type="checkbox"/>

The below table can be used to record details of patient-facing pharmacy staff that provide advice on medicines or healthcare who have completed **the domestic abuse awareness (Safe Spaces training) and have passed the quiz on the training; and read and understood the Ask for ANI and Safe Spaces schemes: training toolkit** (on the day of the PQS declaration (on the day of the PQS declaration, contractors will be required to enter the total number of patient-facing pharmacy staff that provide advice on medicines or healthcare working at the pharmacy who have completed this requirement and those that have not but who will undertake this requirement by 31st March 2023).

Name of patient-facing pharmacy staff member who provides advice on medicines or healthcare	Completed by day of the declaration	Will complete by 31st March 2023	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			

The below table can be used to record the name of the **person responsible for the premises** who has taken on the requirement to **read and understand the Safe Spaces Set-up Toolkit** (on the day of the PQS declaration, contractors will be required to confirm if this person has completed this requirement or that they will undertake to meet this requirement by 31st March 2023).

Name of person responsible for the pharmacy	Completed by day of the declaration	Will complete by 31st March 2023	Date completed
	<input type="checkbox"/>	<input type="checkbox"/>	

Suggested evidence

Suggested evidence	Location of evidence in the pharmacy
Copy of certificates of completion (REQUIRED)	
Training plan – if applicable, see the Training section on page 3 (REQUIRED)	
Completed PSNC training record sheets (or complete the tables above)	
Copy of an email from the person responsible for the pharmacy to the pharmacy email address confirming that they have read and understood the Safe Spaces Set-up toolkit	

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

Quality criterion a) Inhaler technique checks

By the day of the declaration the pharmacy contractor must be able to evidence that pharmacy staff have offered the NMS, with the appropriate inhaler technique check, to all patients presenting with a prescription for a new inhaler (i.e. for the first time or changed to a new inhaler device) where patients would benefit from this service, especially those switched from a metered dose inhaler (MDI) to a dry powder inhaler.

By the end of 31st March 2023, all pharmacists working at the pharmacy on the day of the declaration, who are providing NMS, with the appropriate inhaler technique check, must have satisfactorily completed, within the last four years (between 1st April 2019 and end of 31st March 2023), the [CPPE Inhaler technique for health professionals: getting it right e-learning](#) or attended a CPPE face-to-face inhaler technique workshop and passed the current version of the [Inhaler technique for health professionals e-assessment](#) updated on 15th April 2020. Please note that the version of the CPPE Inhaler technique e-assessment available prior to 15th April 2020, does not meet the requirements.

Contractors must record any intervention or referral made in the patient medication record (PMR). These records may be required for post payment verification purposes.

Additional information

In the extremely unlikely event where no patients are identified for this quality criterion, the contractor will still be eligible for payment if they can evidence that they have robustly attempted to identify suitable patients and that they have processes in place for delivering the NMS should they identify a patient who is suitable. The contractor will need to declare no patients have been identified on the Manage Your Service (MYS) declaration.

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.

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

Contractors will need to enter the below information about patients who are offered an NMS, with the appropriate 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 a new inhaler device who were offered an NMS;
- the total number of patients who were subsequently provided with a face-to-face NMS, including an inhaler technique check;
- the total number of patients who were subsequently provided with a remote NMS, including an inhaler technique check; and
- the total number of patients who were referred to their prescriber due to issues identified during the NMS.

Resources

The following resources are available at psnc.org.uk/pqs to support contractors to meet this quality criterion:

- Data collection form; and
- Training record sheet.

Q. Have all the pharmacists who work at your pharmacy satisfactorily completed the CPPE inhaler technique for health professionals: getting it right e-learning (or have attended an inhaler technique workshop) and passed the e-assessment since 1st April 2019?	<input type="checkbox"/>
Q. Have you set up a process in your pharmacy (and have evidence of this) to identify patients presenting with a prescription for a new inhaler (i.e. for the first time or changed to a new inhaler device) and to then be able to offer them an NMS?	<input type="checkbox"/>
Q. Have you decided and informed the team how to collect the required information (see above) until the day of the declaration?	<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 since 1st April 2019** (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 requirement and those that have not but who will undertake this requirement by 31st March 2023).

Pharmacy professional's name	Completed e-learning or attended a workshop?	Completed by the day of the declaration	Will complete by 31st March 2023	Date e-learning / workshop and e-assessment completed
	E-learning Workshop <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	E-learning Workshop <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	E-learning Workshop <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	E-learning Workshop	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	E-learning Workshop	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	E-learning Workshop	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	E-learning Workshop	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	E-learning Workshop	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

The below table can be used to record the total number of pharmacists who have satisfactorily completed the e-learning / attended a workshop and passed the e-assessment and those that have not but who will undertake this requirement by 31st March 2023 (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
Total number of pharmacy professionals who have satisfactorily completed the e-learning and passed the e-assessment since 1st April 2019	
Total number of pharmacy professionals who have not satisfactorily completed the e-learning and passed the e-assessment since 1st April 2019 but who will undertake this requirement by 31st March 2023	
Total number of pharmacy professionals who have attended a workshop and passed the e-assessment since 1st April 2019	
Total number of pharmacy professionals who have not attended a workshop and pass the e-assessment since 1st April 2019 but who will undertake this requirement by 31st March 2023	

Pharmacy teams are required to record information about patients who are offered an NMS, with the appropriate inhaler technique check up until the day of the declaration. 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 their declaration for a PQS payment).

Information required for the PQS declaration	Total number of patients
The patient was identified as having been prescribed a new inhaler device and was offered an NMS	
The patient was subsequently provided with an NMS, including an inhaler technique check	
The patient was subsequently provided with an NMS, including an inhaler technique check	
The patient was referred to their prescriber due to issues identified during the NMS	

Suggested evidence

Suggested evidence	Location of evidence in the pharmacy
Copy of certificates of completion (REQUIRED)	
Training plan – if applicable, see the Training section on page 3 (REQUIRED)	

Completed PSNC training record sheet (or complete the table above)	
Updated SOP reflecting new process to identify patients suitable for an NMS, with the appropriate inhaler technique check	
Record of interventions on the PMR or appropriate patient record	
Completed data collection form	

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

Quality criterion b) Inhaler waste management

Drug Tariff wording

By the end of 31st March 2023, all patient-facing pharmacy staff working at the pharmacy on the day of the declaration 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.

By the end of 31st March 2023, 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 10th October 2022 and the day of the declaration, 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 this quality criterion:

- PSNC Briefing 030/22: Reducing the climate change impact of inhalers: environmentally safe disposal;
- Patient briefing aid on inhaler disposal;
- Training record sheet; 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 10th October 2022 and the day of the declaration, and then had a conversation with them about the environmental benefits of them returning all unwanted and used inhaler devices to a community pharmacy for safe and environmentally friendly disposal?	<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 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 requirement and those that have not but who will undertake this requirement by 31st March 2023).

Patient-facing pharmacy team member's name	Completed by day of the declaration	Will complete by 31st March 2023	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			

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 from 10th October 2022 to the day of the declaration (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	
Completed PSNC training record sheet (or complete the table above)	
Training plan – if applicable, see the Training section on page 3 (REQUIRED)	
Record of conversations on the PMR or appropriate patient record	
Completed data collection form	

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 2: Respiratory

Quality criterion c) Use of a spacer in patients aged 5-15 years; quality criterion b) Personalised Asthma Action Plans (PAAP); and quality criterion c) Referrals for patients using three or more short-acting bronchodilator inhalers without a corticosteroid inhaler in six months

Please note, the last three quality criteria of the Respiratory Domain have been grouped together in this one section.

Drug Tariff wording

Use of a Spacer in Patients Aged 5-15 Years

Between 10th October 2022 and the day of the declaration, the pharmacy can evidence that they have:

- *checked that all children aged 5 to 15 prescribed a press and breathe pressurised MDI for asthma have a spacer device, where appropriate, in line with [NICE TA38](#); and*
- *referred children aged 5 to 15 with asthma to an appropriate healthcare professional where this is not the case.*

Personalised Asthma Action Plans (PAAP)

By the end of 31st March 2023, the pharmacy can evidence that they have checked that all patients aged five years and above dispensed an inhaler for asthma between 10th October 2022 and the day of the declaration have a PAAP.

The pharmacy contractor must be able to show that pharmacy staff have referred all patients aged five years and above dispensed an inhaler for asthma between 10th October 2022 and the day of the declaration to an appropriate healthcare professional where this is not the case.

Referrals for patients using 3 or more short-acting bronchodilator inhalers in 6 months

By the day of the declaration, the pharmacy can show evidence that patients with asthma, for whom three or more short-acting bronchodilator inhalers were dispensed without any corticosteroid inhaler within a six-month period have, since the last review point, been referred to an appropriate healthcare professional for an asthma review. The contractor will normally be referring the patient to their GP, GP practice based respiratory nurse specialist/asthma nurse or practice-based pharmacist for a routine appointment.

For contractors who claimed elements of these criteria previously as part of PQS 2021/22, a new review will be required. In addition, the pharmacy team’s knowledge and understanding of the process to identify suitable patients should be reviewed. Methods used to identify ‘at risk’ patients for referral should be reviewed for effectiveness.

Where no patients are identified for referral under any of the criteria of the domain, the contractor will still be eligible for payment if they can evidence that they have robustly attempted to identify suitable patients and that they have processes in place for referrals should they identify a patient who is suitable. They will need to declare no patients have been identified as needing these interventions on the MYS declaration. Contractors are advised to record any intervention and/or referral made in the patient medication record (PMR).

Resources

The following resources are available at psnc.org.uk/pqs to support contractors to meet these quality criteria:

- PSNC Briefing 032/22: Pharmacy Quality Scheme – Asthma referrals – This provides contractors with guidance on meeting the above requirements.

The above Briefing also contains the following annexes which are available as separate documents:

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

The above template data collection form is specifically for the above elements of the Respiratory domain. PSNC has also produced a template data collection form which can be used to collect the required data for the different criteria in all the domains); this is also available at psnc.org.uk/pqs.

Contractors can choose to use either to meet the requirements (both are optional and contractors can choose to record this information in the way most suitable for their pharmacy).

PharmOutcomes support

Contractors can access an asthma referral service on PharmOutcomes for the ‘Use of a spacer in patients aged 5-15 years’ criterion, the ‘Personalised Asthma Action Plans (PAAP)’ criterion and the ‘Referrals for patients using three or more short-acting bronchodilator inhalers with any corticosteroid inhaler in six months’ criterion.

This asthma referral service 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 any of the criteria stated above, which is part of the Respiratory Domain.

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’.

Q. Have you set up processes in your pharmacy (and have evidence of this) to identify and refer patients who meet the requirements for the three quality criteria 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	
Patient with asthma, for whom three or more short-acting bronchodilator inhalers were dispensed without any corticosteroid inhaler within a six-month period and who were referred to an appropriate healthcare professional for an asthma review	

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.

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Domain 3: Healthy living support

Part a) Weight management

Drug Tariff wording

*By the end of 31st March 2023, all non-registered patient-facing pharmacy staff who provide health advice working at the pharmacy on the day of the declaration must have satisfactorily completed, within the last four years (between 1st April 2019 and end of 31st March 2023), the 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.*

*By the end of 31st March 2023, all registered pharmacy professionals working at the pharmacy on the day of the declaration must have satisfactorily completed, within the last four years (between 1st April 2019 and end of 31st March 2023), sections 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 either update their existing weight management action plan or complete a new weight management action plan (if they did not declare as meeting the weight management criteria for a previous PQS) 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 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** and the **NHS website** (contractors should note that neither exercise groups or "Let's do this" should be recommended on their own, but in conjunction with other support, because exercise on its own has been shown not to lead to weight loss). 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 Healthy Living Support domain in the PQS 2021/22, an update to the previous action plan will be required. 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 former Public Health England [Let's Talk About Weight infographic](#) and [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, 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 have access to equipment to accurately measure height, weight and waist circumference.

Pharmacies must support those who wish to lose weight through advice and referral to the NHS Digital Weight Management Programme or Local Authority funded tier 2 weight management services (where the individual meets the criteria for referral).

To gain the maximum number of points for this criterion (1 point for a band 1 pharmacy or 20 points for a band 2-6 pharmacy – see section 3 for further information), the pharmacy must have referred at least four patients (who meets the criteria for referral) to either a Local Authority funded tier 2 weight management service or the NHS Digital Weight Management Programme between 10th October 2022 and 31st March 2023. The number of points attributed to the referral and the intervention aspect of this domain is outlined in the table below:

	Band 1	Bands 2-6
Intervention	0.5	10
Referral	0.5	10

Additional information

The below table highlights who needs to complete the **different training and assessments since 1 April 2019 to meet the requirements of the quality criterion.**

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 quality criterion therefore it is important to decide **how you will collect this information for the duration of the PQS:**

- The total number of patients that the pharmacy team has proactively discussed weight management with;
- 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 this quality criterion:

- Training record sheet;
- Template action plan;
- Data collection form;
- Video explaining how to make a referral to the NHS Digital Weight Management Programme; and
- NHS Digital Weight Management Programme screen saver.

<p>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 since 1st April 2019?</p>	<input type="checkbox"/>
<p>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 since 1st April 2019?</p>	<input type="checkbox"/>
<p>Q. Have you completed/updated your weight management action plan as detailed in the Drug Tariff wording above?</p>	<input type="checkbox"/>
<p>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)?</p>	<input type="checkbox"/>
<p>Q. Do you have equipment at your pharmacy to accurately measure height, weight and waist circumference?</p>	<input type="checkbox"/>
<p>Q. Have you decided and informed the team how to collect the required information (see above) for the duration of the PQS?</p>	<input type="checkbox"/>
<p>Q. Have the pharmacy team proactively discussed weight management with a minimum of 25 patients?</p>	<input type="checkbox"/>
<p>Q. Have you made four 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)?</p>	<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 since 1st April 2019** and those that have not, but who will undertake this requirement by 31st March 2023 (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 this requirement and those that have not but who will undertake to meet this requirement by 31st March 2023).

Non-registered patient-facing pharmacy staff member's name who provides health advice	Completed by day of the declaration	Will complete by 31st March 2023	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			

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 since 1st April 2019** and those that have not, but who will undertake this requirement by 31st March 2023 (on the day of the PQS declaration, contractors will be required to enter the total number of pharmacy professionals who have completed this requirement and those that have not but who will undertake this requirement by 31st March 2023).

Pharmacy professional's name	Completed by day of the declaration	Will complete by 31st March 2023	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			

Pharmacy teams are required to record information about patients for this quality criterion. 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.

Contractors are required to have at least 25 conversations with patients about weight management and refer four patients to either a Local Authority funded tier 2 weight management service or the NHS Digital Weight Management Programme. Therefore, if the pharmacy has not reached these numbers by the day of the declaration, they will need to enter the numbers into the PQS declaration on MYS, that they have achieved by the day of the declaration and then continue to work towards meeting these requirements (they will have until the end of 31st March 2023 to meet these requirements).

Information required for the PQS declaration	Total number of patients up until the day of the declaration	Total number of patients until 31st March 2023 (if not met required numbers by the day of the declaration)
A conversation was had with the patient about weight management (need to have a minimum of 25 conversations to meet the requirement)		
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)*		

*Need to have made four referrals to either a to Local Authority funded tier 2 weight management service or the NHS Digital Weight Management Programme to meet the requirement.

Suggested evidence

Suggested evidence	Location of evidence in the pharmacy
Copy of certificates of completion (REQUIRED)	
Training plan – if applicable, see the Training section on page 3 (REQUIRED)	
Completed PSNC training record sheets (or complete the tables above)	
A copy of a completed or updated weight management action plan on how the pharmacy team 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 how many conversations have been had with patients about weight management	
A record of data capture, showing the total number of patients who had their BMI calculated and their waist circumference measured	
A record of data capture, showing the total number of patients 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)	

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 4: Prevention

Part a) Antimicrobial stewardship

Drug Tariff wording

Pharmacy staff must have reviewed their practice to include two TARGET leaflets:

- [Treating your infection – Urinary Tract Infection \(UTI\)](#); and
- [Treating your infection - Upper Respiratory Tract Infection \(RTI\)](#)

to help them assess patients presenting to the pharmacy with suspected UTI or upper RTI without a prescription, provide tailored advice to patients and promote awareness of antimicrobial resistance and antimicrobial stewardship.

This review must be completed by the end of 31st March 2023 and must be carried out over four weeks with a minimum of 15 patients for each leaflet, or up to eight weeks if the minimum number of patients are not achieved within four weeks for each leaflet.

Contractors must collect data when using the leaflets and this anonymised data must be shared with NHS England by the end of 31st March 2023. The information that needs to be submitted is included in the NHS England PQS 2022/23 Guidance and must be reported on the audit collection tool on MYS. **No patient identifiable data should be entered onto MYS.**

Where no patients are identified for the review, the contractor will still be eligible for payment if they can evidence that they have robustly attempted to identify suitable patients. They will need to declare no patients have been identified as being suitable for review on the data collection tool on MYS by the end of 31st March 2023.

Contractors must 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 PQS declaration.

Contractors must have incorporated the TARGET leaflets into their day-to-day practice, evidenced by changes to local standard operating procedures, in order to help educate patients, improve patient knowledge and ability to self-care, and reduce any unnecessary demand on GPs from patients requesting antibiotics for upper RTI and UTI.

By the end of 31st March 2023 all non-registered pharmacy staff working at the pharmacy on the day of the declaration must have satisfactorily completed, within the last three years (between 1st April 2020 and 31st March 2023), the [Infection prevention and control Level 1 e-learning and assessment](#) on the elfh website.

By the end of 31st March 2023 all registered pharmacy professionals working in the pharmacy on the day of the declaration must have satisfactorily completed, within the last three years (between 1st April 2020 and 31st March 2023), the [Infection Prevention and Control Level 2 e-learning and assessment](#) on the elfh website.

By the end of 31st March 2023 all patient-facing pharmacy staff that provide advice on medicines or healthcare working in the pharmacy on the day of the declaration must have satisfactorily completed, within the last three years (between 1st April 2020 and 31st March 2023), the [Antimicrobial Stewardship for Community Pharmacy e-learning and e-assessment](#).

By the end of 31st March 2023 all patient-facing staff that provide advice on medicines or healthcare, working in the pharmacy on the day of the declaration should have become [Antibiotic Guardians](#), if they have not already done so, and have an awareness of the content of the local antibiotic formulary and how to access it.

By the end of 31st March 2023 contractors must have available, at premises level, an AMS Action Plan for the pharmacy, available for inspection, 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.

For contractors who claimed for the Prevention domain in the PQS 2021/22, an update to the previous action plan will be required. Pharmacy teams must have reviewed and updated their existing AMS action plan and have implemented changes to further promote AMS in their day-to-day practice.

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.

Two data collection forms, which detail the required information that needs to be added to the data collection tool on MYS, are available in the [NHS England PQS guidance](#). These are also available as standalone documents on the [PSNC PQS hub page](#).

The deadline for starting the antibiotic review is 4th February 2023. This will allow pharmacy teams to complete the antibiotic review within eight weeks (this 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 4th February 2023 and if the contractor is required to complete the audit over an eight-week period, this will finish on 31st March 2023, the deadline for completing all the requirements for the PQS 2022/23. 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 assessments since 1st April 2020 to meet the requirements of the quality criterion.**

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	✓	✓	✓	✓	✓	✓	

The below table highlights who needs to become an Antibiotic Guardian, if they have not already done so, and have an awareness of the local antibiotic formulary and how to access it.

Requirement	Who needs to complete it?	Pharmacists	Pharmacy technicians	Trainee pharmacists	Trainee pharmacy technicians	Dispensary staff	Medicines counter assistants
Should have become an Antibiotic Guardian and have an awareness of the local antibiotic formulary and how to access it	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 this quality criterion:

- 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 data application tool on MYS?	<input type="checkbox"/>
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 since 1st April 2020?	<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 since 1st April 2020?	<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 since 1st April 2020?	<input type="checkbox"/>
Q. Have all patient-facing pharmacy staff working at the pharmacy that provide advice on medicines or healthcare 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"/>
Q. Have you created or updated your existing AMS plan as detailed in the Drug Tariff wording above?	<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 since 1st April 2020** and those that have not, but who will undertake this requirement by 31st March 2023 (on the day of the PQS declaration, contractors will be required to enter the total number of non-registered staff who have completed this requirement and those that have not but who will undertake this requirement by 31st March 2023).

non-registered staff member's name	Completed by day of the declaration	Will complete by 31st March 2023	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"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
Total			

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 since 1st April 2020** and those that have not, but who will undertake this requirement by 31st March 2023 (on the day of the PQS declaration, contractors will be required to enter the total number of pharmacy professionals who have completed this requirement and those that have not but who will meet this requirement by 31st March 2023).

Pharmacy professional's name	Completed by day of the declaration	Will complete by 31st March 2023	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			

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 since 1st April 2020 and those that have not, but who will undertake this requirement by 31st March 2023 (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 requirement and those that have not but who will undertake to meet this requirement by 31st March 2023).

Patient-facing pharmacy staff member's name who provides advice on medicines or healthcare	Completed by day of the declaration	Will complete by 31st March 2023	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			

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 pharmacy staff working at the pharmacy that provide advice on medicines or healthcare who have completed this e-learning and e-assessment by the day of the declaration and those that will undertake to meet this requirement by 31st March 2023).

Patient-facing pharmacy staff member's name who provides advice on medicines or healthcare	Completed by day of the declaration	Will complete by 31st March 2023	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			

Suggested evidence

Suggested evidence	Location of evidence in the pharmacy
Completed TARGET UTI and RTI leaflets	
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 email from MYS confirming the patient data from the target antibiotic leaflets has been submitted on the MYS data collection tool	
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 completion (REQUIRED)	
Completed PSNC training record sheets (or complete the table above)	
Training plan – if applicable, see the Training section on page 3 (REQUIRED)	
Copy of a team review documenting the reflections and actions following the training	
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 4: Prevention

Part b) Cancer awareness

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

Drug Tariff wording

By the end of 31st March 2023, the contractor must confirm that all patient-facing staff that provide advice on medicines or healthcare working at the pharmacy on the day of the declaration have satisfactorily completed the [Let's Communicate Cancer e-learning \(BOPA\) Module 1](#) and have completed the [quiz on Module 1](#), which is available on the elfh website. Please note, if patient-facing staff that provide advice on medicines or healthcare have completed the BOPA Let's Communicate Cancer Series on the BOPA website since 31st March 2021 and have the certificate of completion, then there is no requirement to repeat Module 1 on the elfh website.

By the end of 31st March 2023, the contractor must have available on the pharmacy premises a new risk review for minimising the risk of missing suspected cancer symptoms and ensuring appropriate referrals are made and recorded in the patient's medication record. Contractors should keep a record of how many referrals to GPs are made by the day of the declaration. Module 1 of the e-learning must be completed to ensure referrals are appropriate.

Additional information

Training and assessment	Who needs to complete it?	Pharmacists	Pharmacy technicians	Trainee pharmacists	Trainee pharmacy technicians	Dispensary staff	Medicines counter assistants
Let's Communicate Cancer Module 1 e-learning and quiz	Patient-facing pharmacy staff that provide advice on medicines or healthcare	✓	✓	✓	✓	✓	✓

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 were referred to their GP following detection of red flag signs and symptoms that could be cancer symptoms.

Resources

The following resources are available at psnc.org.uk/pqs to support contractors meet this quality criterion:

- Training record sheet;
- Template risk review; and
- Data collection form.

Q. Have all patient-facing pharmacy staff that provide advice on medicines or healthcare completed the Let's Communicate Cancer e-learning and quiz on Module 1?	<input type="checkbox"/>
Q. Have you created a risk review for minimising the risk of missing suspected cancer symptoms as detailed in the Drug Tariff requirements above?	<input type="checkbox"/>
Q. Have you decided and informed the team how to collect the required information (see above)?	<input type="checkbox"/>

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 Let's Communicate Cancer e-learning and quiz (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 requirement and those that have not but will undertake this requirement by 31st March 2023).

Patient-facing pharmacy staff member's name who provides advice on medicines or healthcare	Completed by the day of the declaration	Will complete by 31st March 2023	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			

Suggested evidence

Suggested evidence	Location of evidence in the pharmacy
Copy of certificates of completion (REQUIRED)	
Completed PSNC training record sheet (or complete the table above)	
Training plan – if applicable, see the Training section on page 3 (REQUIRED)	
A new risk review for minimising the risk of missing suspected cancer symptoms (REQUIRED)	
A record of data capture, showing how many patients have been referred to their GP following detection of red flag signs and symptoms that could cancer symptoms	
Record of interventions on the PMR or appropriate patient record	

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 5: Addressing unwarranted variation in care

Part a) Palliative and end of life care

Drug Tariff wording

As soon as possible after 16th January 2023 and by the end of 31st March 2023, the contractor:

- must have updated NHS Profile Manager* if they routinely hold the 16 palliative and end of life critical medicines listed below and can support local access to parenteral haloperidol. If NHS Profile Manager is updated centrally by head office, it will need to be confirmed that this will be done by the end of 31st March 2023.

If contractors are not a stockholder of these 16 palliative and end of life critical medicines, they are not required to update NHS Profile Manager.

The 16 critical end of life medicines are:

- Cyclizine solution for injection ampoules 50mg/1ml
- Cyclizine tablets 50mg
- Dexamethasone solution for injection ampoules 3.3mg/1ml
- Dexamethasone tablets 2mg
- Haloperidol tablets 500 mcg
- Hyoscine butylbromide solution for injection 20mg/1ml
- Levomepromazine solution for injection ampoules 25mg/1ml
- Metoclopramide solution for injection ampoules 10mg/2ml
- Midazolam solution for injection ampoules 10mg/2ml
- Morphine sulfate oral solution 10g/5ml
- Morphine sulfate solution for injection ampoules 10mg/1ml
- Morphine sulfate solution for injection ampoules 30mg/1ml
- Oxycodone solution for injection ampoules 10mg/1ml
- Oxycodone oral solution sugar free 5mg/5ml
- Sodium chloride 0.9% solution for injection ampoules 10ml
- Water for injections 10ml

By the end of 31st March 2023, contractors must have an action plan in place to use when they do not have the required stock of the 16 critical medicines or parenteral haloperidol available for a patient. This must include collated information from pharmacies in their area to be able to aid a patient, relative/carer in obtaining medication as swiftly as possible by redirecting them to the nearest open community pharmacy that stocks the 16 critical end of life medicines and/or parenteral haloperidol. All contractors must have this action plan irrespective of whether they do or do not routinely stock the 16 palliative and end of life critical medicines listed above.

The action plan must include:

- an awareness of any locally commissioned services for palliative care including any on call and delivery arrangements;
- a list of community pharmacies stocking the 16 critical medicines for palliative/end of life care in their area and noting the ability to check the Directory of Services (DoS) to find pharmacies stocking these medicines;
- details of where parenteral haloperidol can be accessed locally, e.g. through any local commissioning arrangements;
- awareness of other support services that may be useful for patients/relatives/carers.

The action plan for 2022/23 must be available for inspection from the end of 31st March 2023 at premises level.

When making a declaration for this criterion, the following information must be reported on the MYS application:

- Confirm if the pharmacy does or does not stock the 16 palliative and end of life critical medicines.
- If the pharmacy does stock the 16 palliative and end of life critical medicines, a declaration that by the end of 31st March 2023, NHS Profile Manager* will have been updated to indicate that this is the case.
- A declaration that by the end of 31st March 2023, the pharmacy will have an action plan in place on the premises, available for inspection, with collated information from pharmacies in their local area to be able to aid a patient, relative/carer in obtaining medication as swiftly as possible by redirecting them to the

nearest open community pharmacy that stocks the 16 critical end of life medicines and/or parenteral haloperidol.

*Further details will be given in the NHS England Pharmacy Quality Scheme – Guidance 2022/23

Additional information

NHS Digital is currently making changes to NHS Profile Manager to allow pharmacy teams to update their profiles to show if they routinely hold the 16 palliative and end of life critical medicines listed above. This update will be available from 16th January 2023; PSNC will alert contractors through their normal communication channels to confirm when the changes have been made.

Resources

The following resource is available at psnc.org.uk/pqs to support contractors meet this quality criterion:

- Template action plan.

Q. If you routinely hold the 16 palliative and end of life critical medicines listed above at your pharmacy and can support local access to parenteral haloperidol, has NHS Profile Manager been updated with this information?	<input type="checkbox"/>
Q. Have you created an action plan to use when you do not have the required stock of the 16 critical medicines or parenteral haloperidol available for a patient as detailed in the Drug Tariff wording above?	<input type="checkbox"/>

Suggested evidence

Suggested evidence	Location of evidence in the pharmacy
If you are a stockholder of these 16 palliative and end of life critical medicines – a screen shot from NHS Profile Manager showing that the pharmacy profile has been updated to show this information	
Copy of an action plan to use when the pharmacy does not have the required stock of the 16 critical medicines or parenteral haloperidol available for a patient (REQUIRED)	

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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Pharmacy Quality Scheme 2022/23 action plan

Gateway criterion/ Domain (quality criterion)	Action to be completed	Lead person	Timescale	Completed

Gateway criterion/ Domain (quality criterion)	Action to be completed	Lead person	Timescale	Completed

Gateway criterion/ Domain (quality criterion)	Action to be completed	Lead person	Timescale	Completed