

April 2023

## Pharmacy Quality Scheme 2022/23 former website content

The Pharmacy Quality Scheme (PQS) forms part of the Community Pharmacy Contractual Framework (CPCF).

It supports delivery of the NHS Long Term Plan and rewards community pharmacy contractors that achieve quality criteria in the three domains of healthcare quality: clinical effectiveness, patient safety and patient experience. This webpage contains information and resources for the 2022/23 PQS.

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### **The Pharmacy Quality Scheme 2022/23 has now ended.**

Contractors will have received their PQS payment on 3rd April 2023. The value per point for the 2022/23 PQS was £78.7179.

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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](#).

### **Introduction**

The 2022/23 scheme officially commenced 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**.

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*Click on a heading below for more information.*

## Guidance, webpages and resources

### Guidance

- [NHS England PQS 2022/23 guidance](#)

### Associated webpages

- [CPPE – PQS webpage](#)
- [HEE – elearning for healthcare](#)
- [NHSBSA – Manage Your Service \(MYS\)](#)
- [NHSBSA – Manage Your Service \(MYS\) portal](#)
- [NHSBSA – Pharmacy Quality Scheme](#)
- [NHS Digital Weight Management Programme Pharmacy Referral Site](#)
- [PSNC – PQS FAQs](#)

- [PSNC – Manage Your Service \(MYS\) application page – Includes FAQs on MYS](#)

## Resources

- [PSNC PQS 2022/23 Action and Evidence Portfolio Workbook](#) – this contains questions (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. The Workbook also provides contractors with examples of suggested evidence that they can use to confirm they have the necessary evidence required by the end of 31st March 2023.
  - [PSNC PQS 2022/23 Digital guide](#) – this 30-minute digital guide talks contractors, pharmacy teams and Local Pharmaceutical Committees through the requirements of the Scheme.
  - [PSNC PQS Digital Guide 2022/23 Slide Deck \(PowerPoint\)](#)
  - [PSNC PQS Digital Guide 2022/23 Slide Deck \(PDF\)](#)
  - [PSNC Briefing 031/22: Pharmacy Quality Scheme – Summary of the training requirements for the 2022/23 Scheme](#) – this provides a summary of the training requirements which are included in the 2022/23 Pharmacy Quality Scheme.
  - [PSNC Briefing 033/22: Pharmacy Quality Scheme – Important dates for the diary](#) – this provides a list of the important dates for the PQS 2022/23.
  - [PQS 2022/23 checklist \(Word\)](#)
  - [PQS 2022/23 checklist \(PDF\)](#)
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- [Action plan template \(Word\)](#) – to support the creation of any action plans required to meet the requirements of any PQS criteria.
  - [Action plan template \(PDF\)](#)
  - [Data collection form \(Word\)](#) – can be used to collect the required data for the different criteria.
  - [Data collection form \(PDF\)](#)
  - [NHS Digital Weight Management Programme screen saver](#) (Once opened, right click the enlarged image and select 'save image as' to download to your computer).
  - NHS Digital Weight Management Programme – how to make a referral video [link not available]
  - [NHS England – Data collection form for UTI consultations with women under 65 years](#)
  - [NHS England – Data collection form for upper RTI consultations with patients](#)
  - [Patient safety report: Completing the patient safety report \(PDF\)](#) – PSNC has worked with the Community Pharmacy Patient Safety Group to produce this resource, which provides contractors with information on what they need to do to meet the patient safety report gateway criterion, as well as worked examples of a monthly and annual patient safety report template.
  - [Monthly patient safety report template \(Word\)](#)
  - [Monthly patient safety report template \(PDF\)](#)
  - [Patient safety report template \(Word\)](#)
  - [Patient safety report template \(PDF\)](#)
  - [PSNC Briefing 030/22: Reducing the climate change impact of inhalers: environmentally safe disposal](#) – can be used as a training resource to meet the requirement for all patient-facing pharmacy staff to 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.
  - [PSNC Briefing 032/22: Pharmacy Quality Scheme – Asthma referrals](#) – this provides contractors with guidance for the 2022/23 Pharmacy Quality Scheme (PQS) on meeting the following criteria, which are part of the Respiratory domain: use of a spacer in patients aged 5-15 years; Personalised Asthma Action Plans (PAAPs); and referrals for patients using three or more short-acting bronchodilator inhalers without a corticosteroid inhaler in six months.  
The Briefing also contains four annexes which are available below as separate documents:
    - [Annex A. suggested process for referrals for patients aged 5 years and above who do not have a Personalised Asthma Action Plan \(PAAP\) and/or children aged 5-15 years who have been prescribed a press and breathe pressurised MDI for asthma without a spacer](#)

- [Annex B. suggested process for referring patients for an asthma review for patients who have had three or more short-acting bronchodilator inhalers dispensed without a corticosteroid within a six month period](#)
- [Annex C. Referral form \(Word\)](#)
- [Annex C. Referral form \(PDF\)](#)
- [Annex D. Data collection form \(Word\)](#)
- [Annex D. Data collection form \(PDF\)](#)

The above template data collection form (Annex D) is specifically for the asthma referrals quality criteria. PSNC has also produced a template data collection form which can be used to collect the required data for all the quality criteria – please see above.

- **PSNC patient briefing aid on inhaler disposal** – this resource can be used when speaking with patients, their carer or representatives, who have been dispensed an inhaler, about returning all unwanted and used inhaler devices to a pharmacy for safe and environmentally friendly disposal.
- [PSNC Briefing for general practice teams – changes to the NHS community pharmacy contract in 2022/23](#)
- **Risk review templates: Risk management and safeguarding domain (sepsis, over the counter consultations and COVID-19) (Word)** – can be used to complete the risk review part of the risk review update criterion
- **Risk review templates: Risk management and safeguarding domain (sepsis, over the counter consultations and COVID-19) (PDF)**
- **Risk review template: Prevention domain (risk review for minimising the risk of missing suspected cancer symptoms) (Word)** – can be used to complete the risk review part of the cancer awareness criterion.
- **Risk review template: Prevention domain (risk review for minimising the risk of missing suspected cancer symptoms) (PDF)**
- **Small flyers – Inhaler disposal (Word)** – this resource can be attached to a prescription bag containing inhalers to prompt staff to speak to patients or their representatives about the environmental benefits of them returning all unwanted and used inhaler devices to a community pharmacy for safe and environmentally friendly disposal. It can also act as a reminder for patients when they get home about returning inhalers to a pharmacy. However, it is important to note that the PQS criterion requires pharmacy teams to have a **verbal conversation** with patients, carers or representatives; these flyers do not replace the need to have this conversation, but they can be used to supplement the discussions.
- **Small flyers – Inhaler disposal (PDF)**
- [TARGET flowchart](#) – The Community Pharmacy Flowchart acts as an aide-mémoire, highlighting which TARGET resources can be used and when, depending on where the patient is on their consultation journey. The flowchart can be used as a leaflet for pharmacy staff or as a poster for patients. The flowchart contains images and QR codes for each leaflet and resource referenced.
- [TARGET – Treating your infection – Urinary Tract Infection \(UTI\) leaflet](#)
- [TARGET – Treating your infection – Upper Respiratory Tract Infection \(RTI\) leaflet](#)
- **Training record sheet (Word)** – can be used to capture the details of staff that have completed required training.
- **Training record sheet (PDF)**
- **UKHSA letter – TARGET patient information leaflets: resources to support the 2022/23 and 2023/24 Pharmacy Quality Schemes**

## PharmOutcomes support

### PQS assessment framework

An assessment framework, which allows contractors and their teams to track their progress with achieving the gateway and quality criteria/domains of the PQS is available on [PharmOutcomes](#).

This is available free of charge to all contractors. Once a contractor has logged into PharmOutcomes, the framework can be accessed by clicking on 'Assessments' and then the framework is listed under the title 'Pharmacy Quality Scheme (PQS) 2022/23'.

If a contractor has not used PharmOutcomes before, log in details can be obtained by sending a message to the [PharmOutcomes helpdesk](#). Contractors will need to provide details of the pharmacy, contact information and an email address to issue the login details to.

### Asthma referral service

From 10th October 2022, contractors will be able to 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'.

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## Gateway criteria

To qualify for the PQS 2022/23 payment, contractors will have to meet the following **TWO** gateway criteria by the end of 31st March 2023.

### 1. Advanced services – New Medicine Service (NMS)

Contractors must have delivered a minimum of 20 NMS between 1st April 2022 and end of 31st March 2023. NHSBSA has updated their NMS spreadsheet for the PQS 2022/23.

The spreadsheet currently shows data between April 2022 and December 2022. If contractors are showing as having delivered 20 or more NMSs (highlighted in green on the spreadsheet) no further action is required to meet the Advanced Services gateway criterion.

[Check the NHSBSA NMS spreadsheet \(scroll down to the 'New Medicine Service \(NMS\) gateway criterion' section to view the spreadsheet\)](#)

### Resources

Resources and further information on NMS can be found on the [New Medicine Service \(NMS\) page](#).

### Declaration requirements

Contractors will not be required to make a declaration for this gateway criterion as the automatic verification assessment of whether a contractor has met the NMS gateway criterion will be confirmed against the NHS Business Services Authority's payment data for NMS.

### 2. Patient safety report

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

PSNC has worked with the Community Pharmacy Patient Safety Group to produce [Completing the Patient Safety Report](#), which provides contractors with information on what they need to do to meet the patient safety report part of the gateway criterion, as well as worked examples of a monthly and annual\* patient safety report template.

[Monthly patient safety report template \(Word\)](#)

[Monthly patient safety report template \(PDF\)](#)

[Patient safety report template \(Word\)](#)

[Patient safety report template \(PDF\)](#)

\*The above Community Pharmacy Patient Safety Group resource includes an example of a completed annual patient safety template as per the requirement for previous Schemes. However, for the 2022/23 Scheme contractors are required to 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). Therefore, the content of the annual patient safety report template is still relevant for completing the PQS requirement, but contractors should ensure their patient safety report covers the required period of time as stated above.

[Royal Pharmaceutical Society – Professional standards for the reporting, learning, sharing, taking action and review of incidents](#)

Further information on patient safety can also be found on the [PSNC Patient safety incident reporting page](#) and the [Community Pharmacy Patient Safety Group website](#).

### Declaration requirements

When making a declaration for this gateway criterion, the following information must be reported on the Manage Your Service application:

- a declaration that by the end of 31st March 2023 the contractor will 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.

## Training requirements

### Validity of training – New for 2022/23

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.

### Different types of staff members

Many of the criteria in this scheme include training and related assessments being undertaken by pharmacy team members. The following terms are used in the requirements to define different types of staff:

- **Registered pharmacy professionals** are pharmacists and pharmacy technicians. This also includes provisional registrants.
- **Patient-facing pharmacy staff** include all registered pharmacy professionals, trainee pharmacists, trainee pharmacy technicians, dispensary staff, medicine counter assistants and delivery drivers. Contractors may also have other staff that can be identified as having patient-facing roles.
- **Non-registered pharmacy staff** include all trainee pharmacists, trainee pharmacy technicians, dispensary staff, medicine counter assistants and delivery drivers.
- **Patient-facing staff that provide advice on medicines or healthcare** include all registered pharmacy professionals, trainee pharmacists, trainee pharmacy technicians, dispensary staff and medicine counter assistants.
- **Non-registered patient-facing pharmacy staff who provide health advice** includes trainee pharmacists, trainee pharmacy technicians, dispensary staff and medicine counter assistants.

### New staff or staff returning from maternity leave

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.

### Evidence of meeting the training criteria

In relation to the training requirements within the various criteria, in all cases at the time of making the PQS declaration, there is a requirement to have available at the pharmacy premises, a copy of the personalised certificate provided upon completion of the training and assessment, as evidence that all relevant members of staff have completed the training.

### CPPE PQS web page and tracker for pharmacy professionals

The Centre for Pharmacy Postgraduate Education (CPPE) has developed a PQS tracker on their website. This allows pharmacy professionals to easily determine which CPPE learning programmes and assessments they have completed within the specified timeframe (when applicable) for the 2022/23 PQS. Please note, the tracker does not include learning and assessments from the elearning for healthcare website.

## Domain 1 - Risk management and safeguarding

### Risk review update

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.

Contractors should note an additional new risk review is a requirement in the Prevention domain which is on missing cancer symptoms. Further information is provided in the Domain 4 – Prevention section.

### Resources

- **Training record sheet (Word)**
- **Training record sheet (PDF)**
- **Risk review templates: Risk management and safeguarding domain (sepsis, over the counter consultations and COVID-19) (Word)**
- **Risk review templates: Risk management and safeguarding domain (sepsis, over the counter consultations and COVID-19) (PDF)**

### Declaration requirements

When making a declaration for this criterion, the following information must be reported on the Manage Your Service (MYS) application:

- the total number of registered pharmacy professionals working at the pharmacy on the day of the declaration who have satisfactorily completed the [CPPE sepsis online training](#) and passed the associated [e-assessment](#) since 1st April 2021;
- the total number of registered pharmacy professionals working at the pharmacy on the day of the declaration who have not satisfactorily completed the [CPPE sepsis online training](#) and passed the associated [e-assessment](#) since 1st April 2021 but who will undertake this requirement between the day of the declaration and the end of 31st March 2023;
- the total number of registered pharmacy professionals working at the pharmacy on the day of the declaration who have satisfactorily completed the [CPPE risk management guide](#) and passed the associated [e-assessment](#);

- the total number of registered pharmacy professionals working at the pharmacy on the day of the declaration who have not satisfactorily completed the [CPPE risk management guide](#) and passed the associated [e-assessment](#) but who will undertake this requirement by the end of 31st March 2023;
- a declaration that by the end of 31st March 2023 the contractor will have, at premises level, an update of the previous risk review undertaken as part of the PQS 2021/22 or a new risk review (if they did not declare as meeting the Risk review domain for the PQS in 2021/22) which includes the risk minimisation actions that the pharmacy team has been taking; and any subsequent actions identified and demonstrably completed as a result of these reflections for;
  - managing the risk of missing sepsis identification;
  - missing red flag symptoms during OTC consultations; and
  - minimising the risk of transmission of COVID-19.

### Safeguarding level 3 webinar

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. If certificates have not been received, an email should be sent to [ENGLAND.CommunityPharmacy@nhs.net](mailto:ENGLAND.CommunityPharmacy@nhs.net). Contractors must keep a copy of the certificate for each member of staff as evidence that the training has been completed.

### Resources

- [Training record sheet \(Word\)](#)
- [Training record sheet \(PDF\)](#)
- [Action plan template \(Word\)](#)
- [Action plan template \(PDF\)](#)

### Declaration requirements

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

- the total number of registered pharmacy professionals working at the pharmacy on the day of the declaration that have watched the [one-hour training webinar video](#) for community pharmacy or attended the live training on 30 June 2022;
- the total number of registered pharmacy professionals working on the day of the declaration who have not yet watched the [one-hour training webinar video](#) but who will undertake this requirement by the end of 31st March 2023; and
- a declaration that by the end of 31st March 2023 the contractor will have, at premises level, an action plan available for inspection on how they will manage people who require a safeguarding referral.

### Domestic abuse prevention

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.

While not a requirement for PQS, if contractors are interested in signing up to either scheme, further information can be found on the [Safe Spaces website](#) or the [UKsaysnomore website](#) for the Ask for ANI scheme.

## Resources

- [Training record sheet \(Word\)](#)
- [Training record sheet \(PDF\)](#)

## Declaration requirements

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

- the total number of patient-facing staff that provide advice on medicines or healthcare working at the pharmacy on the day of the declaration who have satisfactorily completed the following:
  - completed the Domestic Abuse awareness ([Safe Spaces training](#)) and have passed the [quiz](#); and
  - read and understood the [Ask for ANI and Safe Spaces schemes: training toolkit](#).
- the total number of patient-facing staff that provide advice on medicines or healthcare working at the pharmacy on the day of the declaration who have not yet satisfactorily completed the following but who will undertake this requirement by the end of 31st March 2023:
  - completed the Domestic Abuse awareness ([Safe Spaces training](#)) and have passed the [quiz](#); and
  - read and understood the [Ask for ANI and Safe Spaces schemes: training toolkit](#).
- the total number of staff that have not completed the training under the above exemption;\* and
- a declaration that by the end of 31st March 2023 at least one person responsible for the premises will have read the [Safe Spaces Set-up toolkit](#).

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## Domain 2 – Respiratory

### 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.

In the extremely unlikely event where no patients are identified for this criterion of the domain, the contractor will still be eligible for payment if they can evidence that they have been working 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. Information from the NHSBSA dispensing data will be checked to confirm this declaration.

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

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

NHS England has also [published a guide](#) to assist community pharmacy teams to conduct remote consultations with patients.

### Resources

- **Training record sheet (Word)**
- **Training record sheet (PDF)**
- **Data collection form (Word)** – can be used to collect the required data for the different criteria.
- **Data collection form (PDF)**

### Declaration requirements

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

- the total number of pharmacists working at the pharmacy on the day of the declaration who have satisfactorily completed the [CPPE inhaler technique for health professionals: getting it right training e-learning](#) and passed the current version of the [Inhaler technique for health professionals e-assessment \(updated 15th April 2020\)](#) between 1st April 2019 and the day of the declaration;
- the total number of pharmacists working at the pharmacy on the day of the declaration who have not satisfactorily completed the [CPPE inhaler technique for health professionals: getting it right training e-learning](#) and passed the current version of [Inhaler technique for health professionals e-assessment \(updated 15th April 2020\)](#) since 1st April 2019 but who will undertake this requirement by the end of 31st March 2023;
- the total number of pharmacists working at the pharmacy on the day of the declaration who have attended a CPPE face-to-face inhaler technique workshop and passed the current version of the [Inhaler technique for health professionals e-assessment \(updated 15th April 2020\)](#) since 1st April 2019 and the day of the declaration;
- the total number of pharmacists working at the pharmacy on the day of the declaration who have not attended a CPPE face-to-face inhaler technique workshop and passed the current version of the [Inhaler technique for health professionals e-assessment \(updated 15th April 2020\)](#) since 1st April 2019 but who will undertake this requirement by the end of 31st March 2023;
- 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.

### Inhaler waste management

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.

### Resources

- [PSNC Briefing 030/22: Reducing the climate change impact of inhalers: environmentally safe disposal](#) – can be used as a training resource to meet the requirement for all patient-facing pharmacy staff to 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.
- **PSNC patient briefing aid on inhaler disposal** – this resource can be used when speaking with patients, their carer or representatives, who have been dispensed an inhaler, about returning all unwanted and used inhaler devices to a pharmacy for safe and environmentally friendly disposal.
- **Small flyers – Inhaler disposal (Word)** – this resource can be attached to a prescription bag containing inhalers to prompt staff to speak to patients or their representatives about the environmental benefits of them returning all unwanted and used inhaler devices to a community pharmacy for safe and environmentally friendly disposal. It can also act as a reminder for patients when they get home about returning inhalers to a pharmacy. However, it is important to note that the PQS criterion requires pharmacy teams to have a **verbal conversation** with patients, carers or representatives; these flyers do not replace the need to have this conversation, but they can be used to supplement the discussions.
- **Small flyers – Inhaler disposal (PDF)**
- **Training record sheet (Word)**
- **Training record sheet (PDF)**
- **Data collection form (Word)** – can be used to collect the required data for the different criteria.
- **Data collection form (PDF)**

### Declaration requirements

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

- the total number of patient-facing pharmacy staff working at the pharmacy on the day of the declaration who 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;
- the total number of patient-facing pharmacy staff working at the pharmacy on the day of the declaration who have not 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 but who will undertake this requirement by the end of 31 March 2023; and
- the total number of conversations had with patients and/or their carer or representatives on the safe and environmentally friendly disposal of their inhaler between 10th October 2022 and the day of the declaration.

### 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.

For contractors who claimed for this criterion in a previous PQS, 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, 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 PMR.

## Resources

- [PSNC Briefing 032/22: Pharmacy Quality Scheme – Asthma referrals](#) – this provides contractors with guidance for the 2022/23 Pharmacy Quality Scheme (PQS) on meeting the following criteria, which are part of the Respiratory domain: use of a spacer in patients aged 5-15 years; Personalised Asthma Action Plans (PAAPs); and referrals for patients using three or more short-acting bronchodilator inhalers without a corticosteroid inhaler in six months.

The Briefing also contains four annexes which are available below as separate documents:

- [Annex A. suggested process for referrals for patients aged 5 years and above who do not have a Personalised Asthma Action Plan \(PAAP\) and/or children aged 5-15 years who have been prescribed a press and breathe pressurised MDI for asthma without a spacer](#)
- [Annex B. suggested process for referring patients for an asthma review for patients who have had three or more short-acting bronchodilator inhalers dispensed without a corticosteroid within a six month period](#)
- [Annex C. Referral form \(Word\)](#)
- [Annex C. Referral form \(PDF\)](#)
- [Annex D. Data collection form \(Word\)](#)
- [Annex D. Data collection form \(PDF\)](#)

The above template data collection form is specifically for the asthma referrals quality criteria. PSNC has also produced a template data collection form which can be used to collect the required data for all the quality criteria – please see below.

- **Data collection form (Word)** – can be used to collect the required data for the different criteria.
- **Data collection form (PDF)**

## PharmOutcomes – Asthma referral service

From 10th October 2022, contractors will be able to 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’.

## Declaration requirements

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

- the total number of children aged 5 to 15 referred to a prescriber for a spacer device, where appropriate, in line with [NICE TA38](#) between 10th October 2022 and the day of the declaration.

## 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.

For contractors who claimed for this criterion in a previous PQS, 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, 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 PMR.

## Resources

- [PSNC Briefing 032/22: Pharmacy Quality Scheme – Asthma referrals](#) – this provides contractors with guidance for the 2022/23 Pharmacy Quality Scheme (PQS) on meeting the following criteria, which are part of the Respiratory domain: use of a spacer in patients aged 5-15 years; Personalised Asthma Action Plans (PAAPs); and referrals for patients using three or more short-acting bronchodilator inhalers without a corticosteroid inhaler in six months.

The Briefing also contains four annexes which are available below as separate documents:

- [Annex A. suggested process for referrals for patients aged 5 years and above who do not have a Personalised Asthma Action Plan \(PAAP\) and/or children aged 5-15 years who have been prescribed a press and breathe pressurised MDI for asthma without a spacer](#)
- [Annex B. suggested process for referring patients for an asthma review for patients who have had three or more short-acting bronchodilator inhalers dispensed without a corticosteroid within a six month period](#)
- [Annex C. Referral form \(Word\)](#)
- [Annex C. Referral form \(PDF\)](#)
- [Annex D. Data collection form \(Word\)](#)
- [Annex D. Data collection form \(PDF\)](#)

The above template data collection form is specifically for the asthma referrals quality criteria. PSNC has also produced a template data collection form which can be used to collect the required data for all the quality criteria – please see below.

- **Data collection form (Word)** – can be used to collect the required data for the different criteria.
- **Data collection form (PDF)**

## PharmOutcomes – Asthma referral service

From 10th October 2022, contractors will be able to 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'.

### Declaration requirements

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

- the total number of patients aged five years and above with asthma referred for a PAAP between 10th October 2022 and the day of the declaration.

### Referrals for patients using three or more short-acting bronchodilator inhalers without any corticosteroid inhaler in six 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.

Where no patients are identified for referral, 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 PMR.

### Resources

- [PSNC Briefing 032/22: Pharmacy Quality Scheme – Asthma referrals](#) – this provides contractors with guidance for the 2022/23 Pharmacy Quality Scheme (PQS) on meeting the following criteria, which are part of the Respiratory domain: use of a spacer in patients aged 5-15 years; Personalised Asthma Action Plans (PAAPs); and referrals for patients using three or more short-acting bronchodilator inhalers without a corticosteroid inhaler in six months.

The Briefing also contains four annexes which are available below as separate documents:

- [Annex A. suggested process for referrals for patients aged 5 years and above who do not have a Personalised Asthma Action Plan \(PAAP\) and/or children aged 5-15 years who have been prescribed a press and breathe pressurised MDI for asthma without a spacer](#)
- [Annex B. suggested process for referring patients for an asthma review for patients who have had three or more short-acting bronchodilator inhalers dispensed without a corticosteroid within a six month period](#)
- [Annex C. Referral form \(Word\)](#)
- [Annex C. Referral form \(PDF\)](#)
- [Annex D. Data collection form \(Word\)](#)
- [Annex D. Data collection form \(PDF\)](#)

The above template data collection form is specifically for the asthma referrals quality criteria. PSNC has also produced a template data collection form which can be used to collect the required data for all the quality criteria – please see below.

- **Data collection form (Word)** – can be used to collect the required data for the different criteria.

- **Data collection form (PDF)**

### PharmOutcomes – Asthma referral service

From 10th October 2022, contractors will be able to 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'.

### Declaration requirements

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

- the total number of patients with asthma, for whom three or more 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 by the day of the declaration.

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## Domain 3 - Healthy living support

### Weight management

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

NHSBSA has published a spreadsheet showing which community pharmacy contractors have made a referral to the NHS Digital Weight Management Programme as part of the PQS 2022/23.

The data published only includes referrals made to the NHS Digital Weight Management Programme (this does not include referrals to Local Authority funded tier 2 weight management services) and the data is accurate as of 23rd March 2023.

[View the NHS DWMP data \(scroll down to the Weight Management Referrals section to see the link to the Excel spreadsheet\)](#)

#### Resources

- [Training record sheet \(Word\)](#)
- [Training record sheet \(PDF\)](#)
- [Action plan template \(Word\)](#)
- [Action plan template \(PDF\)](#)
- [Data collection form \(Word\)](#) – can be used to collect the required data for the different criteria.
- [Data collection form \(PDF\)](#)

Resources on the Better Health Adult Obesity campaign are available on the [Public Health England Campaign Resource Centre website](#).



## Resources on the NHS Digital Weight Management Programme

The NHS Digital Weight Management Programme has produced two resources to assist community pharmacy contractors with referring patients to the programme.

The first resource is a 12 minute video explaining how a member of the pharmacy team can make a referral to the NHS Digital Weight Management Programme [this is not available on this document].

The second resource is the [NHS Digital Weight Management Programme screen saver](#) (Once opened, right click the enlarged image and select 'save image as' to download to your computer).

Further information on the NHS Digital Weight Management Programme is available on the [NHS England website](#) including details on why the programme is important and who can access the programme.

## Declaration requirements

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

- the total number of non-registered patient-facing pharmacy staff who provide health advice working at the pharmacy on the day of the declaration who have satisfactorily completed the All Our Health bitesize training and assessments on [Adult Obesity](#) and [Childhood Obesity](#) since 1st April 2019;
- the total number of non-registered patient-facing pharmacy staff who provide health advice working at the pharmacy on the day of the declaration who have not satisfactorily completed the All Our Health bitesize training and assessments on [Adult Obesity](#) and [Childhood Obesity](#) since 1st April 2019 but who will undertake this requirement by the end of 31st March 2023;
- the total number of registered pharmacy professionals working at the pharmacy on the day of the declaration who have 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;
- the total number of registered pharmacy professionals working at the pharmacy on the day of the declaration who have not 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 but who will undertake this requirement by the end of 31st March 2023;
- a declaration that by the end of 31st March 2023 the contractor will have, at premises level, a new or updated weight management action plan, available for inspection, on how they would assist a person who would like support with their weight, with demonstrable evidence of completion;
- the total number of patients that the pharmacy team has proactively discussed weight management with by the day of the declaration;
- for those that have not proactively discussed weight management with 25 patients by the day of the declaration but intend to do so by the end of 31st March 2023, a declaration that they intend to undertake this requirement by the end of 31st March 2023;
- 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 by the day of the declaration;
- the total number of patients referred to Local Authority funded tier 2 weight management services between 10th October 2022 and the day of the declaration;
- the total number of patients referred to the [NHS Digital Weight Management Programme](#) for those with hypertension and/or diabetes between 10th October 2022 and the day of the declaration; and
- for those that have not referred at least four patients (who meet 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 the day of the declaration, but intend to do so by the end of 31st March 2023, a declaration that they intend to undertake this requirement by the end of 31st March 2023.

## Domain 4 – Prevention

### Antimicrobial stewardship

#### TARGET leaflet review

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. The leaflets are available in multiple languages.

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 (a data collection form is available as an appendix in the NHS England PQS guidance or as a standalone document in the Resources section below) 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 (this is now available and can be found by clicking on the 'PQS AMS Data Collection 2022/23' tab). **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.

The NHSBSA has published a spreadsheet showing which contractors have submitted data for their antibiotic review.

On the spreadsheet, contractors have been allocated a colour:

**Green:** These contractors have added data for 30 patients and have submitted their data. No further action is required by these contractors to meet this quality criterion.

**Orange:** These contractors have added data for fewer than 30 patients (or have not identified any patients for the review over an eight week period) and have **submitted their data**. This may be correct if contractors have carried out the audit for eight weeks (if the minimum number of patients is not achieved within four weeks, contractors are required to complete this over eight weeks) and have still not been able to speak to 15 patients for each leaflet. Therefore, they may have added the data for the patients they did speak to during this period (or ticked the box to indicate that there is no patient data to add) and submitted this.

However, PSNC has been made aware that several contractors have mistakenly submitted their data before they had entered all their patient data. Therefore, contractors that are showing as orange are advised to check their data number is correct and if not, email the NHSBSA Provider Assurance Team on [nhsbsa.pharmacysupport@nhs.net](mailto:nhsbsa.pharmacysupport@nhs.net) for further support as soon as possible.

**Red:** These contractors have either not started the audit or have started it but have not yet submitted their data to NHSBSA. If contractors are planning on completing the antibiotic review, the deadline for starting the audit is **4th February 2023** (which is eight weeks until 31st March 2023, the deadline for completing the PQS requirements). **Contractors are also reminded that if they have conducted the audit over eight weeks but did not identify any patients for the review, they are still required to declare that no patients were identified as being suitable for review on the antibiotic review data collection tool on MYS by the end of 31st March 2023.**

[View the PQS antibiotic review data \(scroll down to the Antibiotic Stewardship Review section to see the link to the Excel spreadsheet\)](#)

### Training

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](#).

### Antibiotic Guardians and awareness of the local antibiotic formulary

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.

If contractors are unsure where to find details of their local antibiotic formulary, they are encouraged to check their LPC website to see if this provides information on local antibiotic formularies.

### AMS action plan

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.

### Resources

- [UKHSA letter – TARGET patient information leaflets: resources to support the 2022/23 and 2023/24 Pharmacy Quality Schemes](#)
- [TARGET flowchart](#)
- [Treating your infection – Urinary Tract Infection \(UTI\) leaflet](#)
- [Treating your infection – Upper Respiratory Tract Infection \(RTI\) leaflet](#)
- NHS England – Data collection form for UTI consultations with women under 65 years
- NHS England – Data collection form for upper RTI consultations with patients

- **Training record sheet (Word)**
- **Training record sheet (PDF)**
- **Action plan template (Word)**
- **Action plan template (PDF)**

### Declaration requirements

When making a declaration for this criterion, contractors must confirm the following on the MYS application:

- a declaration that by the end of 31st March 2023 the contractor will have completed the TARGET treating your infections review;
- the start and end date of the review;
- a declaration that where concerns are identified when completing the review, that the patient's GP will be promptly notified;
- a declaration that by the end of 31st March 2023 the contractor will have shared their anonymised audit data or have declared that no patients have been identified as being suitable for review via the data collection tool on the NHSBSA MYS application;
- the total number of non-registered pharmacy staff working at the pharmacy on the day of the declaration who have satisfactorily completed [Infection prevention and control Level 1 e-learning and assessment](#) on the elfh website since 1st April 2020;
- the total number of non-registered pharmacy staff working at the pharmacy on the day of the declaration who have not satisfactorily completed [Infection prevention and control Level 1 e-learning and assessment](#) on the elfh since 1st April 2020 but who will undertake this requirement by the end of 31st March 2023;
- the number of registered pharmacy professionals working at the pharmacy on the day of the declaration who have satisfactorily completed [Infection Prevention and Control Level 2 e-learning and assessment](#) on the elfh website since 1st April 2020;
- the total number of registered pharmacy professionals working at the pharmacy on the day of the declaration who have not satisfactorily completed [Infection Prevention and Control Level 2 e-learning and assessment](#) on the elfh website since 1st April 2020 but who will undertake this requirement by the end of 31st March 2023;
- the total number of patient-facing pharmacy staff working at the pharmacy on the day of the declaration who have satisfactorily completed the [Antimicrobial Stewardship for Community Pharmacy e-learning and e-assessment](#) since 1st April 2020;
- the total number of patient-facing pharmacy staff working at the pharmacy on the day of the declaration who have not completed the [Antimicrobial Stewardship for Community Pharmacy e-learning and e-assessment](#) since 1st April 2020 but who will undertake this requirement by the end of 31st March 2023;
- the number of patient-facing staff that provide health advice, working at the pharmacy on the day of the declaration who have become [Antibiotic Guardians](#) and have an awareness of the local antibiotic formulary, including how to access it;
- the number of patient-facing staff that provide health advice, working at the pharmacy on the day of the declaration who have not yet become [Antibiotic Guardians](#) and do not have an awareness of the local antibiotic formulary, including how to access it, but who will undertake this requirement by the end of 31st March 2023; and
- a declaration that by the end of 31st March 2023 the contractor will have, at premises level, a new or updated AMS action plan on how they would promote AMS in their day-to-day practice.

### Cancer awareness

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.

When completing Module 1 of the Let's communicate cancer (BOPA) e-learning on the elfh website, an activity report is generated and can be downloaded from the website indicating that the module has been completed and the e-assessment has been passed.

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.

## Resources

- **Training record sheet (Word)**
- **Training record sheet (PDF)**
- **[Cancer factsheets for healthcare practitioners](#)** – HEE Pharmacy London has collaborated with BOPA and has launched a series of cancer factsheets. The factsheets can be used either as a standalone resource or in conjunction with the BOPA 'Let's Communicate Cancer' course with the first series focusing on red flag symptoms, as well as common cancers seen in a community setting.
- **Data collection form (Word)** – can be used to collect the required data for the different criteria.
- **Data collection form (PDF)**
- **Risk review template: Prevention domain (risk review for minimising the risk of missing suspected cancer symptoms (Word)**
- **Risk review template: Prevention domain (risk review for minimising the risk of missing suspected cancer symptoms (PDF)**

## Declaration requirements

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

- the total number of patient-facing staff that provide advice on medicines or healthcare working at the pharmacy on the day of the declaration who have satisfactorily completed Module 1 of the [Let's Communicate Cancer \(BOPA\)](#) and completed the [quiz on Module 1](#) or have completed the BOPA Let's Communicate Cancer Series on the BOPA website and have the certificate of completion;
- the total number of patient facing staff that provide advice on medicines or healthcare working at the pharmacy on the day of the declaration who have not yet completed Module 1 of the [Let's Communicate Cancer \(BOPA\)](#) and the associated [quiz on Module 1](#), but who will undertake this requirement by the end of 31st March 2023;
- a declaration that by the end of 31st March 2023, the contractor will have available, at premises level, a new risk review undertaken as part of the PQS 2022/23 which includes the management plans to minimise the risk of missing suspected cancer symptoms; and
- the total number of patients referred by the day of the declaration to GPs following detection of red flag signs and symptoms that could be suspected cancer symptoms.

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## Domain 5 - Addressing unwarranted variation in care

### Palliative and end of life care action plan

As soon as possible after 16th January 2023 (this is the date when NHS Profile Manager will be updated to allow this action) 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 10mg/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; and
- Water for injections 10ml.

### How to update NHS Profile Manager to meet the quality criterion

If your pharmacy routinely holds the 16 PEoLC medicines and can support local access to parenteral haloperidol:

1. [Log in to NHS Profile Manager](#);
2. Click on 'Check your profiles';
3. Click on the profile of the pharmacy that you want to update (some people will have access to profiles for more than one pharmacy);
4. Click on 'Manage your services';
5. Click on 'Manage your Urgent and Emergency Care (UEC) services';
6. Tick 'Pharmacy palliative care medication stockholder';
7. Click 'Continue'; and
8. Confirm your answer on the next page by clicking 'Save and confirm'.
- 9.

You should receive a confirmation message on screen that your update has been accepted.

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; and
- 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.

## Resources

- **Action plan template (Word)**
- **Action plan template (PDF)**

## Declaration requirements

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; and
- 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 are provided in the NHS England PQS guidance.

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## Funding for the scheme

As with previous schemes, £75 million funding is available and contractors will be able to claim an Aspiration payment if they wish to, later this year; please see below.

## Points allocation

The respiratory domain has a designated maximum number of points dependent on the participating contractor's total prescription volume in 2021/22\***/\*\*/\*\*\*\*/\*\*\*\*\*** according to the NHSBSA's payment data as shown in the table below. This has been agreed due to the large variation in work dependent on prescription volume. For the other domains, contractors will receive a fixed payment.

\* Contractors, who opened part way through 2021/22, will have their total prescription volume determined as the average number of prescriptions dispensed per month during the full months, they were open in 2021/22 multiplied by 12. Please note that change in ownership for the purpose of the PQS banding only is not treated as a new contractor.

\*\* Contractors, who opened after 31 March 2022, will be placed in band 2 for PQS 2022/23. Please note that change in ownership for the purpose of the PQS banding only is not treated as a new contractor.

\*\*\* Contractors, who are eligible for the Pharmacy Access Scheme (PhAS) are automatically placed in band 4 if according to their prescription volume they would have been in band 1 to 3. Note that PhAS pharmacies which are in band 5 and 6 according to their prescription volume will be paid according to these bands.

\*\*\*\*Where two pharmacies have consolidated, in accordance with Regulation 26A,161 since 1st April 2021, will have the total prescription volume of the continuing pharmacy determined as the item volume for the continuing pharmacy only. The item volume for the closing pharmacy will not be attributed to the continuing pharmacy. This is not the same as a change in ownership situation.

NHSBSA will publish a spreadsheet on their [website](#) soon detailing the banding that pharmacies have been put into for PQS 2022/23.

### Maximum number of points per domain

Band	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6
Annual Items	0-1,200	1,201-30,000	30,001-60,000	60,001-150,000	150,001-230,000	230,001+
Risk Management & Safeguarding	1.25	25.00	25.00	25.00	25.00	25.00
Respiratory	1.25	16.67	20.83	25.00	29.17	33.33
Healthy living support	Intervention: 0.5 Referral: 0.5 (Total: 1.00)	Intervention: 10.00 Referral: 10.00 (Total: 20.00)	Intervention: 10.00 Referral: 10.00 (Total: 20.00)	Intervention: 10.00 Referral: 10.00 (Total: 20.00)	Intervention: 10.00 Referral: 10.00 (Total: 20.00)	Intervention: 10.00 Referral: 10.00 (Total: 20.00)
Prevention	1.00	20.00	20.00	20.00	20.00	20.00
Addressing unwarranted variation in care	0.5	10.00	10.00	10.00	10.00	10.00
<b>Total</b>	<b>5.00</b>	<b>91.67</b>	<b>95.83</b>	<b>100.00</b>	<b>104.17</b>	<b>108.33</b>

The total funding for PQS 2022/23 is £75 million. The funding will be divided between qualifying pharmacies based on the number of points they have achieved up to a maximum £135 per point. Each point will have a minimum value of £67.50, based on all pharmacy contractors achieving maximum points. Payments will be made to eligible contractors depending on the band they are placed in, how many domains they have declared they are meeting, and hence points claimed.

For example, assuming the number of contractors in each band and the average number of points achieved by each contractor is as set out in the table below, we can calculate how many points in total were delivered and therefore the value of each point:

	Number of contractors	Average points per contractor
Band 1	21	3
Band 2	326	55
Band 3	1,567	58
Band 4	6,061	60



Band 5	832	63
Band 6	153	65

The total number of points is 534,900, which means £75 million would deliver a value per point of £140.21.

However, each point is capped at a total of £135. So, the contractor would receive £135 per point they earned.

This would mean that around £2.8 million (out of the £75 million) would remain undelivered through the PQS and would be taken into account in the delivery of the overall Community Pharmacy Contractual Framework funding agreement.

### Aspiration payment

Contractors will be able to claim an Aspiration payment. The Aspiration payment is optional for contractors and not claiming it will not impact on the contractor's ability to claim payment for PQS 2022/23.

Contractors will need to make a declaration to the NHSBSA using [MYS](#) and indicate which domains they intend to achieve before the end of the declaration period. The Aspiration payment must be claimed **between 9am on 10th October 2022 to 11.59pm on 4th November 2022**.

The maximum number of points for which a contractor can be paid an aspiration payment is 70% of the number of points within the band in which they are placed. The value of each point for the aspiration payment is set at £67.50 (i.e. the minimum value of a point for PQS 2022/23).

The Aspiration payment will be paid to contractors on 1st December 2022.

The Aspiration payment will be reconciled with payment for the PQS 2022/23 on 3 April 2023. Where there is a change of ownership during the course of 2022/23 which results in a new ODS code for the contractor, and the previous contractor received an aspiration payment and does not make a declaration between 9am on 6th February 2023 and 11.59pm on 3rd March 2023, this Aspiration payment will be recovered from the previous contractor. A new contractor cannot rely upon the PQS activities conducted by a previous contractor for PQS payment where a change of ownership has resulted in a new ODS code being issued for the contractor.

For example:

#### Example 1

Annual items in 2021/22	100,000
PQS band for 2022/23	Band 4
Maximum 'aspiration points' which can be paid	70
Points intended to deliver, as per Aspiration payment declaration	100
Aspiration payment (paid at £67.50 per aspiration point)	£4,725
Points actually delivered, as per 2022/2023 declaration (made between 9am on 6th February 2023 and 11.59pm on 3rd March 2023)	100

Reconciliation payment (3 April 2023) (based on final value of £80 per point)	£3,275
Total 2022/23 PQS payment	£8,000

The pharmacy's 2021/22 prescription volumes would put them in Band 4 for 2022/23 PQS. They intend to achieve 100 points in 2022/23 (i.e. the maximum available for Band 4). They receive an Aspiration payment of £4,725 (i.e. 70% of 100 points is 70, and 70 multiplied by £67.50 is £4,725). The pharmacy achieves the 100 points as intended. In addition, the points delivered by all contractors mean the value of a point is set at £80.00. In the reconciliation payment the pharmacy contractor receives £3,275.

### Example 2

Annual items in 2021/22	25,000
PQS band for 2022/23	Band 2
Maximum 'aspiration points' which can be paid	64.17
Points intended to deliver, as per Aspiration payment declaration	55
Aspiration payment (paid at £67.50 per aspiration point)	£3,712.50
Points actually delivered, as per 2022/2023 declaration (made between 9am on 6th February 2023 and 11.59pm on 3rd March 2023)	45
Reconciliation payment (3 April 2023) (based on final value of £72.50 per point)	-£450.00
Total 2022/23 PQS payment	£3,262.50

The pharmacy's 2021/22 prescription volumes would put them in Band 2 for 2022/23 PQS. They intend to achieve 55 points in 2022/23. They receive an aspiration payment of £3,712.50 (i.e. 55 points is below the maximum aspiration points, and 55 multiplied by £67.50 is £3,712.50). The pharmacy achieves 45 points and the points delivered by all contractors mean the value of a point is set at £72.50. In the reconciliation payment the pharmacy contractor is deducted £450.00.

### The PQS declaration (making a claim)

Contractors must claim payment for the PQS 2022/23 during the declaration period which is **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**.

Pharmacy contractors will need to make a declaration to the NHSBSA using the MYS application.

NHSBSA has published the questions which will be included in the 2022/23 PQS declaration so contractors can view these ahead of making their declaration.

The questions are available on the [NHSBSA PQS hub page](#); contractors should scroll down to the 'Declaration questions' section where they can access the questions in a Word document.

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## Frequently Asked Questions

Frequently asked questions (FAQs) are available on our [PQS FAQs page](#). (Please see below for the archived FAQs).

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## Pharmacy Quality Scheme outcomes

Outcomes of the previous Schemes can be found on our [PQS outcomes page](#).

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## Previous Schemes

Details about the previous Schemes can be found on our [PQS – Archive page](#).

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# Pharmacy Quality Scheme 2022/23 – FAQs

This page contains Frequently Asked Questions (FAQs) on the Pharmacy Quality Scheme (PQS).

## Background and general

### **Q. Do I have to participate in the PQS?**

No. The scheme is voluntary – contractors do not need to engage with it.

### **Q. Which pharmacies are eligible to take part in the PQS?**

All pharmacies on the pharmaceutical list in England (i.e., excluding Local Pharmaceutical Services (LPS) contracts) are eligible to take part in the PQS, including pharmacies that are part of the Pharmacy Access Scheme (PhAS) and distance selling pharmacies.

### **Q. Are distance selling pharmacies eligible to take part in the PQS?**

Yes.

### **Q. Are pharmacies that qualify for the Pharmacy Access Scheme (PhAS) eligible to take part in the PQS?**

Yes.

### **Q. Are pharmacies that hold local pharmaceutical services (LPS) contracts with NHS England eligible to take part in the PQS?**

No. Pharmacies that hold LPS contracts with NHS England are not eligible to take part in the PQS. However, where LPS contracts mirror the contractual arrangements of those of the national contractual framework, NHS England may make local payments that are equivalent to the PQS. These payments would also need to be claimed via the NHS Business Services Authority (NHSBSA) Manage Your Service (MYS) PQS payment declaration.

LPS contractors who are unsure if they would be eligible for such a local payment should contact their regional NHS England team for advice.

### **Q. Will there be a PQS in 2023/24?**

Yes, as part of the five-year deal (2019/20 to 2023/24) agreed between PSNC, the Department of Health and Social Care and NHS England, the PQS will continue until at least 2023/24.

Initial details of the PQS 2023/24 have been published as part of the [arrangements for the Community Pharmacy Contractual Framework \(CPCF\) in 2022/23 and 2023/24](#).

**Q. How much funding has been allocated to the PQS 2022/23?**

The PQS for 2022/23 has funding of £75 million.

**Q. Has NHS England published guidance on the PQS 2022/23?**

Yes, this is available on the [NHS England website](#).

**Q. Is it possible to complete the PQS declaration as a bulk submission for multiple pharmacies?**

No. PQS declarations must be submitted as an individual pharmacy submission. There is no facility to submit a bulk declaration on behalf of multiple pharmacies.

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## Aspiration payment

FAQs on the Manage Your Service (MYS) application can be found on our [MYS webpage](#).

**Q. How do I claim the Aspiration payment?**

Contractors can claim for an Aspiration payment on the NHS Business Services Authority (NHSBSA) Manage Your Service (MYS) application between 9am on 10th October 2022 and 11.59pm on 4th November 2022. There is no requirement to have claimed for a previous PQS to claim an Aspiration payment for PQS 2022/23. Once contractors have reviewed the requirements of the PQS 2022/23, they will need to decide which domains they intend to meet by 31st March 2023, when they make their Aspiration declaration.

**Q. I have recently bought a pharmacy; am I eligible to claim an Aspiration payment?**

Yes, if you are able to do so between 9am on 10th October 2022 and 11.59pm on 4th November 2022.

**Q. When will I be paid my Aspiration payment once I have claimed it?**

Contractors will be paid their Aspiration payment on 1st December 2022.

**Q. Do I have to have met the gateway criteria before I can make a claim for an Aspiration payment?**

No, however, contractors will need to have met the gateway criteria by 31st March 2023.

**Q. Do I have to claim an Aspiration payment?**

No, the Aspiration payment is optional. If contractors do not want to claim it, it will not impact on the contractor's ability to claim a PQS payment for the 2022/23 Scheme.

**Q. What happens if I do not meet all the domains that I have aspired to meet (when claiming my Aspiration payment) when I make my PQS declaration during the declaration period?**

Where pharmacies have been paid an Aspiration payment which exceeds their final declared total, they must pay back monies for domains which have subsequently not been achieved; this will be deducted automatically by the NHS Business Services Authority (NHSBSA). Receiving an Aspiration payment is conditional on a contractor's agreement to this arrangement.

**Q. What happens if I claimed an Aspiration payment, but I have since ceased trading?**

Prior to the commencement of the declaration period, the NHSBSA will check on a monthly basis whether contractors who received an Aspiration payment have ceased trading. Where that is the case, the NHSBSA will recover the Aspiration payment at the next earliest opportunity, in line with the normal monthly payment cycle to contractors.

## General FAQs on the domains/quality criteria

### Q. Is each domain worth the same amount of points/payment?

The points assigned to each domain vary, as set out in the Drug Tariff.

### Q. How will my PQS payment be affected if I have not achieved all of the quality criteria in a domain?

If you have not achieved all the quality criteria in a domain, you will not be able to claim payment for that domain; the only exception to this is for the Healthy living support domain. For example, if you do not meet the five criteria in the Respiratory Domain, you will not be eligible to claim payment for that domain.

### Q. Do I need to meet all domains to be eligible for a PQS payment?

No. Each domain has an allocated number of points, based on the pharmacy's prescription volume. While you must meet all the criteria in a domain to achieve the points for that domain (the only exception to this is for the Healthy living support domain), you do not need to achieve all the domains to receive a PQS payment.

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## General FAQs on the training requirements

### Q. Who is a pharmacy professional?

Pharmacy professionals are pharmacists and pharmacy technicians. This includes provisional registrants.

### Q. Are trainee pharmacists and trainee pharmacy technicians covered by the description 'pharmacy professionals', with regard to the training requirements in PQS?

No. It is, however, sensible for trainee pharmacists and trainee pharmacy technicians to undertake this training.

### Q. Are part-time staff included in the training requirements for PQS?

Yes. The training requirements apply to all specified pharmacy staff working at the pharmacy on the day of the declaration. The number of hours a member of staff is employed for is not relevant.

### Q. If I fail one of the required CPPE e-assessments, can I attempt it again straight away?

No. In order to allow you time to revisit the learning materials, you will be locked out of retaking the assessment for 20 hours. If you believe that you have been locked out in error, please contact CPPE at [info@cppe.ac.uk](mailto:info@cppe.ac.uk).

### Q. There are a lot of different terms used to describe pharmacy team members in the PQS; is there a list which defines the different types of staff members?

Yes, the different type of staff members referred to in the PQS are listed below:

- **Registered pharmacy professionals** are pharmacists and pharmacy technicians. This includes provisional registrants.
  - **Patient-facing pharmacy staff** include all registered pharmacy professionals, trainee pharmacists, trainee pharmacy technicians, dispensary staff, medicines counter assistants and delivery drivers. Contractors may also have other staff that can be identified as having patient-facing roles.
  - **Non-registered pharmacy staff** include all trainee pharmacists, trainee pharmacy technicians, dispensary staff, medicines counter assistants and delivery drivers.
  - **Patient-facing staff that provide advice on medicines or healthcare** include all registered pharmacy professionals, trainee pharmacists, trainee pharmacy technicians, dispensary staff and medicines counter assistants.
  - **Non-registered patient-facing pharmacy staff who provide health advice** includes trainee pharmacists, trainee pharmacy technicians, dispensary staff and medicines counter assistants.
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## New Medicine Service

Further Frequently Asked Questions (FAQs) on the New Medicine Service (NMS) can be found on our [NMS – frequently asked questions page](#).

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## Patient safety report

**Q. Does completion of the patient safety report replace the need to report patient safety incidents to the National Reporting and Learning Service or the Learn from patient safety events system?**

No. Reporting patient safety incidents to the National Reporting and Learning Service (NRLS) or to the Learn from patient safety events (LFPSE) system is a contractual responsibility and pharmacy teams should continue to do this.

**Q. Does the written patient safety report need to be submitted to NHS England?**

No. The report does not need to be submitted routinely to NHS England, but contractors should ensure that a copy of the report is kept in the pharmacy.

**Q. The gateway criterion states that a 'written' safety report at premises level needs to be available for inspection; does this need to be handwritten or can it be computer-generated (typed)?**

The report can be either handwritten or computer-generated (typed).

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## Risk review

**Q. Do you need to review your risk review if you have previously completed this for the PQS 2021/22?**

Yes, this is part of the requirements for the Risk management and safeguarding Domain.

**Q. Does the risk review need to be submitted to NHS England?**

No. The risk review does not need to be submitted routinely to NHS England, but contractors should ensure that a copy of the report is kept in the pharmacy.

**Q. Does the risk review need to be completed by the pharmacy team or can our head office team complete it?**

The report needs to be completed by the pharmacy team at the pharmacy premises for a risk in that pharmacy; however, different strategies can be used to manage risk and the Superintendent Pharmacist may be involved in determining any organisational-level risk minimisation strategies.

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## CPPE sepsis online training

**Q. Do I need to complete all six e-learning programmes on sepsis to complete the CPPE sepsis online training as some of these do not appear relevant to community pharmacy?**

Yes. Each of the short e-learning programmes explores the recognition of sepsis across a variety of settings supporting the use of a shared language between the health professions. Completing all of the programmes will assist you to pass the sepsis e-assessment, which is required for meeting this gateway criterion.

**Q. Are there any resources available to assist me with sharing my learning with my patient-facing staff to ensure they understand alert symptoms for suspected sepsis?**

CPPE has a [sepsis page](#) on their site which includes resources (such as the NICE pathway for sepsis recognition) which can be used to assist in ensuring patient-facing staff understand alert symptoms to ensure referral of suspected sepsis to a pharmacist. The [UK Sepsis Trust](#) also has e-learning, workshops and other training opportunities.

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## Safeguarding level 3 webinar

**Q. I have clicked on the link for the level 3 safeguarding webinar, but I cannot find an option to play the video even though I am signed into the elearning for healthcare (elfh) website. How do I access this?**

The PSNC services team has been made aware that several people who registered on the elfh website using none nhs.net email addresses have not been provided with full access to pharmacy related training programmes.

If you have used a none nhs.net email account when you registered on the elfh website, you will need to contact the elfh team by either raising a ticket or by using their live chat facility on their [support home page](#) to ask them to look into this matter for you.

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## Referring patients with asthma to a healthcare professional

**Q. How many patients with asthma need to be referred to a healthcare professional to meet the quality criteria?**

There is not a specified number of people with asthma that need to be referred to meet the quality criteria.

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## Return of unwanted and unused inhalers

**Q. Is there specific training that patient-facing pharmacy staff need to complete 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?**

No, there is no specific training course that needs to be completed to meet this requirement but [PSNC Briefing 030/22: Reducing the climate change impact of inhalers: environmentally safe disposal](#) can be used by contractors to train their staff and meet this requirement.

**Q. Will we be receiving inhaler disposal kits so that waste can be segregated from other medicines waste?**

No. Pharmacy teams should continue to dispose of inhalers in the manner they currently do for returned and unwanted inhalers, in line with any guidance issued by the NHS England regional team or the waste disposal contractor.

**Q. How do we dispose of the inhalers returned due to conversations we have had with patients about the environmental benefits of them returning all unwanted and used inhaler devices to a community pharmacy for safe and environmentally friendly disposal?**

These inhalers should be disposed of in the same way as other returned and unwanted inhalers.

**Q. Will NHS England increase the number of waste collections if we are receiving more inhalers for disposal?**

If contractors find they are receiving more inhalers for disposal and do not have the appropriate number of waste bins to store their waste medicines, they should contact their regional NHS England team to discuss this.

**Q. How do we evidence that the pharmacy team has had verbal conversations with all patients, their carer or representatives, for whom they have dispensed an inhaler between 10th October 2022 to 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 with patients?**

It is up to contractors to decide how they would evidence meeting this requirement, but as a minimum they should keep a log of the number of conversations they have had, as they will be required to enter this information when they make their PQS declaration. Contractors could also consider updating their SOPs to reflect the new process of having a conversation 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 or also making a record of the conversation on the PMR or appropriate patient record.

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## Action plans

These FAQs relate to the following action plans:

- Safeguarding referral action plan;
- Weight management action plan; and
- Antimicrobial stewardship action plan.

### **Q. Do any of the action plans need to be submitted to NHS England?**

No. The none of the action plans need to be submitted routinely to NHS England, but contractors should ensure that a copy of the action plans are kept in the pharmacy.

### **Q. Do the action plans need to be completed by the pharmacy team or can our head office team complete them?**

The action plans need to be completed by the pharmacy team at the pharmacy premises; however, different strategies can be used to meet these requirements therefore the Superintendent Pharmacist or other head office colleagues may be involved in determining any organisation-level strategies to meet these requirements.

### **Q. Are there any resources available to assist contractors with creating an action plan?**

A template action plan is available on the [PQS hub page](#).

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## Weight management

### **Q. If we had conversations with people who wanted support with managing their weight in the PQS 2021/22, do we need to do this again?**

Yes. The requirement for the PQS 2022/23 is that pharmacy teams must proactively discuss weight management with a minimum of 25 patients. Discussions from the PQS 2021/22 do not count towards the requirement.

### **Q. How do I find out if we have a Local Authority funded tier 2 weight management service?**

Contractors could check their Local Authority's website to see if they have any information on tier 2 weight management services. Alternatively, contractors could check their LPC website to see if they have information listed on Local Authority funded tier 2 weight management services.

### **Q. Can pharmacy team members be referred to either a Local Authority funded tier 2 weight management service or the NHS Digital Weight Management Programme?**

If pharmacy team members meet the criteria for a Local Authority funded tier 2 weight management service or the NHS Digital Weight Management programme, then they can be referred to either programme.

### **Q. Is it a requirement of the Healthy living support Domain to measure the Body Mass Index (BMI) of 25 people?**

No. Pharmacy teams must proactively discuss weight management with a minimum of 25 people and there must be a competent individual within the pharmacy who can offer to measure a patient's BMI, but pharmacy teams are not required to measure the BMI of 25 people.

### **Q. If I make someone aware/signpost them to a Local Authority funded tier 2 weight management service or the NHS Digital Weight Management Programme, or provide them with information on these services, does this count as a referral?**

No, this would not count as a referral for the 2022/23 PQS.

### **Q. Do I need to make at least four referrals to BOTH a Local Authority funded tier 2 weight management service and the NHS Digital Weight Management Programme to meet the referral aspect of the domain?**

No. Pharmacy teams are required to make at least four referrals to **either** a Local Authority funded tier 2 weight management service or the NHS Digital Weight Management Programme. As long as four referrals has been made, the contractor has met the referral aspect of the domain.



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## Antimicrobial stewardship

**Q. The NHS England PQS 2022/23 guidance says that pharmacies will receive a laminated copy of both the UTI and RTI leaflets as well as a flowchart to aid their use directly from the UK Health Security Agency (UKHSA) towards late October 2022. Have these been sent to pharmacies?**

Yes. UKHSA has confirmed that these were sent out to pharmacies during week commencing 7th November 2022. These resources can also be accessed on the 'Resource for the community pharmacy setting' on the [RCGP learning website](#).

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## Palliative and end of life care medicines

**Q. If my pharmacy does not routinely stock the 16 palliative and end of life critical medicines listed in the Addressing unwarranted variation in care domain, do I need to start stocking these medicines to be able to claim as meeting the requirements of the domain?**

No. If contractors do not routinely stock these medicines, there is no requirement to stock these medicines to meet the requirements of the domain.

**Q. If my pharmacy does not routinely stock the 16 palliative and end of life critical medicines listed in the Addressing unwarranted variation in care domain, do I need to update NHS Profile Manager to confirm that I do not stock these medicines?**

No. If you do not routinely stock the 16 palliative and end of life critical medicines listed in the Addressing unwarranted variation in care domain, you are **not** required to update NHS Profile Manager; it is only those contractors that stock the medicines, who are required to update NHS Profile Manager.

**Q. Will my pharmacy be liable for the cost of the 16 palliative and end of life critical medicines if they go out of date?**

Contractors are not required to order the 16 palliative and end of life critical medicines to meet the requirements of the Addressing unwarranted variation in care domain. If contractors routinely stock these medicines, for example, if they are providing a locally commissioned service, which requires the pharmacy to stock these medicines, then they would be required to update NHS Profile Manager to indicate that they stock the medicines. If contractors are providing a locally commissioned service, they would need to refer to the individual service specification for guidance regarding reimbursement of medicines that go out of date.

**Q. Can a contractor still achieve all the points (10 points for a band 4 pharmacy) for the Addressing unwarranted variation in care domain if they do not stock the 16 palliative and end of life critical medicines listed in the Addressing unwarranted variation in care domain?**

Yes. If contractors do not stock these medicines, they are not required to update NHS Profile Manager. They can, however, still claim all the points for the domain by creating an action plan (as detailed in the [Drug Tariff Determination](#)) to use if the pharmacy receives a prescription for one of these palliative and end of life care medicines and they do not have the medicine in stock.

**Q. Once a contractor updates their information on NHS Profile Manager to confirm that they routinely hold the 16 palliative and end of life critical medicines (as listed in the Drug Tariff) and can support local access to parenteral haloperidol, will this information be available on NHS Service Finder?**

Yes, however, there may be a day in this being updated and may not show immediately. The update to NHS Profile Manager will be reflected on the pharmacy's Directory of Services (DoS) profile, which will then show on NHS Service Finder (this can be used by pharmacies and other healthcare professionals with authorised access to it to identify those pharmacies in their area who have updated their DoS profile to indicate that they routinely hold the 16

palliative and end of life critical medicines (as listed in the Drug Tariff) and can support local access to parenteral haloperidol).

**Q. Do contractors need to create an action plan if they routinely stock the 16 palliative and end of life critical medicines?**

Yes. All contractors who plan to claim for the Addressing unwarranted variation in care domain will need to complete the action plan, regardless of whether they stock the 16 palliative and end of life critical medicines. This is because even if a contractor routinely stocks these medicines, there may be occasions when they do not have a certain medicine in stock, for example, they gave out the medicine earlier that day and are waiting for stock to arrive. Due to the urgent need of these medicines, it is important that contractors can assist a patient or their relative or carer in obtaining the medicines they require as swiftly as possible by re-directing them to the nearest open pharmacy that has this medicine.

**Q. Will I receive an email to confirm that I have updated NHS Profile Manager to show that my pharmacy is a Pharmacy palliative care medication stockholder?**

No. However, you could consider taking screenshots of NHS Profile Manager to show that the pharmacy profile has been updated.

**Q. My pharmacy normally stocks the 16 PEOLC, but one of the medicines is out of stock, do I need to update NHS Profile Manager?**

No. The PQS requirement requires the pharmacy to 'routinely' hold the 16 PEOLC medicines. Therefore, if you would normally have this medicine in stock, then your pharmacy is still a Pharmacy palliative care medication stockholder and there is no requirement to update NHS Profile Manager.

**Q. My pharmacy stocked the 16 PEOLC medicines as part of a locally commissioned service but the service has been decommissioned. We have therefore decided to not stock the PEOLC medicines anymore. Do we need to update NHS Profile Manager?**

Yes. If the pharmacy is no longer routinely stocking the 16 PEOLC medicines, then the Pharmacy palliative care medication stockholder box on NHS Profile Manager would need to be unticked.

**Q. I have checked NHS Service Finder to identify which pharmacies in my area are a stockholder of the 16 PEOLC medicines, but I cannot find any pharmacies listed. What should I do?**

The function to update NHS Profile Manager to show that a pharmacy is a Pharmacy palliative care medication stockholder only became available on 16th January 2023. Contractors have until 31st March 2023 to make this update to meet the PQS requirement (if they routinely stock the 16 PEOLC medicines). Therefore, other contractors in your area may not have updated NHS Profile Manager yet. You may wish to check NHS Service Finder at a later date to see if any pharmacies have updated their profiles.

The other option is to speak to your LPC to see if they have information on who is a Pharmacy palliative care medication stockholder in the area.

**Q. How was it decided which medicines would be included in the PEOLC medicines list?**

A clinical group was set up and led by Professor Bee Wee, National Clinical Director for PEOLC at NHS England, to bring together a group of specialist clinicians including consultant pharmacists to help advise.

The group produced a long list of medicines that were used for PEOLC and included in various existing locally commissioned PEOLC services. The clinical group reviewed the list trying to keep it relatively small and with consideration to the criteria below ensuring they had a range of products primarily focussed on end of life care but recognising they are also useful for rapid access in palliative care:

- The products enabled a range of administration routes to support patients who may not be able to swallow/any easy venous access;
- Cost to the pharmacy contractor for holding the stock;
- Supply chain availability; and

- Shelf life of manufactured products.

**Q. Is there a financial incentive to stock the 16 PEO LC medicines as part of the Addressing unwarranted variation in care domain?**

There is no financial incentive for contractors to stock the 16 PEO LC medicines within the PQS criterion.

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## **PQS declaration (making a claim)**

FAQs on the Manage Your Service (MYS) application can be found on our [MYS webpage](#).

**Q. Do I need to make a declaration if my pharmacy does not meet the gateway criterion for the 2022/23 PQS?**

No, contractors are only required to make a declaration if they intend to claim payment for the Scheme. If contractors do not meet the gateway criteria, they would not then be eligible to claim a PQS payment, therefore there is no requirement to make a declaration.

**Q. What should I do if I have made a mistake in my PQS declaration and have claimed for a criterion that I did not achieve?**

Email the NHSBSA Provider Assurance team at [nhsbsa.pharmacysupport@nhs.net](mailto:nhsbsa.pharmacysupport@nhs.net) to let them know about the incorrectly claimed PQS criterion, so this can be amended in the MYS data before payments are calculated.

**Q. When can I make a declaration for a PQS payment?**

The window for claiming a PQS payment on MYS is between 9am on 6th February 2023 and 11.59pm on 3rd March 2023. It is important not to miss this deadline as you will not be able to claim a PQS payment if you do.

**Q. When will I be paid my PQS payment?**

Contractors who met the Gateway criteria plus at least one domain and submitted their claim between 9am on 6th February 2023 and 11.59pm on 3rd March 2023 will be paid their PQS payment on 3rd April 2023.

**Q. What was the value per point for the PQS 2022/23?**

The value per point for the PQS 2022/23 was £78.7179.

**Q. How long should I retain PQS paperwork/records for post-payment verification (PPV) purposes?**

PSNC recommends that PQS paperwork/records are retained for two years following the submission of the PQS declaration for PPV purposes. Contractors may need to retain paperwork and records for longer periods for reasons other than PPV.