

Pharmacy Quality Scheme 2025/26 former website content

The Pharmacy Quality Scheme (PQS) forms part of the Community Pharmacy Contractual Framework (CPCF). PQS is designed to reward community pharmacies for delivering quality criteria that are designed to support clinical effectiveness, patient safety and patient experience.

This webpage contains information and resources for the 2025/26 PQS.

Initial details of the Pharmacy Quality Scheme (PQS) 2025/26 were released on 31st March 2025, as part of the [arrangements for the Community Pharmacy Contractual Framework \(CPCF\) in 2024/25 and 2025/26](#) and as a [Drug Tariff Update](#).

Please note, NHS England will not be publishing PQS guidance for pharmacy owners for the 2025/26 Scheme.

Introduction

The 2025/26 scheme began on 1st April 2025 and has a declaration period **between 9am on 2nd February 2026 and 11.59pm on 27th February 2026**. Pharmacy owners must have evidence to demonstrate meeting the domains that they have claimed for **by the end of 31st March 2026**. It has £30 million funding available and pharmacy owners will be able to claim an Aspiration payment if they wish to **between 9am on 1st May 2025 and 11.59pm on 16th May 2025**.

Latest update

31st March deadline approaches

Pharmacy owners have until the **end of Tuesday 31st March 2026** to have their evidence to demonstrate meeting the 2025/26 Pharmacy Quality Scheme (PQS) domains that they have claimed for.

Pharmacy owners were required to complete a PQS declaration between 9am on 2nd February 2026 and 11.59pm on 27th February 2026. However, pharmacy owners have until the end of 31st March 2026 to gather their evidence to show they have met the domains they claimed for when they made their declaration.

Payment for the 2025/26 PQS

Pharmacy owners who made a declaration between 9am on 2nd February 2026 and 11.59pm on 27th February 2026 will be paid their PQS payment on 1st April 2026. NHS England has advised that the value per point is £68.245799 for the 2025/26 PQS.

Click on a heading below for more information

Webpages and resources

Associated webpages

- [Community Pharmacy England – PQS FAQs](#)
- [Community Pharmacy England – Manage Your Service \(MYS\) portal page – Includes FAQs on MYS](#)
- [CPPE – PQS webpage](#)
- [NHS England – Aims and rationale for the 2025/25 PQS](#)
- [NHSBSA – Manage Your Service \(MYS\)](#)
- [NHSBSA – Manage Your Service \(MYS\) portal](#)
- [NHSBSA – Pharmacy Quality Scheme](#)

Recorded presentation

Rosie Taylor, Head of Service Development at Community Pharmacy England, talks through the requirements of this year's Scheme, highlighting how to meet the gateway criterion and domains, as well as advising on what resources are available to support pharmacy owners and their teams complete the requirements.

The PQS recorded presentation is available to watch on [YouTube](#) (duration: 14 minutes).

Resources

- [Community Pharmacy England PQS 2025/26 Action and Evidence Portfolio workbook \(PDF\)](#) – this contains questions (based on what pharmacy owners 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 pharmacy owners with examples of suggested evidence that they can use to confirm they have the necessary evidence required by the end of 31st March 2026.
- [Community Pharmacy England PQS 2025/26 Action and Evidence Portfolio Workbook \(Word\)](#)

- [Pharmacy Quality Scheme 2025/26 – Important dates for the diary](#) – this provides a list of the important dates for the 2025/26 PQS.
- [Summary of the training requirements for the PQS 2025/26](#) – this provides a summary of the training requirements which are included in the 2025/26 PQS.
- [PQS 2025/26 checklist](#) – a checklist of the gateway criterion and quality criteria for the 2025/26 PQS.
- [Action plan template 2025/26 \(PDF\)](#) – to support the creation of an action plan required to meet the requirements of the PQS criteria.
- [Action plan template 2025/26 \(Word\)](#)
- [Asthma referrals](#) – this provides pharmacy owners with guidance for the 2025/26 PQS on meeting the following criteria, which are part of the Medicines optimisation domain: use of a spacer in patients aged 5–15 years; and referrals for patients using three or more short-acting bronchodilator inhalers without a corticosteroid inhaler in six months. The resource also contains four annexes which are available below as separate documents:
 - [Annex A. Suggested process for referrals for 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 who have had three or more short acting bronchodilator inhalers dispensed within a six month period](#)
 - [Annex C. GP practice referral form \(PDF\)](#)
 - [Annex C. GP practice referral form \(Word\)](#)
 - [Annex D. Data collection form](#)
- [Training record sheet \(PDF\)](#) – a template which can be used to record details of those staff members who have satisfactorily completed any required training and associated e-assessments (where applicable).
- [Training record sheet \(Word\)](#)

Gateway criterion

Pharmacy owners must have signed up to deliver the Pharmacy First Service and the Pharmacy Contraception Service (PCS) by the end of 31st August 2025 and remain registered for both services until the end of the scheme, 31st March 2026.

Pharmacy owners will not be required to make a declaration for this gateway criterion as this will be verified by a post payment review of the pharmacy owner's declaration to deliver the service and subsequent registration from 1st September 2025 until the end of the scheme, 31st March 2026.

Pharmacy owners should note that they will not be able to claim payment for the quality criteria during the declaration period if the gateway criterion has not been met.

Please note that following de-registration from the Pharmacy First and/or PCS, pharmacy owners will not be able to re-register for the service for a period of four months from the final day of their 30 days' notice. Any pharmacy owners that de-register between 1st September 2025 until the end of the scheme, 31st March 2026 will not meet the gateway criterion for this scheme. Pharmacy owners who de-register before the declaration window will not be able to make a declaration; those who de-register after the close of the declaration but before 31st March 2026 will have their payments recovered by NHSBSA.

Pharmacy owners who open or change ownership from 1st September 2025

Pharmacy owners who open from 1st September 2025 up until 31st December 2025 or have a change of ownership resulting in a new ODS code, must sign up to deliver the Pharmacy First Service and PCS, within two weeks of opening under the new ODS code, and remain registered until the end of the scheme, 31st March 2026 to qualify for payment for PQS 2025/26.

Pharmacy owners who open or have a change of ownership from 1st January 2026 resulting in a new ODS code will not be eligible for the gateway criterion and will not qualify for payment for PQS 2025/26.

Resources

Resources and further information on Pharmacy First can be found on our [Pharmacy First page](#).

Resources and further information on the PCS can be found on our [PCS page](#).

Declaration requirements

Pharmacy owners will not be required to make a declaration for this gateway criterion as this will be verified by a post payment review of the pharmacy owner's declaration to deliver the service and subsequent registration from 1st September 2025 until the end of the scheme, 31st March 2026.

Training requirements

Validity of training

Pharmacy owners and pharmacy team members should note that there is a requirement in the 2025/26 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 our [Summary of the training requirements for the PQS 2025/26](#) resource details the validity periods and the dates in which the training and e-assessments must have been completed within.

New staff or staff returning from long term 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 2026, the pharmacy owner can count them as having completed the training and assessment, if the pharmacy owner 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 2026, 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 2026 (as appropriate), must be retained at the pharmacy to demonstrate they are meeting this criterion.

Evidence of meeting the training criteria

An electronic certificate of completion of the training will be provided following the completion of each of the e-assessments. Pharmacy owners must keep a copy of the personalised certificate for each member of staff as evidence that the training and e-assessment has been completed.

Since there is no e-assessment for the CPPE Consulting with people with mental health problems, pharmacists will need to confirm completion of the e-learning in their CPPE record. When a pharmacist has confirmed completion, they will be able to download a certificate of study.

Pharmacists will need to locate the CPPE Consulting with people with mental health problems e-learning programme, select 'Certificate of study' and confirm they have completed the e-learning programme to download the certificate.

This evidence must be retained for three years for post-payment verification purposes.

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 2025/26 PQS.

Domain 1 - Medicines optimisation

There are five quality criteria in Domain 1 – Medicines optimisation. All of the quality criteria need to be met to be eligible to claim payment for the domain. The quality criteria are:

- Palliative and End of Life Care Action Plan
- Consulting with people with mental health problems – CPPE learning
- Respiratory: Use of a spacer in patients aged 5–15 years
- Respiratory: Referrals for patients using 3 or more short-acting bronchodilator inhalers in 6 months
- Emergency Contraception – CPPE learning & e-assessment

Further details on all of the quality criteria in Domain 1 – Medicines optimisation can be found below.

Palliative and End of Life Care Action Plan

As soon as possible after 1st April 2025 and by the end of 31st March 2026 the pharmacy owner:

- Must have updated NHS Profile Manager to show they are a 'Pharmacy palliative care medication stockholder' 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 2026. Pharmacy owners who claimed for the Medicines Safety & Optimisation domain in 2023/24 must ensure their status is correct and updated for 2025/26 by logging into NHS Profile Manager and confirming this between 1st April 2025 and by the end of 31st March 2026 by [verifying their account](#). If this verification has not been completed a pharmacy owner will not have met this requirement even if their profile is still showing them as a stock holder.

Pharmacy owners with profiles that cannot currently be updated via NHS Profile Manager, may still claim for this domain and update the Directory of Services (DoS) profile by contacting their [Regional DoS lead](#). If pharmacy owners 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 palliative and end of life critical 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 500mcg (or 1.5mg tablets or 5mg/5ml liquid)
- 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
- Water for injections 10ml

By the end of 31st March 2026, pharmacy owners must have an action plan in place to use when they do not have the required stock of the 16 palliative and end of life critical medicines and/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 palliative and end of life critical medicines and/or parenteral haloperidol.

To qualify for payment all pharmacy owners 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 palliative and end of life critical medicines for palliative/end of life care in their area and noting the ability to check the 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 2025/26 must be available for inspection from the end of 31st March 2026 at premises level and must be retained for 3 years for post-payment verification (PPV) purposes.

For pharmacy owners who claimed for the Medicines Safety & Optimisation domain in 2023/24, an update to the previous action plan will be required.

[NHS Service Finder](#) can be used by pharmacies and other health care professionals with authorised access to it to identify those pharmacies in their area who have updated their DoS profile to indicate they are holding the 16 critical end of life medicines. Updates to the NHS Profile Manager with whether the pharmacy hold the 16 critical end of life medicines will not be reflected on the public facing NHS website pharmacy profile.

Whilst pharmacy owners who hold the 16 critical end of life medicines have until 31st March 2026 to indicate that they are a stockholder, they are encouraged to update their NHS Profile Manager as early as possible. This will help inform those pharmacies that are not stockholders to develop their action plans to support patients in obtaining medicines.

Resources

- [Action plan template 2025 26 \(Word\)](#)
- [Action plan template 2025 26 \(PDF\)](#)
- [Palliative care – information for external stakeholders](#)

Declaration requirements

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

- 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 2026, the DoS will have been updated to indicate that the pharmacy is a 'Pharmacy palliative care medication stockholder'.
- A declaration that by the end of 31st March 2026, the pharmacy will have a new or updated 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 palliative and end of life critical medicines and/or parenteral haloperidol.

Consulting with people with mental health problems – CPPE learning

To support the quality of New Medicine Service consultations following the expansion of the service, by the end of 31st March 2026, all pharmacists working at the pharmacy on the day of the declaration

must have satisfactorily completed, within the last 4 years (between 1st April 2022 and end of 31st March 2026), the [Consulting with people with mental health problems e-learning CPPE online training](#).

Since there is no e-assessment for the e-learning, pharmacists will need to confirm completion of the Consulting with people with mental health problems e-learning in their CPPE record. When a pharmacist has confirmed completion, they will be able to download a certificate of study.

Pharmacy owners will need to have evidence to demonstrate that all pharmacists working at the pharmacy on the day of the declaration have satisfactorily completed, within the last 4 years (between 1st April 2022 and end of 31st March 2026) the [CPPE online training](#). This evidence 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.

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 portal:

- The total number of pharmacists working at the pharmacy on the day of the declaration who have satisfactorily completed the [CPPE online training](#) since 1st April 2022.
- The total number of pharmacists working at the pharmacy on the day of the declaration who have not satisfactorily completed the [CPPE online training](#) since 1st April 2022 but who will undertake this requirement between the day of the declaration and the end of 31st March 2026.
- That the pharmacy owner has the evidence to demonstrate that all pharmacists working at the pharmacy on the day of the declaration have satisfactorily completed, within the last 4 years (between 1st April 2022 and end of 31st March 2026) the [CPPE online training](#), or that they will have this evidence by the end of 31st March 2026.

Respiratory: 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 NG245](#); and

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

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 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).

The evidence for meeting above criterion 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.

Resources

[Asthma referrals](#) – this provides pharmacy owners with guidance for the 2025/26 Pharmacy Quality Scheme (PQS) on meeting the following criteria, which are part of the Medicines optimisation domain: use of a spacer in patients aged 5–15 years; 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 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 who have had three or more short acting bronchodilator inhalers dispensed within a six month period](#)
- [Annex C. GP practice referral form \(Word\)](#)
- [Annex C. GP practice referral form \(PDF\)](#)
- [Annex D. Data collection form \(PDF\)](#)

Declaration requirements

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

- The total number of children aged 5 to 15 (inclusive) referred to a prescriber for a spacer device, where appropriate, in line with NICE [NICE NG245](#) between 1st April 2025 and the day of the declaration.

Respiratory: Referrals for patients using 3 or more short-acting bronchodilator inhalers in 6 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, 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).

The evidence for meeting the above criterion 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.

Resources

[Asthma referrals](#) – this provides pharmacy owners with guidance for the 2025/26 Pharmacy Quality Scheme (PQS) on meeting the following criteria, which are part of the Medicines optimisation domain: use of a spacer in patients aged 5–15 years; 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 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 who have had three or more short acting bronchodilator inhalers dispensed within a six month period](#)
- [Annex C. GP practice referral form \(Word\)](#)
- [Annex C. GP practice referral form \(PDF\)](#)
- [Annex D. Data collection form \(PDF\)](#)

Declaration requirements

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

- 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.

Emergency Contraception – CPPE learning & e-assessment

To support the quality of Pharmacy Contraception Service (PCS) consultations following the expansion of the service to include oral Emergency Contraception, by the end of 31st March 2026, all pharmacists and any pharmacy technicians intending to provide the PCS working at the pharmacy on the day of the declaration, must have satisfactorily completed, within the last 3 years (between 1st April 2023 and end of 31st March 2026), the [CPPE online training](#) and passed the [e-assessment](#). Pharmacy owners will need to have evidence to demonstrate that all pharmacists and any pharmacy technicians intending to provide the PCS working at the pharmacy on the day of the declaration have satisfactorily completed, within the last 3 years (between 1st April 2023 and end of 31st March 2026) the [CPPE online training](#) and passed the [e-assessment](#). This evidence 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.

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 portal:

- The total number of pharmacists and any pharmacy technicians intending to provide the PCS working at the pharmacy on the day of the declaration who have satisfactorily completed the [CPPE online training](#) and passed the associated [e-assessment](#) since 1st April 2023.
- The total number of pharmacists and any pharmacy technicians intending to provide the PCS working at the pharmacy on the day of the declaration who have not satisfactorily completed the [CPPE online training](#) and passed the associated [e-assessment](#) since 1st April 2023 but

who will undertake this requirement between the day of the declaration and the end of 31st March 2026.

- That the pharmacy owner has the evidence to demonstrate that all pharmacists and any pharmacy technicians intending to provide the PCS working at the pharmacy on the day of the declaration have satisfactorily completed, within the last 3 years (between 1st April 2023 and end of 31st March 2026) the [CPPE online training](#) and passed the [e-assessment](#), or that they will have this evidence by the end of 31st March 2026.

Domain 2 - Patient safety

There are three quality criteria in Domain 2 – Patient safety. All of the quality criteria need to be met to be eligible to claim payment for the domain. The quality criteria are:

- Antimicrobial Stewardship – Pharmacy First consultations – Clinical Audit
- Sepsis – CPPE learning & e-assessment
- Regularising Enhanced DBS checks for registered pharmacy professionals

Further details on all of the quality criteria in Domain 2 – Patient safety can be found below.

Antimicrobial Stewardship – Pharmacy First consultations – Clinical Audit

Pharmacy owners must [complete a clinical audit](#) focused on the clinical advice and consultations provided to patients scoring FeverPAIN 0–3 on the Pharmacy First Sore Throat clinical pathway. The 2025/26 clinical audit should be conducted from 1st September 2025 and completed no later than 31st March 2026.

The audit must be carried out with a minimum of 10 patients over four weeks, or over an eight-week period if 10 patients are not achieved. Pharmacy owners should make a record of the start and end date of the audit as they will be required to enter this information into the MYS portal when they make their declaration. Pharmacy owners should choose an eight-week consecutive period between the audit launch and 3rd February 2026 to commence the data collection (please ensure you complete the audit no later than 31st March 2026).

The pharmacy must have completed the audit, sharing their anonymised data with NHS England, and incorporating any learnings from the audit into future practice by the end of 31st March 2026. The information that needs to be submitted to NHS England is included in the audit document, which will be accessible from the NHSBSA website by the end of May 2025, and must be reported on the MYS data collection tool.

Completing the audit data submission is an essential requirement for meeting the audit criterion. Undertaking the audit without submitting the data will mean the pharmacy owner will not have met the requirements of this domain. MYS allows a pharmacy owner to start their data collection and then return to it later should this be necessary. Where a data collection has been started but not submitted, it will not be eligible for payment. Pharmacy owners who successfully complete their data collection submission will receive a data collection submission confirmation email as evidence that their submission has been successful. This email must be provided if a pharmacy owner needs to demonstrate that they have successfully completed their data collection submission. Should a pharmacy owner not receive this data submission confirmation email within one hour of submitting their declaration then, after first checking their junk email folder, they should email the provider assurance team at pharmacysupport@nhsbsa.nhs.uk immediately to make them aware of the issue.

No patient identifiable data should be entered onto the MYS data collection tool.

Where no patients are identified for the audit, the pharmacy owner will still be eligible for payment if:

- The pharmacy owner can evidence that they have robustly attempted to identify suitable patients and;
- 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 2026.

Declaration requirements

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

- A declaration that by the end of 31st March 2026 the pharmacy owner will have completed the clinical audit;
- The start and end date of the audit period (which may be different from the date data are first entered on the MYS data collection tool);
- A declaration that by the end of 31st March 2026 the pharmacy owner will have shared their anonymised data or have declared that no patients have been identified as being suitable for audit via the data collection tool on the MYS portal.
- That the pharmacy owner has or will have incorporated any learnings from the audit into their future practice by the end of 31st March 2026.

Sepsis – CPPE learning & e-assessment

By the end of 31st March 2026, 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 2024 and end of 31st March 2026), the [CPPE sepsis online training](#) and passed the [e-assessment](#).

Pharmacy owners will need to have evidence to demonstrate that all registered pharmacy professionals working at the pharmacy on the day of the declaration have satisfactorily completed, within the last 2 years (between 1st April 2024 and end of 31st March 2026) the [CPPE sepsis online training](#) and passed the [e-assessment](#). This evidence 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.

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 portal:

- 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 2024.
- 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 2024 but who will undertake this requirement between the day of the declaration and the end of 31st March 2026.
- That the pharmacy owner has the evidence to demonstrate that all registered pharmacy professionals working at the pharmacy on the day of the declaration have satisfactorily completed, within the last 2 years (between 1st April 2024 and end of 31st March 2026) the [CPPE sepsis online training](#) and passed the [e-assessment](#), or that they will have this evidence by the end of 31st March 2026.

Regularising enhanced DBS checks for registered pharmacy professionals

By the end of 31st March 2026, all pharmacists and pharmacy technicians (registered pharmacy professionals) working at the pharmacy on the day of the declaration must have undertaken an enhanced DBS check to support the safe provision of clinical services, with a certificate issued or a status check undertaken using the DBS update service within the last three years (between 1st April 2023 and end of 31st March 2026), to regularise the frequency of performing these checks in line with other healthcare professionals in the NHS.

Pharmacy owners will need to have evidence to demonstrate that all pharmacists and pharmacy technicians working at the pharmacy on the day of the declaration must have requested an enhanced DBS check to support the safe provision of clinical services, with a certificate issued or a status check undertaken using the DBS update service within the last three years (between 1st April 2023 and end of 31st March 2026). This evidence 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.

Declaration requirements

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

- The total number of registered pharmacy professionals working at the pharmacy on the day of the declaration who have undertaken an enhanced DBS check and received a certificate or a status check undertaken using the DBS update service since 1st April 2023.
- The total number of registered pharmacy professionals working at the pharmacy on the day of the declaration who have not undertaken an enhanced DBS check or a status check undertaken using the DBS update service since 1st April 2023 but who will undertake this requirement between the day of the declaration and the end of 31st March 2026.
- That the pharmacy owner has the evidence to demonstrate that all registered pharmacy professionals working at the pharmacy on the day of the declaration have undertaken an enhanced DBS check and received a certificate or a status check undertaken using the DBS update service to support the safe provision of clinical services within the last three years (between 1st April 2023 and end of 31st March 2026).

Funding for the scheme

For the 2025/26 PQS, £30 million funding is available and pharmacy owners will be able to claim an Aspiration payment if they wish to; please see below.

Points allocation

The domain(s) have a designated maximum number of points dependent on the participating pharmacy owner's total prescription volume during the period from February 2024 to January 2025^{*}/**/***/**** according to the NHSBSA's payment data as shown in the table below.

* Pharmacy owners, who opened part way through this period, will have their total prescription volume determined as the average number of prescriptions dispensed per month during the full months they were open from February 2024 to January 2025 multiplied by 12. Please note that

change in ownership for the purpose of the PQS banding only is not treated as a new pharmacy owner.

** Pharmacy owners, who open after 1st February 2025, will be placed in band 2 for PQS 2025/26.

Please note that change in ownership for the purpose of the PQS banding only is not treated as a new pharmacy owner.

*** Pharmacy owners, who are eligible for the Pharmacy Access Scheme (PhAS), are automatically placed in band 2.

**** Where two pharmacies have consolidated, in accordance with Regulation 26A, since 1st February 2024, the total prescription volume of the continuing pharmacy will be 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.

Band	Band 1	Band 2
Annual items	0-1,800	1,801 and above
Medicines optimisation	1.50	30
Patient safety	1	20
Total	2.50	50

The total funding for PQS 2025/26 is £30 million. The funding will be divided between qualifying pharmacies based on the number of points they have achieved up to a maximum £115 per point. Each point will have a minimum value of £57.50, based on all pharmacy owners achieving maximum points. Payments will be made to eligible pharmacy owners 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 pharmacy owners in each band and the average number of points achieved by each pharmacy owner is as set out as below in the table, we can calculate how many points in total were delivered and therefore the value of each point:

	Number of pharmacy owners	Average points per pharmacy owner
Band 1	13	2
Band 2	8,347	30

The total number of points is 250,436 which means £30 million would deliver a value per point of £119.79.

However, each point is capped at a total of £115. So, the pharmacy owner would receive £115 per point they earned. This would mean that around £1.2 million (out of the £30 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

Pharmacy owners will be able to claim an Aspiration payment. The Aspiration payment is optional for pharmacy owners and not claiming it will not impact on the pharmacy owner’s ability to claim payment for PQS 2025/26.

Pharmacy owners 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 1st May 2025 to 11.59pm on 16th May 2025 for pharmacy owners to receive payment on 1st July 2025.

Completing the declaration within the declaration window is essential to receive an Aspiration payment. MYS allows a pharmacy owner to start their declaration and then return to it later should this be necessary. Where a declaration has been started but not submitted, it will not be eligible for payment. Pharmacy owners who successfully complete their declaration will receive a declaration confirmation email as evidence that their declaration has been successful. This email must be provided if a pharmacy owner needs to demonstrate that they have successfully completed their declaration. Should a pharmacy owner not receive this declaration confirmation email within one hour of submitting their declaration then, after checking their junk email folder, they should email the provider assurance team at pharmacysupport@nhsbsa.nhs.uk immediately to make them aware of the issue.

The maximum number of points for which a pharmacy owner can be paid an Aspiration payment is 75% of the number of points available. The value of each point for the Aspiration payment is set at £57.50 (i.e. the minimum value of a point for PQS 2025/26).

The Aspiration payment will be reconciled with the payment for the PQS 2025/26 on 1st April 2026. Where there is a change of ownership during the course of 2025/26 and the previous pharmacy owner received an Aspiration payment and does not make a declaration between 9am on 2nd February 2026 and 11.59pm on 27th February 2026, this Aspiration payment will be recovered from the previous pharmacy owner. A new pharmacy owner cannot rely upon the PQS activities conducted by a previous pharmacy owner for PQS payment where a change of ownership has occurred resulting in a new ODS code being issued for the pharmacy owner.

For example:

PQS Band for 2025/26	Band 2
Maximum 'Aspiration points' which can be paid	37.5
Points intended to deliver, as per Aspiration payment declaration	50
Aspiration payment (paid at £57.50 per aspiration point)	£2,156.25
Points actually delivered, as per 2025/2026 declaration (made between 9am on 2nd February 2026 and 11.59pm on 27th February 2026)	50
Reconciliation payment (1st April 2026) (based on final value of £80 per point)	£1,843.75
Total 2025/26 PQS payment	£4,000

The pharmacy's prescription volume in 2024/25 would put them in Band 2 for 2025/26 PQS. They intend to achieve 50 points in 2025/26 (i.e. the maximum available for Band 2). They receive an

Aspiration payment of £2,156.25 (i.e. 75% of 50 points is 37.5, and 37.5 multiplied by £57.50 is £2,156.25). The pharmacy achieves the 50 points as intended. In addition, the points delivered by all pharmacy owners mean the value of a point is set at £80. In the reconciliation payment the pharmacy owner receives £1,843.75.

The PQS declaration (making a claim)

To receive a PQS payment the pharmacy owner must have met the gateway criterion by the end of 31st August 2025. The pharmacy owner must also declare between 9am on 2nd February 2026 and 11.59pm on 27th February 2026 as having met and have evidence demonstrating meeting one or more of the domains (please note, pharmacy owner must meet all of the quality criteria in each domain to be eligible for a PQS payment in respect of that domain).

No PQS payment will be made to pharmacy owners that fail to submit their declaration by 11.59pm on 27th February 2026, even if they have evidence to demonstrate that they have undertaken the work to meet the scheme requirements. The overall level of the PQS payment will depend on how many of the domains the pharmacy owner declares it has met.

Validation of claims

NHS England has a duty to be assured that where pharmacy owners choose to take part in the PQS that they meet the requirements of the scheme and earn the payments claimed. NHS England will work with the NHSBSA Provider Assurance Team to undertake verification checks on all declarations. The verification checks include comparing the information provided by pharmacy owners in their declarations against the datasets and evidence sources available, as well as evidence held.

When pharmacy owners make their submission for the PQS 2025/26, they are making a declaration that they have met the gateway criterion and will meet the quality criteria in each of the domains they are claiming for by the end of 31st March 2026. It is the pharmacy owner's responsibility to be able to provide evidence of meeting the scheme requirements and this may be required by the NHSBSA for post-payment verification.

Pharmacy owners experiencing any difficulty with collating evidence of meeting the scheme requirements or making the declarations for the PQS 2025/26 can contact the NHSBSA Provider Assurance Team at pharmacysupport@nhsbsa.nhs.uk. to make them aware of these difficulties at the time the difficulties occur.

In cases where NHS England consider that a claim has been made for a PQS payment for which the pharmacy owner is not eligible, it will be treated as an overpayment. In such cases, pharmacy owners

will be contacted by the NHSBSA and notified of the overpayment recovery process. Any overpayment recovery would not prejudice any action that NHS England may also seek to take under the performance related sanctions and market exit powers within The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

Frequently Asked Questions

Frequently asked questions (FAQs) are available on our [PQS FAQs page](#).

Pharmacy Quality Scheme outcomes

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

Post-payment verification

Further information on post-payment verification of the PQS can be found on our [Post-payment verification process for community pharmacy services and activity](#) page.

Previous Schemes

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

Pharmacy Quality Scheme – FAQs

This page contains Frequently Asked Questions (FAQs) on the Pharmacy Quality Scheme (PQS) 2025/26.

Click on a heading below for more information

Background and general

Q. Do I have to participate in the PQS?

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

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. How much funding has been allocated to the PQS 2025/26?

The PQS for 2025/26 has funding of £30 million.

Q. Has NHS England published guidance on the PQS 2025/26?

No, NHS England will not be publishing PQS guidance for pharmacy owners for the 2025/26 Scheme.

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.

Aspiration payment

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

Q. How do I claim the Aspiration payment?

Pharmacy owners can claim for an Aspiration payment on the NHS Business Services Authority (NHSBSA) Manage Your Service (MYS) portal between 9am on 1st May 2025 and 11.59pm on 16th May 2025.

There is no requirement to have claimed for a previous PQS to claim an Aspiration payment for PQS 2025/26. Once pharmacy owners have reviewed the requirements of the PQS 2025/26, they will need to decide which domains they intend to meet by 31st March 2026, 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 1st May 2025 and 11.59pm on 16th May 2025.

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

Pharmacy owners will be paid their Aspiration payment on 1st July 2025.

Q. Do I have to claim an Aspiration payment?

No, the Aspiration payment is optional. If pharmacy owners do not want to claim it, it will not impact on the pharmacy owner's ability to claim a PQS payment for the 2025/26 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 pharmacy owner's agreement to this arrangement.

General FAQs on the domains/quality criteria

Q. Are both domains worth the same amount of points/payment?

No. For the majority of pharmacies the Medicines optimisation domain has 30 points allocated to it and the Patient safety domain has 20 points allocated. This difference is due to more activity and workload being included in the Medicines optimisation domain, compared to the Patient safety domain. For very low volume pharmacies, there is a lower allocation of points, but the proportionate allocation is the same as for the majority of pharmacies.

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. For example, if you do not meet the three criteria (Clinical audit criterion, Sepsis training criterion and the Regularising Enhanced DBS checks for registered pharmacy professionals criterion) in the Patient safety domain, you will not be eligible to claim payment for that domain.

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

No. Each domain has an allocated number of points, which vary based on the pharmacy's prescription volume. While you must meet all the criteria in a domain to achieve the points for that domain, you do not need to achieve both domains to receive a PQS payment.

General FAQs on the training requirements

Q. Who is a pharmacy professional?

Pharmacy professionals are pharmacists and pharmacy technicians.

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. 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.

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 is required and will assist you to pass the sepsis e-assessment, which is also 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 and other educational resources.

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.

Palliative and end of life care medicines

Updating NHS Profile Manager

Q. If my pharmacy does not routinely stock the 16 palliative and end of life critical (PEoLC) medicines listed in the Palliative and end of life care action plan criterion do I need to start stocking these medicines to be able to claim as meeting the requirements of the domain?

No. If pharmacy owners do not routinely stock these medicines, there is no requirement to stock these medicines to meet the requirements of the criterion.

Q. If my pharmacy does not routinely stock the 16 PEoLC medicines listed in the Palliative and end of life care action plan criterion, 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 PEOLC medicines listed in the Palliative and end of life care action plan criterion, you are not required to update NHS Profile Manager; it is only those pharmacy owners that stock the medicines, who are required to update NHS Profile Manager.

Q. Will my pharmacy be liable for the cost of the 16 PEOLC medicines if they go out of date?

Generally yes, but pharmacy owners are not required to order the 16 PEOLC to meet the requirements of the Palliative and end of life care action plan criterion.

If pharmacy owners 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 pharmacy owners 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 pharmacy owner still achieve all the points for the Medicines optimisation domain if they do not stock the 16 PEOLC medicines listed in the Palliative and end of life care action plan criterion?

Yes. If pharmacy owners 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. 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 to show one of the products is not currently in stock?

No. The PQS requirement requires the pharmacy to 'routinely' hold the 16 PEOLC medicines in stock. 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?

Pharmacy owners have until the end of 31st March 2026 to make this update to meet the PQS requirement (if they routinely stock the 16 PEOLC medicines). Therefore, other pharmacy owners 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?

When this criterion was first introduced to PQS in 2022/24 a clinical group was set up and led by the 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 focused 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.

This list has been reviewed again for PQS 2025/26 by the current National Clinical Director for PEOLC at NHS England.

Q. Is there a financial incentive to stock the 16 PEOLC medicines as part of the Palliative and end of life care action plan criterion?

There is no financial incentive for pharmacy owners to stock the 16 PEOLC medicines within the PQS criterion.

Action plan

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

Yes. All pharmacy owners who plan to claim for the Medicines optimisation domain (and therefore meet the requirements of the Palliative and end of life care action plan criterion) 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 pharmacy owner 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 more stock to arrive. Due to the urgent need of these medicines, it is important that pharmacy owners 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. Does the action plan need to be submitted to NHS England or my ICB?

No. The action plan does not need to be submitted routinely to NHS England or your ICB, but pharmacy owners should ensure that a copy of the action plan is kept in the pharmacy.

Q. Does the action plan need to be completed by the pharmacy team or can our head office team complete it?

The action plan needs 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 this requirement.

Q. Are there any resources available to assist pharmacy owners with creating an action plan?

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

Enhanced DBS checks

Q. Are you aware of any organisations who offer support to pharmacy owners with regards to Enhanced DBS checks?

We have been made aware of two organisations who offer support to pharmacy owners with regards to Enhanced DBS checks:

- [National Pharmacy Association](#)
- [Numark](#)

Listing in this FAQ does not constitute endorsement of the organisation by Community Pharmacy England.

PQS declaration (making a claim)

FAQs on the Manage Your Service (MYS) portal 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 2025/26 PQS?

No, pharmacy owners are only required to make a declaration if they intend to claim payment for the Scheme. If pharmacy owners do not meet the gateway criterion, 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 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 2nd February 2026 and 11.59pm on 27th February 2026.

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?

Pharmacy owners who meet the gateway criterion plus at least one domain and submit their claim between 9am on 2nd February 2026 and 11.59pm on 27th February 2026 will be paid their PQS payment on 1st April 2026.

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

Community Pharmacy England recommends that PQS paperwork/records are retained for three years following the submission of the PQS declaration for PPV purposes. Pharmacy owners may need to retain paperwork and records for longer periods for reasons other than PPV.