Pharmacy Quality Scheme 2025/26 – Asthma referrals

This resource provides pharmacy owners with guidance for the 2025/26 Pharmacy Quality Scheme (PQS) on meeting the following criteria, which make up the Respiratory domain:

- Use of a spacer in patients aged 5-15 years; and
- Referrals for patients using three or more short-acting bronchodilator inhalers in six months.

Introduction

On 31st March 2025, a new PQS was announced for the 2025/26 financial year as part of the arrangements for the Community Pharmacy Contractual Framework (CPCF) in 2024/25 and 2025/26. Further details will be published as a Drug Tariff Determination on the NHS Business Services Authority's website**.** The new scheme has a declaration period between 9am on 2nd February 2026 and 11.59pm on 27th February 2026 (pharmacy owners can choose a date during this period to make a declaration). However, pharmacy owners have until the end of 31st March 2026 to complete all the gateway and domain requirements of the scheme.

The Schemes medicines optimisation domain contains two quality criteria focused on respiratory conditions:

Use of a spacer in patients aged 5-15 years

By the end of 31st March 2026, the pharmacy must be able to evidence that between 1st April 2025 and the day of the declaration they have:

- *Checked that all children aged 5 to 15 (inclusive) 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 (inclusive) with asthma to an appropriate healthcare professional where this is not the case.*

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 (inclusive) referred to a prescriber for a spacer device, where appropriate, in line with NICE TA38 between 1st April 2025 and the day of the declaration.*

Referrals for patients using three or more short-acting bronchodilators inhalers without any corticosteroid inhaler in six months

By the end of 31st March 2026, the pharmacy must be able to evidence that between 1st April 2025 and the day of the declaration 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.

For pharmacy owners who claimed elements of these criteria previously as part of PQS 2023/24, a new review will be required. In addition, the pharmacy team's knowledge and understanding of the process to identify suitable patients should be reviewed. Methods used to identify 'at risk' patients for referral should be reviewed for effectiveness.

Where no patients are identified for referral under any of the criteria of the domain, the pharmacy owner 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. Pharmacy owners are advised to record any intervention and/or referrals made in the patient medication record (PMR).

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 short-acting bronchodilator inhalers were dispensed without any corticosteroid inhaler within a six-month period and who were referred to an appropriate healthcare professional for an asthma review between 1st April 2025 and the day of the declaration.*

The evidence for meeting the requirements of both respiratory criteria above must be available for inspection from the end of 31st March 2026 at premises level and must be retained for 3 years for PPV purposes.

Use of a spacer in patients aged 5-15 years

An appropriate spacer is frequently prescribed for children using a press-and-breathe pressurised metered dose inhaler.

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

A short-acting bronchodilator (reliever) is a treatment used by many patients diagnosed with asthma. The following medicines are classed as inhaled short-acting bronchodilators:

- short-acting Beta-2 agonists (SABAs) e.g. salbutamol and terbutaline; and
- short-acting muscarinic antagonists (SAMA) e.g. ipratropium bromide.

Beta-2 agonist tablets or syrup and theophyllines are also classed as short-acting bronchodilators, but for the purposes of the criterion, these medicines are not included.

Patients should not need to use their short-acting bronchodilator regularly, as good asthma control is associated with little or no need for them. Measures may need to be taken to improve asthma control if this is poor, such as referring the patient for an asthma review or providing an inhaler technique check.

Process

For pharmacy owners who claimed for these criteria previously as part of 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; however, it is up to the pharmacy owner how they choose to engage and implement regular surveillance of patients with asthma into their processes and procedures. **Annex A** and **Annex B** provide a suggested process for pharmacy teams to follow to incorporate these quality criteria into their daily practice. Pharmacy owners are advised to record any intervention and/or referrals made in the patient medication record (PMR).

The tasks in the suggested process could be undertaken by any appropriately trained staff within the pharmacy team.

Where no patients are identified for referral, the pharmacy owner 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 referral should they identify a patient who is suitable.

Please note, pharmacy owners are not required to supply a spacer device to the patient but instead should make a referral to the patient's GP practice; however, if the patient or their parent/guardian wish to purchase it, then this can be offered.

If a patient does not wish to be referred to their GP practice, the pharmacist should discuss with the patient the risks of not doing so and the benefits of attending an asthma review. In this case, the patient should not be continually referred for review.

Referral to an appropriate healthcare professional

Since pharmacy owners will normally be referring patients to their GP practice, it may be useful for pharmacy owners to speak to local GP practices to inform them of the referral requirement and to hear what feedback they would like to receive or how they would like patients to be referred.

Where the notification to the GP practice is undertaken via hardcopy, the Community Pharmacy Referral Form (**Annex C**) can be used.

Data collection

Pharmacy owners may be required to provide evidence to their local NHS contract management team or the NHSBSA to show that they have met the above quality criteria. A data collection form is provided in **Annex D**, which could be used to aid this process. Please note, if this form is used, the left-hand side of the form containing patient information should be hidden if it is shared with the local NHS contract management team or the NHSBSA, to prevent a breach of patient confidentiality.