

Pharmacy Quality Scheme (PQS) 2020/2021

1. The Pharmacy Quality Scheme (PQS) 2020/21 will consist of two parts one that must be completed and declared by the 29 January 2021 and whose details are set out below as the 'Part 1 essential criteria checklist'. A contractor must complete and declare the completion of all of the criteria of Part 1 in order to qualify for any payments in respect of any completion of the first part; and to be eligible for the declaration of the second part.

PQS 2020/21 Part 1 Essential Criteria Checklist

2. Pharmacy contractors must claim payment for Part 1 by the 5th of the month following completion of all of the requirements of the checklist through the Manage Your Service (MYS) application, which will open at 00:01 on 14th of July 2020, to receive the payment as per the usual schedule of payments (for example claims put between 14th of July and 5th of August, will be paid on 1st of September). Claims for payment for Part 1 will be accepted until 29 January 2021 (closes at 23:59). Contractors must have evidence to demonstrate that they meet all of the criteria in Part 1 before they make the claim.
3. Maximum total funding across all contractors for Part 1 of PQS is £18.75 million. Payment to pharmacy contractors will be based on the assumption that all pharmacy contractors will participate in Part 1 of PQS. Therefore, the payment for contractors who claim by the deadline mentioned in paragraph 1 will be £1,630 per contractor. Any remaining funding from the £18.75 million, which has not been claimed by contractors before the declaration period for Part 2 of PQS 2020/21 opens, will be allocated to the funding for Part 2. This funding will then be paid to those contractors who have completed and declared in respect of Part 1 by the deadline mentioned in paragraph 1 and have made a declaration for Part 2 and therefore qualify for payment for Part 2.
- 4.

Table 1. PQS 2020/21 Part 1 Essential Criteria Checklist

PQS 2020/21 Part 1 Essential Criteria Checklist	
Pharmacy contractors must note that all of the below hyperlinks are current at the time of publishing this determination and are advised to check for the most current version.	
1a)	The contractor has conducted a COVID-19 infection control risk assessment for the pharmacy premises and where risks have been identified, has implemented mitigating actions, e.g. use of physical barriers such as above head height protective screens, where possible and appropriate.
1b)	The contractor has made reasonable adjustments to maximise social distancing in accordance with the latest government guidance on COVID-19 secure workplaces: Working safely during coronavirus ¹
2)	The contractor has updated the pharmacy Standard Operating Procedures (SOPs) or related guidance, where appropriate, to minimise the risk of transmission of SARS-CoV-2, having considered the guidance within the latest NHSE&I COVID-19 Pharmacy SOP ² . All staff have been briefed on changes relevant to their role in the pharmacy and a record of this is maintained.
3a)	The contractor has appropriate and up to date COVID-19 posters, warnings and information displayed so they are visible at entry points to the pharmacy premises.
3b)	For Distance Selling Pharmacies, there are appropriate and up to date COVID-19 public information and advice displayed prominently on their website.
4)	Members of staff have been informed of risk factors for poorer outcomes of COVID-19 such as gender, age, BAME background and comorbidities. Individual COVID-19 risk assessments have been offered to all members of staff. Where the staff members accepted the offer, the contractor has conducted an individual risk assessment for each member of staff and put in place any appropriate mitigations. A record of this is maintained.

¹ <https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19>

² <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/Novel-coronavirus-COVID-19-standard-operating-procedure-Community-Pharmacy-v2-published-22-March-2020.pdf>

5)	The contractor has a process in place to advise and refer staff with symptoms of COVID-19 for testing in accordance with Government guidance ³ .
6a)	The contractor has available facilities and resources (e.g. alcohol handrub) to support staff to conduct hand hygiene procedures frequently, to reduce the transmission risk of SARS-CoV-2 and support infection control.
6b)	The contractor has posters displayed in relevant areas to promote best hand hygiene practice, for example: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/886217/Best_practice_hand_wash.pdf
6c)	The contractor has posters displayed in relevant areas to promote best practice use of handrub for example: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/886216/Best_practice_hand_rub.pdf
7)	The contractor has reviewed and adopted, as a minimum, the PPE recommendations ⁴ for their staff working in the pharmacy.
8)	The contractor has reviewed and, as appropriate, updated business continuity plans for the COVID-19 pandemic including Emergency Business Continuity Planning for any potential closure(s), identifying one or more local pharmacies, which can support and provide pharmaceutical services to their patients, whilst the pharmacy is closed.
9)	The contractor has identified an area of the pharmacy where symptomatic patients could be isolated if they are unable to leave the premises, e.g. if an ambulance is required, and can follow the process outlined in the latest COVID-19 Pharmacy SOP (including decontamination of the area after the symptomatic patient has left).
10)	The contractor has reviewed examples of good practice during the pandemic and has adopted them as considered appropriate for the individual pharmacy. These include examples collated by the General Pharmaceutical Council: https://inspections.pharmacyregulation.org/knowledge-hub/search?Themes=12&FreeText=&Themes=12
11)	The contractor and registered staff working at the pharmacy have read relevant COVID-19 guidance on the GPhC website ⁵ and a record of this is maintained.

³ <https://www.gov.uk/apply-coronavirus-test-essential-workers>

⁴ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/879108/T3_poster_Recommended_PPE_for_ambulance_staff_paramedics_transport_pharmacy.pdf

⁵ <https://www.pharmacyregulation.org/contact-us/coronavirus-latest-updates>

PQS 2020/21 Part 2

5. Pharmacy contractors who have evidence demonstrating that they met all of the Essential Criteria for PQS 2020/21 Part 1, and successfully declared as such via the MYS portal by 29 January 2021, can make a declaration for the PQS 2020/21 Part 2, which must be made between 09:00 on 1 February 2021 and 23:59 on 26 February 2021. They will receive a PQS payment if they have demonstrable evidence of meeting one or more of the domains in Table 2 (please note, contractors must meet all of the quality criteria in each domain to be eligible for a PQS payment in respect of that domain). The overall level of the PQS payment will depend on how many of the domains the pharmacy declares that it meets.

Table 2. PQS 2020/21 Part 2 domains

Infection Prevention and Control and Antimicrobial Stewardship Domain	Infection Prevention and Control On the day of the declaration, 100% of all non-registered pharmacy staff working at the pharmacy must have satisfactorily completed the 'HEE infection prevention and control Level 1 e-learning and assessment' on the Health Education England e-Learning for Healthcare website: https://portal.e-lfh.org.uk/Component/Details/459777
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In addition, all registered pharmacy professionals must have satisfactorily completed the 'HEE Infection Prevention and Control Level 2 e-learning and assessment' on the Health Education England e-Learning for Healthcare website: <https://portal.e-lfh.org.uk/LearningContent/Launch/558047>

Registered pharmacy professionals include pharmacists, provisionally registered pharmacists, pharmacy technicians and locum pharmacists.

An electronic certificate of completion of the training will be provided following the completion of the assessment. Contractors must keep a copy of the certificate for each member of staff as evidence that the training has been completed. This training must have been successfully completed from 1 January 2020 and by the day of the declaration.

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 the day of the declaration, 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 that these staff complete the training and assessment within 30 days of the day of the declaration. This training plan and demonstrable evidence of completion of training and assessment, within 30 days of the day of the declaration, must be retained at the pharmacy to demonstrate that the pharmacy contractor has met this quality criterion.

On the day of the declaration, the contractor must have for each staff member, excluding those staff for whom there is a training plan in place as described above, at premises level, a copy of the personalised certificate provided upon completion of the training and assessment, as evidence that all members of staff have completed the training.

Following the completion of the training, all of the pharmacy team working at the pharmacy must have completed a team review documenting the reflections and actions following the training, and amending SOPs and associated guidance, where appropriate.

The following must be submitted to NHS England & NHS Improvement on the MYS application:

- the total number of non-registered staff who have satisfactorily completed the Level 1 e-learning and assessment;
- the total number of registered staff who have satisfactorily completed the Level 2 e-learning and assessment; and
- a declaration that they have completed the team review.

Antimicrobial Stewardship

On the day of the declaration, all patient facing pharmacy staff that provide advice on medicines or health care must have satisfactorily completed the 'PHE Antimicrobial Stewardship for Community Pharmacy e-learning and e-assessment' on the Health Education England e-Learning for Healthcare website: <https://portal.e-lfh.org.uk/Component/Details/602874>.

An electronic certificate of completion of training will be provided following the completion of the assessment. Contractors must keep a copy of the certificate for each member of staff as evidence that the training has been completed.

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 the day of the declaration, 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 that these staff complete the training and assessment within 30 days of the day of the declaration. This training plan and demonstrable evidence of completion of training and assessment, within 30 days of the day of the declaration, must be retained at the pharmacy to demonstrate that the pharmacy contractor has met this quality criterion.

On the day of the declaration, the contractor must have for each staff member present,

	<p>excluding those staff for whom there is a training plan in place as described above, at premises level, a copy of the personalised certificate provided upon completion of the training, as evidence that all members of staff have completed the training.</p> <p>In addition, contractors must have available, at premises level, an antimicrobial stewardship action plan for the pharmacy, which details how they will promote Antimicrobial Stewardship (AMS). The action plan must demonstrably 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 influenza vaccination. All patient facing staff that provide health advice, should also become antibiotic guardians, if they have not already done so, and have an awareness of the local antibiotic formulary.</p> <p>There must be documented evidence, at the pharmacy, that the actions within the plan have been implemented by the day of the declaration.</p> <p>The following must be submitted to NHS England & NHS Improvement on the MYS application:</p> <ul style="list-style-type: none"> • the total number of staff who have satisfactorily completed the training and assessment; • a declaration they have completed an antimicrobial stewardship action plan for the pharmacy; and • a declaration that all patient facing staff that provide health advice, have become antibiotic guardians and have an awareness of the local antibiotic formulary.
<p>Prevention Domain</p>	<p>Suicide awareness and action plan</p> <p>On the day of the declaration, all* patient-facing staff working at the pharmacy must have completed the Zero Suicide Alliance (ZSA) training, available on the Zero Suicide alliance website: https://www.zerosuicidealliance.com/training/pharmacy-quality-standard-training?utm_source=pharmacy&utm_campaign=quality_standard</p> <p>An electronic certificate of completion of the training will be provided to pharmacy staff. Contractors must keep a copy of the certificate for each member of staff as evidence that the training has been completed.</p> <p>Pharmacy staff with a patient-facing role include all registered pharmacy professionals, all pre-registration graduates, dispensary staff, medicine counter assistants, delivery drivers and locum pharmacists. Contractors may also have other staff that can be identified as having patient-facing roles.</p> <p>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 by the day of the declaration, the pharmacy contractor can count them as having completed the training, if the pharmacy contractor has a training plan in place to ensure that these staff complete the training within 30 days of the day of the declaration (unless the staff member falls under the exemption outlined below). This training plan and demonstrable evidence of completion of training, within 30 days of the day of the declaration, must be retained at the pharmacy to demonstrate that the pharmacy contractor has met this quality criterion.</p> <p>*Staff members, who have been affected by suicide and do not wish to undertake the ZSA training, are exempt from completing it. This situation will need to be dealt with sensitivity.</p> <p>Once all members of the team, excluding those staff for whom there is a training plan in place as described above, and who do not fall under the above exemption, have completed the training, an action plan must be prepared or updated which includes the action to take if anyone reports to staff that they have suicidal feelings. The action plan must include making some demonstrable recorded changes such as compiling resources to provide to patients. All actions outlined in the action plan must be demonstrably completed by the day of the declaration.</p>

	<p>Where pharmacy contractors already have an action plan in place created prior to this year's PQS, contractors are required to document any changes that had been made to help support people who are having suicidal feelings and to retain a record of this as evidence of having met the requirement. Any previous action plan must be reviewed to ensure that any information provided to patients remains up to date.</p> <p>The following must be submitted to NHS England & NHS Improvement on the MYS application:</p> <ul style="list-style-type: none"> • the total number of staff who have satisfactorily completed the training; • the total number of staff that have not completed the training under the above exemption; and • a declaration they have completed, or updated, a team action plan.
	<p>Sugar sweetened beverages</p> <p>On the day of the declaration, sales by the pharmacy (the registered pharmacy premises) of Sugar Sweetened Beverages must account for no more than 10% by volume in litres of all beverages sold.</p> <p>For the definition of added sugar see NHS Standard Contract 2020/21 General Conditions (full length) in the following link: https://www.england.nhs.uk/publication/full-length-nhs-standard-contract-2020-21-particulars-service-conditions-general-conditions/</p> <p>The following must be submitted to NHS England & NHS Improvement on the MYS application:</p> <ul style="list-style-type: none"> • a declaration regarding whether or not the pharmacy sells sugar-sweetened beverages. • a declaration that sugar sweetened beverages, if sold by the pharmacy, account for 10% or less of all beverages sold.
	<p>Weight management</p> <p>On the day of the declaration, all non-registered patient-facing pharmacy staff that provide health promoting advice must have completed the 'PHE All Our Health: bitesize training and assessments on Adult Obesity and Childhood Obesity', on the Health Education England e-Learning for Healthcare website: https://www.e-lfh.org.uk/programmes/all-our-health/, to gain a broader understanding of the causes and effects of obesity.</p> <p>Non-registered patient-facing pharmacy staff with a health promoting advice role include all pre-registration trainees, dispensary staff and medicine counter assistants.</p> <p>It is recommended that a registered pharmacy professional within the team completes the bitesize training to aid the non-registered patient-facing pharmacy staff in completing the training.</p> <p>On the day of the declaration, 80% of registered pharmacy professionals working at the pharmacy must have satisfactorily completed sections 1 and 3 of the 'CPPE Weight management for adults: understanding the management of obesity training' and assessment, available on the CPPE website: https://www.cppe.ac.uk/programmes/l/weightman-e-01; https://www.cppe.ac.uk/programmes/l/weightman-a-06/.</p> <p>An electronic certificate of completion of the training will be provided to pharmacy staff following the completion of both assessments. Contractors must keep a copy of the certificate for each member of staff as evidence that the training has been completed.</p> <p>Where new staff who have recently joined the pharmacy or staff returning from long term</p>

	<p>leave, for example maternity leave, have not undertaken the training and assessment by the day of the declaration, 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 these staff complete the training and assessment within 30 days of the day of the declaration. This training plan and demonstrable evidence of completion of training and assessment, within 30 days of the day of the declaration, must be retained at the pharmacy to demonstrate that the pharmacy contractor has met this quality criterion.</p> <p>Pharmacy teams are also required to complete an action plan of how they would proactively engage with people to discuss weight and assist a person who would like support with their weight. The action plan must include, but should not be limited to, a list of local support or physical activity groups that the person could be referred to and support materials/tools they could use, e.g. materials such as 'One You' and 'Change4Life', available on the NHS website (https://www.nhs.uk/oneyou/ and https://www.nhs.uk/change4life/). The Chief Medical Officer's guidance on physical activity can be found on the following website https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/832868/uk-chief-medical-officers-physical-activity-guidelines.pdf.</p> <p>If a person that would like support with their weight is identified, a competent individual within the pharmacy (e.g. registered pharmacy professional or nominated team member/qualified health champion) must guide the person on how to measure their Body Mass Index (BMI), using an appropriate BMI calculator such as the NHS healthy weight calculator (https://www.nhs.uk/live-well/healthy-weight/bmi-calculator/) and advise them on how to measure their waist circumference. The advice to the person should include explaining the purpose of measuring BMI and waist circumference. Pharmacy teams must be able to calculate BMI from measurements given to them by individuals seeking support with their weight, and support those who wish to lose weight with advice and referral to other sources of support, where appropriate. The above advice could be provided in the pharmacy or via remote means, such as video consultations, where that is appropriate for the requirements of the individual.</p> <p>The following must be submitted to NHS England & NHS Improvement on the MYS application:</p> <ul style="list-style-type: none"> • the total number of non-registered, patient facing pharmacy staff that have satisfactorily completed the 'PHE All Our Health: bitesize training and assessments on Adult Obesity and Childhood Obesity'; • the total number of registered professionals that have satisfactorily completed sections 1 and 3 of the 'CPPE Weight management for adults: understanding the management of obesity training' and assessment; • a declaration that they have completed a weight management action plan on how they would assist a person who would like support with their weight; • the total number of people who had a conversation, over a period of 4 consecutive weeks, with a trained member of the pharmacy team about the benefits of achieving a healthy BMI and who have been shown how to self-measure and calculate their BMI and self-measure their waist circumference; and • the total number of people referred to other services for weight management support, e.g. physical activity.
<p>Risk Management Domain</p>	<p>Risk Management</p> <p>On the day of the declaration, 80% of all registered pharmacy professionals working at the pharmacy must have satisfactorily completed the 'CPPE risk management training and e-assessment', available on the CPPE website: https://www.cppe.ac.uk/programmes//riskman-g-02; https://www.cppe.ac.uk/programmes//riskmang-a-03/.</p> <p>If the training and assessment were satisfactorily completed between 1st April 2018 and 31st March 2020, this does not need to be repeated in 2020/21.</p> <p>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</p>

the day of the declaration, 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 complete the training and assessment within 30 days of the day of the declaration. This training plan and demonstrable evidence of completion of training and assessment, within 30 days of the day of the declaration, must be retained at the pharmacy to demonstrate that the pharmacy contractor has met this quality criterion.

An electronic certificate of completion of the training will be provided to pharmacy staff following the completion of the assessment. Contractors must keep a copy of the certificate for each member of staff as evidence that the training has been completed.

On the day of the declaration, the pharmacy must have available, at premises level, a new risk review or an update of the previous risk review undertaken as part of the 2019/20 Pharmacy Quality Scheme (i.e. updated since the last review period of February 2020). This new or updated review must include a recorded reflection on the risk of missing sepsis identification and the risk minimisation actions that the pharmacy team has been taking and any subsequent actions identified as a result of the reflection.

The risk review should also include the risk of missing red flag symptoms during over the counter consultations as a new risk and contractors should record demonstrable risk minimisation actions that have been undertaken to mitigate this risk.

These actions may include, reviewing staff training records, observing over the counter advice being provided to patients, identifying any gaps in knowledge or capability for pharmacy team members, conducting a team discussion focusing on identifying common danger signs and symptoms and knowing how to manage these, including when to refer patients.

Note: Pharmacy contractors that did not complete the risk review as part of the Risk management and safety domain for the 2019/20 PQS who wish to claim for the risk management domain as part of the PQS 2020/21 must ensure that on the day of the declaration, 80% of all registered pharmacy professionals working in the pharmacy have satisfactorily completed the CPPE sepsis online training <https://www.cppe.ac.uk/gateway/sepsis> and assessment <https://www.cppe.ac.uk/programmes//sepsis-a-02/>; and must be able to demonstrate that they can apply the learning to respond in a safe and appropriate way when it is suspected that someone has sepsis. Pharmacy teams must demonstrably ensure all patient-facing staff have understood alert symptoms to ensure referral of suspected sepsis to a pharmacist. They must have a risk review containing two identified risks, including the risk of missing red flag symptoms during over the counter consultations and the risk of missing sepsis identification, as part of the completion and claiming for this domain.

Where new staff who have recently joined the pharmacy or staff returning from long term leave, for example maternity leave, have not undertaken the CPPE sepsis online training and assessment by the day of the declaration, 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 that these staff complete the training and assessment within 30 days of the day of the declaration. This training plan and demonstrable evidence of completion of the training and assessment, within 30 days of the day of the declaration, must be retained at the pharmacy to demonstrate that the pharmacy contractor has met this quality criterion.

Contractors who did complete a risk review as part of the Risk management and safety domain for the 2019/20 PQS must submit the following to NHS England & NHS Improvement on the MYS application:

- the total number of registered pharmacy professionals working at the pharmacy who have satisfactorily completed 'CPPE Risk management training and e-assessment';
- a declaration that they have updated a risk review on the risk of missing sepsis identification and have recorded demonstrable risk minimisation actions that have been undertaken to mitigate this risk; and

	<ul style="list-style-type: none"> • a declaration that they have completed a new risk review on the risk of missing red flag symptoms during over the counter consultations and have recorded demonstrable risk minimisation actions that have been undertaken to mitigate this risk. <p>Contractors who did not complete a risk review as part of the Risk management and safety domain for the 2019/20 PQS must submit the following to NHS England & NHS Improvement on the MYS application:</p> <ul style="list-style-type: none"> • the total number of registered pharmacy professionals working at the pharmacy who have satisfactorily completed 'CPPE Risk management training and e-assessment'; • the total number of registered pharmacy professionals working at the pharmacy who have satisfactorily completed 'CPPE sepsis online training and e-assessment'; • a declaration that they have completed a new risk review on the risk of missing sepsis identification and have recorded demonstrable risk minimisation actions that have been undertaken to mitigate this risk; and • a declaration that they have completed a new risk review on the risk of missing red flag symptoms during over the counter consultations and have recorded demonstrable risk minimisation actions that have been undertaken to mitigate this risk.
<p>Primary Care Network prevention domain</p>	<p>Influenza vaccination service</p> <p>In 2020/21, but prior to the day of the declaration, the contractor must have engaged with the Pharmacy Primary Care Network Lead (Pharmacy PCN Lead) to communicate that they would like to be involved in increasing the uptake of flu vaccination to patients aged 65 and over.</p> <p>To increase the uptake of flu vaccination to patients aged 65 and over and to drive Quality Improvement in service delivery, the Pharmacy PCN Lead must:</p> <ul style="list-style-type: none"> • engage with all the community pharmacies in the PCN that wish to be involved, to agree how they will collaborate with each other and discuss how they could collaborate with general practice colleagues, and • engage with the PCN Clinical Director to agree how community pharmacies in the PCN will collaborate with general practices. <p>On the day of the declaration, the pharmacy contractor must have demonstrably contributed to the PCN achieving at or above a specified percentage, for flu vaccination patients aged 65 and over. This can be evidenced by the number of vaccines they have administered to eligible patients between 1 September 2020 and 31 January 2021, with this number being one or greater. Points will be allocated in accordance with a sliding linear scale which will consist of a lower and an upper threshold. These thresholds, and the points available along the linear scale for contractors in the 6 bands, will be published as soon as these details have been finalised at: https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/community-pharmacy-quality-payments-scheme. [The maximum number of points available for this domain for contractors can be found in Table 3].</p> <p>Data on the percentage of target population vaccinated by the PCN will not be available until after the day of the declaration. Therefore, contractors who wish to claim for this domain must declare on the day of the declaration that they have demonstrably contributed to the PCN delivery of flu vaccinations to the target population, as stated above. Based on this declaration, contractors will be allocated the maximum number of points available for a pharmacy in their band for this domain. There will be a reconciliation of the payment made to contractors for this domain on 1 June 2021 when final data on the increase to the uptake of flu vaccination to patients aged 65 and over will be available. This reconciliation will be made as part of the aspiration payment contractors receive for the 2021/22 PQS for those choosing to make this declaration; and will be reconciled as part of the routine schedule of payments for those contractors who do not make an aspiration declaration in 2021/22. Pharmacy contractors should be aware that if their PCN wishes to challenge the data underpinning the point allocation, they will be able to do so. However,</p>

	<p>this will delay the reconciliation payment.</p> <p>The following must be submitted to NHS England & NHS Improvement on the MYS application by the non-Pharmacy PCN Lead contractor:</p> <ul style="list-style-type: none"> • a declaration that the contractor has engaged with the Pharmacy PCN* Lead and agreed to be involved in increasing the uptake of flu vaccinations to patients aged 65 and over by the provision of flu vaccinations; • the total number of eligible people aged 65 and over, including those becoming age 65 by 31 March 2021, vaccinated by the contractor between 1st September 2020 and 31st January 2021; • the name of the PCN* to which they have aligned; • the appointed Pharmacy PCN* Lead for the PCN*; and • the pharmacy name and ODS code for the Pharmacy PCN* lead. <p>The following must be submitted to NHS England & NHS Improvement on the MYS application by the contractor where the Pharmacy PCN Lead is based:</p> <ul style="list-style-type: none"> • A declaration that the Pharmacy PCN** lead has engaged with the PCN Clinical Director** to agree how community pharmacies in the PCN* will collaborate with general practices to increase the uptake of flu vaccinations to patients aged 65 and over. • the total number of eligible people aged 65 and over, including those becoming age 65 by 31 March 2021, vaccinated by the contractor between 1st September 2020 and 31st January 2021; • the ODS codes of the pharmacies who have engaged in the process for increasing the uptake of flu vaccination to patients aged 65 and over. • a declaration that they are the appointed Pharmacy Lead for that PCN**; • the name of the PCN*; and • a declaration that the Pharmacy PCN** lead has notified the LPC in which the PCN* lies that they are the appointed pharmacy Lead for the named PCN*. <p>* Where a PCN has disbanded and the pharmacy is no longer able to realign with another PCN, the pharmacy should collaboratively work with the other pharmacies in the disbanded PCN area as agreed with the NHS England & NHS Improvement regional team for that area. In order to receive payment this needs to be agreed in advance of the declaration with the regional team in conjunction with the LPC.</p> <p>** For pharmacies in a disbanded PCN area this will be the pharmacy lead for the area, agreed with the NHS England & NHS Improvement contract manager for that area.</p>
<p>Primary Care Network Business Continuity domain</p>	<p>Primary Care Network (PCN) Business Continuity discussions</p> <p>This criterion recognises the impact that the temporary closure of an individual pharmacy or general practice can have on the other pharmacies and general practices within a PCN and the need for this impact to be considered in the individual contractor’s business continuity plan.</p> <p>Any adverse impact of such a temporary closure on patients, other contractors and general practices in the PCN can be mitigated by ensuring appropriate information on business continuity plans, and key contact details to use in an emergency, are shared in advance across the PCN. The aim of this criterion is to facilitate a coordinated response through liaison with other contractors and general practices, as appropriate, when a temporary closure occurs, whilst recognising that the responsibility to enact a business continuity plan remains with the individual contractor.</p> <p>On the day of the declaration, all contractors in a PCN that wish to complete the requirements of this domain, must have participated in a discussion, organised by the pharmacy PCN lead, regarding business continuity planning, as described below.</p> <p>The Pharmacy PCN Lead must:</p>

- Facilitate discussions between pharmacy contractors that wish to complete the requirements of this domain, with the aim of ensuring all participating contractors understand the high-level business continuity plans each pharmacy contractor has in place should they need to temporarily close the pharmacy and can adopt a collaborative approach to support those plans, where appropriate and necessary. The discussion must similarly include, where available, the sharing of information on the plans of general practices within the PCN, should they need to temporarily close (see the following point). All these discussions, and the resultant improved understanding of all participating contractors regarding local business continuity planning, should help the smooth enactment of individual business continuity plans across the PCN, should the need arise.
- Liaise with the PCN Clinical Director** (or their appointed lead), and other relevant individuals, to gain an understanding of the business continuity plans for the general practices within the PCN, should one or more have to close or be severely compromised in the services it can provide. Appropriate details of the high-level business continuity plans for the general practices should be shared with the pharmacies in the PCN, so that in the event that a general practice needs to temporarily close, pharmacy contractors can adopt a collaborative approach to support the plans of the general practice, where appropriate and necessary.
- Collate the following information from each participating contractor and share this with all the contractors within the PCN, the PCN Clinical Director, the Local Pharmaceutical Committee and the NHSE&I regional team: contractor contact details for use in an emergency, the names of the pharmacies and general practices that are most likely to be significantly impacted by a temporary closure of each pharmacy (as a result of patient flows) and the high-level details of any arrangements that have been put in place with them which will be activated in the case of the contractor needing to temporarily close their pharmacy.

On the day of the declaration, the contractor must have demonstrable evidence, at the pharmacy, that the discussions and contractor actions described above were completed and, where necessary, updates have been made to the pharmacy business continuity plan, to reflect the collaborative work required in the event of closures. In addition, the Pharmacy PCN Lead must have demonstrable evidence of having undertaken the tasks described above.

The following must be submitted to NHS England & NHS Improvement on the MYS application by the non-Pharmacy PCN Lead contractor:

- a declaration that they have participated in a group business continuity discussion with the Pharmacy PCN** Lead and other contractors in the PCN and any actions identified have been demonstrably completed by the day of the declaration;
- the name of the PCN* to which they have aligned;
- their appointed Pharmacy PCN* Lead; and
- the pharmacy name and ODS code for the Pharmacy PCN** lead.

The following must be submitted to NHS England & NHS Improvement on the MYS application by the contractor where the Pharmacy PCN Lead is based:

- a declaration that they have facilitated the organisation of the group business continuity discussion, for all contractors in the PCN who wish to take part in the business continuity discussions;
- a declaration that they have participated in the above group business continuity discussion with other contractors in the PCN* and any actions identified have been demonstrably completed by the day of the declaration;
- the ODS codes of the pharmacies who have taken part in your business continuity discussion.
- a declaration that they are the appointed Pharmacy Lead** for that PCN*;
- the name of the PCN*; and
- a declaration that the Pharmacy PCN** lead has notified the LPC in which the PCN* lies that they are the appointed pharmacy Lead for the named PCN*.

* Where a PCN has disbanded and the pharmacy is no longer able to realign with another

	<p>PCN, the pharmacy should collaboratively work with the other pharmacies in the disbanded PCN area as agreed with the NHS England & NHS Improvement regional team for that area. In order to receive payment this needs to be agreed in advance of the declaration with the regional team in conjunction with the LPC.</p> <p>** For pharmacies in a disbanded PCN area this will be the pharmacy lead for the area, agreed with the NHS England & NHS Improvement contract manager for that area.</p>
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Payment for PQS 2020/21 Part 2

6. Pharmacy contractors must claim payment for the PQS 2020/21 Part 2 during the declaration period which is between 1 February 2021 (opens at 09:00) and 26 February 2021 (closes at 23:59). Contractors must have evidence to demonstrate meeting the essential criteria for PQS 2020/21 Part 1 (and have declared as such, via the MYS portal by 29 January 2021) and the domains on the day that they make their declaration during the PQS 2020/21 Part 2 declaration period stated above.
7. Where a pharmacy contractor has had to temporarily close due to COVID-19, and this has resulted in the pharmacy contractor being unable to complete the domain(s) which they intended to complete, the pharmacy contractor can count those domain(s) as completed on the day of the declaration, if the pharmacy contractor has an action plan in place on the day of the declaration to ensure they complete all the domain(s) by 31 March 2021. This action plan and demonstrable evidence of completion of the relevant domain(s), must be retained in the pharmacy to demonstrate that the pharmacy contractor has met the requirements of the domain(s). All contractors must notify the NHS England and NHS Improvement regional team of any closures, and update their opening hours on their NHS 111 Directory of Service (DoS) profile, via the DoS updater, accordingly, to ensure information is accurate for real time referrals and as evidence of any closure(s).
8. Pharmacy contractors will need to make a declaration to the NHS Business Services Authority (NHSBSA) using the Manage Your Service (MYS) application. Details are available in the NHS England & NHS Improvement Pharmacy Quality Scheme 2020/21 Part 2 guidance available at <https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-quality-payments-scheme/pqs/>
9. Each domain has a designated maximum number of points dependent on the participating contractor's total prescription volume in 2019/20**/**/*** according to the NHSBSA's payment data as shown in Table 3. The maximum number of points that a pharmacy can qualify for is dependent on:
 - their total prescription volume in 2019/20**/**/***; and
 - whether they are a PCN lead or non-PCN lead.

*Contractors, who opened part way through 2019/20, will have their total prescription volume determined as the average number of prescriptions dispensed per month during the months they were open in 2019/20 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 2020, will be placed in band 2 for PQS 2020/21 Part 2. Please note that change in ownership for the purpose of the PQS banding only is not treated as a new contractor.

***Pharmacies, who are eligible for the 2020/21 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.

In the event that the value of a point will be £96, the number of any unused points for the Pharmacy PCN Lead payment (i.e. 30 points per unclaimed Pharmacy PCN Lead) will be equally distributed amongst all pharmacy contractors who are eligible for the PQS payment. This will be achieved through an additional uplift to the value per point.

Table 3. Maximum number of points per domain

Band	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6
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Annual Items	0-1,200	1,201-30,000	30,001-60,000	60,001-150,000	150,001-230,000	230,001+
Infection Prevention & Control & Antimicrobial Stewardship	1.25	8.75	18.75	25	37.5	43.75
Prevention	2	14	30	40	60	70
Risk management	0.5	3.5	7.5	10	15	17.5
Primary Care Network Prevention	0.75	5.25	11.25	15	22.5	26.25
Primary Care Network Prevention - PCN lead	15.75	20.25	26.25	30	37.5	41.25
Primary Care Network Business Continuity	0.5	3.5	7.5	10	15	17.5
Primary Care Network Business Continuity - PCN Lead	15.5	18.5	22.5	25	30	32.5
Total (non-PCN lead)	5	35	75	100	150	175
Total (PCN lead)	35	65	105	130	180	205

10. Pharmacy contractors who participated in the Primary Care Network prevention domain must claim the maximum number of points for this domain (note – the maximum number of points is dependent on the band the contractor is in) in the February 2021 declaration period.

11. The total funding for PQS 2020/21 is a minimum of £56.25 million (it could be more if there is any unused funding from PQS 2020/21 Part 1). The funding will be divided between qualifying pharmacies based on the number of points they have achieved up to a maximum £96 per point. Each point will have a minimum value of £48, 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.

12. For example:

Assuming 11,500 pharmacy contractors (out of these there are approximately 1200 potential PCN leads) and 80% on average participated in the scheme:

- 80% of 10,300 non-PCN lead contractors are 8,240 contractors; and
- 80% of 1,200 PCN lead contractors are 960 contractors.

Assuming the number of contractors in each band and the average number of points achieved by each contractor is as set out in Table 4, we can calculate how many points in total were delivered and therefore the value of each point:

Table 4.

	Number of contractors		Average points per contractor	
	PCN lead	Non-PCN lead	PCN lead	Non-PCN lead
Band 1	3	25	33.0	3.0
Band 2	34	290	51.0	21.0
Band 3	188	1,612	75.0	45.0
Band 4	630	5,413	90.0	60.0
Band 5	90	771	120.0	90.0
Band 6	15	129	135.0	105.0

The total number of points is 571,878, which means £56.25 million would deliver a value per point of £98.36.

However, each point is capped at a total of £96. So, the contractor would receive £96 per point they earned and, in this case, also an additional £1.21 per point (there were 7,200 points unclaimed for PCN leads which at £96 per

point gives a total value of £691,200).

In addition, if only £17.75 million was delivered in PQS Part 1, there would be a remaining £1 million to redistribute, resulting in a further £1.75 per point (£1 million distributed across the 571,884 points achieved).

This would mean that £0.66 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.

PQS 2020/21 Part 2 - Aspiration payment

13. Contractors will be able to claim an aspiration payment. The aspiration payment is optional for pharmacy contractors and not claiming it will not impact on the pharmacy contractor's ability to claim payment for PQS 2020/21 Part 2.
14. Pharmacy 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. MYS is available at <https://services.nhsbsa.nhs.uk/nhs-prescription-services-submissions/login>. The aspiration payment must be claimed between 09:00 on 14 September and 23:59 on 9 October 2020.
15. The maximum number of points for which a pharmacy can be paid an aspiration payment is 70% of the number of points within the band in which they are placed (note that the maximum number of points is different for PCN leads and non PCN leads). The value of each point for the aspiration payment is set at £48 (i.e. the minimum value of a point for PQS 2020/21 Part 2).
16. The aspiration payment will be initially reconciled with payment for the PQS 2020/21 Part 2 on 1 April 2021. A further reconciliation will take place on 1 June 2021 (payment date for PQS 2021/22 aspiration payment) when final data on the increase to the uptake of flu vaccination to patients aged 65 and over in each PCN (PCN prevention domain) will become available. Where there is a change of ownership during the course of 2020/21 which results in a new ODS code for the contractor, and the previous contractor received an aspiration payment and does not make a declaration in February 2021, 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.
17. For example:

Example 1

Annual items in 2019/20	100,000
Item band for 2020/21	Band 4
Does the contractor intend to be a PCN lead?	No
Does the contractor intend to participate in the PCN prevention domain?	Yes
Maximum 'aspiration points' which can be paid	70
Points intended to deliver, as per September 2020 declaration	100
Aspiration payment	£3,360
Points actually delivered, as per June 2021 declaration	100
Initial reconciliation payment (1 April 2021)	£1,440
PCN prevention domain - number of points achieved according to final data	15
Final reconciliation payment (1 June 2021)	£0
Total 2020/21 payment	£4,800

The pharmacy's 2019-20 prescription volumes would put them in Band 4 for 2020/21 PQS. They intend to achieve 100 points in 2020/21 (i.e. the maximum available for Band 4 for non-PCN lead pharmacies). They receive an aspiration payment of £2,520 (i.e. 70% of 100 points is 70, and 70 multiplied by £48 is £3,360).

The pharmacy achieves the 100 points as intended, so in the initial reconciliation payment, the pharmacy contractor receives £1,440. Final data for the PCN prevention domain show that the contractor achieved the maximum number of points for this domain hence the final reconciliation comes at £0.

Example 2

Annual items in 2019/20	25,000
Item band for 2020/21	Band 2
Does the contractor intend to be a PCN lead?	Yes
Does the contractor intend to participate in the PCN prevention domain?	Yes
Maximum 'aspiration points' which can be paid	45.5
Points intended to deliver, as per September 2020 declaration	40
Aspiration payment	£1,920
Points actually delivered, as per February 2021 declaration	35
Initial reconciliation payment (1 April 2021)	-£240
PCN prevention domain - number of points achieved according to final data	3.5
Final reconciliation payment (1 June 2021)	-£84
Total 2020/21 payment	£1,596

The pharmacy's 2019-20 prescription volumes would put them in Band 2 for PQS 2020/21 Part 2. The maximum number of points available for a PCN lead pharmacy in Band 2 is 65 points and 70% of this gives a maximum number of aspiration points that can be paid of 45.5. They intend to achieve 40 points in 2020/21, which is below the maximum number of aspiration points for their band. They therefore receive an aspiration payment of £1,920 (i.e. 40 points multiplied by £48 is £1,920).

The pharmacy achieves 35 points in 2020/21 (assuming the maximum number of points for the PCN prevention domain), so in the initial reconciliation payment, the pharmacy contractor is being deducted £240. Final data for the PCN prevention domain show that the contractor achieved 3.5 points and not the maximum 5.25 points for this domain and hence the final reconciliation comes to a deduction of £84 (1.75 points multiplied by £48).

Example 3

Annual items in 2019/20	170,000
Item band for 2020/21	Band 5
Does the contractor intend to be a PCN lead?	Yes
Does the contractor intend to participate in the PCN prevention domain?	Yes
Maximum 'aspiration points' which can be paid	126
Points intended to deliver, as per September 2020 declaration	165
Aspiration payment	£6,048
Points actually delivered, as per February 2021 declaration	180
Initial reconciliation payment (1 April 2021)	£6,912
PCN prevention domain - number of points achieved according to final data	20.5
Final reconciliation payment (1 June 2021)	-£144
Total 2020/21 payment	£12,816

The pharmacy's 2019-20 prescription volumes would put them in Band 5 for 2020/21 PQS. The maximum number of points available for a PCN lead pharmacy in Band 5 is 180 points and 70% of this gives a maximum number of aspiration points that can be paid of 126. They intend to achieve 165 points in 2020/21, which is above the maximum number of aspiration points for their band. They therefore receive an aspiration payment of £6,048 (i.e. 126 points multiplied by £48 is £6,048).

The pharmacy achieves 180 points in 2020/21 (assuming the maximum number of points for the PCN prevention domain). In addition, the points delivered by all contractors mean the value per point is set at £72. In the initial reconciliation payment, the pharmacy contractor receives £6,912 (180 points multiplied by £72 is £12,960, and the pharmacy has already received £6,048). Final data for the PCN prevention domain show that the contractor achieved 20.5 points and not the maximum 22.5 points for this domain and hence the final reconciliation comes at a reduction of £144 (22.5 – 20.5 points multiplied by £72).