

Drug Tariff Part VIIA - Pharmacy Quality Scheme (England)

Pharmacy Quality Scheme (PQS) 2022/2023

1. Gateway criteria

- 1.1 To qualify for the Pharmacy Quality Scheme (PQS) 2022/23 payment, pharmacy contractors will have to meet all the gateway criteria in Table 1 by the end of 31 March 2023. Pharmacy contractors must claim payment for the PQS 2022/23 during the declaration period, which is between 09:00 on 6 February 2023 and 23:59 on 3 March 2023.
- 1.2 Meeting the gateway criteria will not, in and of itself, earn a PQS payment for the pharmacy contractor, as these payments are also subject to the payment conditions relating to the domains, which are made up of the quality criteria set out in section 2.

Table 1. Gateway criteria

Domain	Description of the Gateway criterion
Gateway Criteria	<p>Advanced services – New Medicine Service (NMS)</p> <p>Contractors must have delivered a minimum of 20 NMS between 1 April 2022 and end of 31 March 2023.</p> <p>Contractors will not be required to make a declaration for this gateway criterion as the automatic verification assessment of whether a contractor has met the NMS gateway criterion will be confirmed against the NHS Business Services Authority's (NHSBSA) payment data for NMS.</p>
Gateway Criteria	<p>Patient Safety Report</p> <p>By the end of 31 March 2023, contractors must have a new written safety report (new since March 2022 when this criterion was last included in PQS or covering the last two years if not previously claimed; or since the contractor acquired or opened the pharmacy if this time period is less than two years) at premises level, available for inspection from the end of 31 March 2023, covering analysis of incidents and incident patterns (taken from an ongoing log), evidence of sharing learning locally and nationally, and actions taken in response to national patient safety alerts.</p> <p>Demonstrable learnings from a review of all patient safety incidents must be incorporated into the safety report. This must include a review of, and subsequent actions, where mitigation taken has failed to prevent a look-alike, sound-alike (LASA) incident or LASA near miss from occurring.</p> <p>Demonstrably, the pharmacy contractor actively identifies and manages the risks at premises level associated with LASA and other high-risk medicines.</p> <p>Demonstrably, the pharmacy contractor has put in place actions to prevent these risks, for example, physical separation, staff awareness raising, visual warnings, tags or labels on shelving, fatigue reduction strategies or enhanced checking procedures for these.</p> <p>There must be demonstrable evidence of all actions identified in the patient safety report having been implemented.</p> <p>Contractors who undertook this gateway criterion for a previous declaration will not be able to use the same patient safety report to make a claim in the 2022/23 PQS declaration.</p>

	<p>When making a declaration for this gateway criterion, the following information must be reported on the Manage Your Service (MYS) application:</p> <ul style="list-style-type: none"> a declaration that by the end of 31 March 2023 the contractor will have a new written safety report (new since March 2022 when this criterion was last included in PQS or covering the last two years if not previously claimed or since the contractor acquired or opened the pharmacy if this time period is less than two years) at premises level available for inspection from the end of 31 March 2023, covering analysis of incidents and incident patterns (taken from an ongoing log), evidence of sharing learning locally and nationally, and actions taken in response to national patient safety alerts.
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2. PQS 2022/23 domains

- 2.1 Pharmacy contractors who have evidence demonstrating that they have met all of the gateway criteria by the end of 31 March 2023, which must be declared between 09:00 on 6 February 2023 and 23:59 on 3 March 2023 will receive a PQS payment, provided they declared as having met and also have evidence demonstrating 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 only exception to this is for the Healthy Living Support Domain, see Table 2 for further details). The overall level of the PQS payment will depend on how many of the domains the pharmacy contractor declares it meets.
- 2.2 Please note, the validity period for training for the PQS 2022/23 runs until the end of 31 March 2023 so, for example, if a registered pharmacy professional needs to complete the CPPE sepsis online training and e-assessment, this will need to be completed within the two years prior to 31 March 2023 (between 1 April 2021 and the end of 31 March 2023).

Table 2. Domains and quality criteria

Domain	Description of the Quality criterion
Risk Management & Safeguarding	<p>Risk Review Update</p> <p>By the end of 31 March 2023, all registered pharmacy professionals working at the pharmacy on the day of the declaration must have satisfactorily completed, within the last two years (between 1 April 2021 and end of 31 March 2023), the CPPE sepsis online training¹ and passed the e-assessment.²</p> <p>By the end of 31 March 2023, all registered pharmacy professionals working at the pharmacy on the day of the declaration must have satisfactorily completed the CPPE risk management guide³ and passed the e-assessment.⁴</p> <p>Please note, for the 2023/24 PQS, registered pharmacy professionals will be required to have satisfactorily completed the CPPE risk management guide and passed the e-assessment within the four years prior to 31 March 2024 (between 1 April 2020 and 31 March 2024). Originally, this four year requirement was due to be introduced into the 2022/23 PQS but due to the start date of the scheme being delayed, it has been agreed to delay this requirement until the 2023/24 Scheme.</p>

¹ <https://www.cppe.ac.uk/gateway/sepsis>

² <https://www.cppe.ac.uk/programmes/?t=Sepsis-A-02&evid=>

³ <https://www.cppe.ac.uk/programmes//riskman-g-02>

⁴ <https://www.cppe.ac.uk/programmes/?t=RiskManG-A-03&evid=>

	<p>By the end of 31 March 2023, the contractor must have available, at premises level, an update of the previous risk review undertaken as part of the PQS 2021/22 or if not previously completed, a new risk review. The risk review must include:</p> <ul style="list-style-type: none"> • managing the risk of missing sepsis identification, • missing red flag symptoms during over the counter (OTC) consultations and • minimising the risk of transmission of COVID-19. <p>The risk review must also include a recorded reflection on the identified risks and the risk minimisation actions that the pharmacy team has been taking since completing the risk review and any subsequent actions identified must be demonstrably completed as a result of this reflection.</p> <p>When making a declaration for this criterion, the following information must be reported on the MYS application:</p> <ul style="list-style-type: none"> • 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 training¹ and passed the associated e-assessment² since 1 April 2021. • the total number of registered pharmacy professionals working at the pharmacy on the day of the declaration who have not satisfactorily completed the CPPE sepsis online training¹ and passed the associated e-assessment² since 1 April 2021 but who will undertake this requirement between the day of the declaration and the end of 31 March 2023. • the total number of registered pharmacy professionals working at the pharmacy on the day of the declaration who have satisfactorily completed the CPPE risk management guide³ and passed the associated e-assessment⁴. • the total number of registered pharmacy professionals working at the pharmacy on the day of the declaration who have not satisfactorily completed the CPPE risk management guide³ and passed the associated e-assessment⁴ but who will undertake this requirement by the end of 31 March 2023. • a declaration that by the end of 31 March 2023 the contractor will have, at premises level, an update of the previous risk review undertaken as part of the PQS 2021/22 or a new risk review (if they did not declare as meeting the Risk review domain for the PQS in 2021/22) which includes the risk minimisation actions that the pharmacy team has been taking; and any subsequent actions identified and demonstrably completed as a result of these reflections for: <ul style="list-style-type: none"> - managing the risk of missing sepsis identification, - missing red flag symptoms during OTC consultations and - minimising the risk of transmission of COVID-19. <p>Contractors should note an additional new risk review is a requirement in the Prevention domain which is on missing cancer symptoms. Further information is provided in the Prevention domain section of this table.</p>
	<p>Safeguarding Level 3 Webinar</p> <p>By the end of 31 March 2023, all registered pharmacy professionals working at the pharmacy on the day of the declaration must have watched the bespoke one-hour webinar training video for community pharmacy⁵</p>

⁵ <https://portal.e-lfh.org.uk/Component/Details/767185>

	<p>available on the elearning for healthcare (elfh) website, or alternatively attended the live training event held on 30 June 2022, to cover adult and child safeguarding level 3 (please note there is no e-assessment for this e-learning) and have completed an action plan on how they will manage people who require a safeguarding referral.</p> <p>When making a declaration for this criterion, the following information must be reported on the MYS application:</p> <ul style="list-style-type: none"> the total number of registered pharmacy professionals working at the pharmacy on the day of the declaration that have watched the one-hour training webinar video⁵ for community pharmacy or attended the live training on 30 June 2022. the total number of registered pharmacy professionals working on the day of the declaration who have not yet watched the one-hour training webinar video⁵ but who will undertake this requirement by the end of 31 March 2023. A declaration that by the end of 31 March 2023 the contractor will have, at premises level, an action plan available for inspection on how they will manage people who require a safeguarding referral.
	<p>Domestic Abuse Prevention</p> <p>By the end of 31 March 2023, all* patient-facing staff that provide advice on medicines or healthcare working at the pharmacy on the day of the declaration must have satisfactorily:</p> <ul style="list-style-type: none"> completed the Domestic abuse awareness (Safe spaces training)⁶ which is hosted on the CPPE website and have passed the quiz⁶ on the training. read and understood the Ask for ANI and Safe Spaces schemes: training toolkit.⁷ <p>By the end of 31 March 2023, at least one person responsible for the premises must have:</p> <ul style="list-style-type: none"> read and understood the Safe Spaces Set-up Toolkit.⁸ <p>Please note, it is not a requirement of the PQS 2022/23 to register as a Safe Space or to register to participate in Ask for ANI; however, the intention is to ensure all patient-facing staff that provide advice on medicines or healthcare know how they can provide assistance, when required, for vulnerable people seeking help with domestic abuse.</p> <p>* Staff members, who have been affected by domestic abuse and do not wish to undertake the Safe Spaces training, are exempt from completing it. Contractors must record the number of staff at the pharmacy who have not undertaken the training under this exemption. This will need to be dealt with sensitivity.</p> <p>When making a declaration for this criterion, the following information must be reported on the MYS application:</p> <ul style="list-style-type: none"> the total number of patient-facing staff that provide advice on medicines or healthcare working at the pharmacy on the day of the declaration who have satisfactorily completed the following: <ul style="list-style-type: none"> Completed the Domestic Abuse awareness (Safe spaces training)⁶ and have passed the quiz.⁶ Read and understood the Ask for ANI and Safe Spaces schemes: training toolkit.⁷

⁶ <https://www.cppe.ac.uk/programmes//domabuse-e-01>

⁷ <https://uksaysnomore.org/resource/ask-for-ani-and-uk-says-no-more-safe-spaces-toolkit/>

⁸ <https://uksaysnomore.org/wp-content/uploads/2020/11/Safe-Spaces- -Tool-Kit-V2- -.pdf>

	<ul style="list-style-type: none"> the total number of patient-facing staff that provide advice on medicines or healthcare working at the pharmacy on the day of the declaration who have not yet satisfactorily completed the following but who will undertake this requirement by the end of 31 March 2023: <ul style="list-style-type: none"> Completed the Domestic Abuse awareness (Safe spaces training)⁶ and have passed the quiz.⁶ Read and understood the Ask for ANI and Safe Spaces schemes: training toolkit.⁷ the total number of staff that have not completed the training under the above exemption.* A declaration that by the end of 31 March 2023 at least one person responsible for the premises will have read the Safe Spaces Set-up toolkit.⁸
Respiratory	<p>Inhaler technique checks</p> <p>By the day of the declaration the pharmacy contractor must be able to evidence that pharmacy staff have offered the NMS, with the appropriate inhaler technique check, to all patients presenting with a prescription for a new inhaler (i.e. for the first time or changed to a new inhaler device) where patients would benefit from this service, especially those switched from a metered dose inhaler (MDI) to a dry powder inhaler.</p> <p>By the end of 31 March 2023, all pharmacists working at the pharmacy on the day of the declaration, who are providing NMS, with the appropriate inhaler technique check, must have satisfactorily completed, within the last four years (between 1 April 2019 and end of 31 March 2023), the CPPE Inhaler technique for health professionals: getting it right e-learning⁹ or attended a CPPE face-to-face inhaler technique workshop and passed the current version of the Inhaler technique for health professionals e-assessment¹⁰ updated on 15 April 2020. Please note that the version of the CPPE Inhaler technique e-assessment available prior to 15 April 2020, does not meet the requirements.</p> <p>When making a declaration for this criterion, the following information must be reported on the MYS application:</p> <ul style="list-style-type: none"> the total number of pharmacists working at the pharmacy on the day of the declaration who have satisfactorily completed the CPPE inhaler technique for health professionals: getting it right training e-learning⁹ and passed the current version of the Inhaler technique for health professionals e-assessment (updated 15 April 2020)¹⁰ between 1 April 2019 and the day of the declaration. the total number of pharmacists working at the pharmacy on the day of the declaration who have not satisfactorily completed the CPPE inhaler technique for health professionals: getting it right training e-learning⁹ and passed the current version of Inhaler technique for health professionals e-assessment (updated 15 April 2020)¹⁰ since 1 April 2019 but who will undertake this requirement by the end of 31 March 2023. the total number of pharmacists working at the pharmacy on the day of the declaration who have attended a CPPE face-to-face inhaler technique workshop and passed the current version of the Inhaler technique for health professionals e-assessment (updated 15 April 2020)¹⁰ since 1 April 2019 and the day of the declaration.

⁹ <https://www.cppe.ac.uk/programmes//inhalers-e-02>

¹⁰ <https://www.cppe.ac.uk/programmes/?t=Inhalers-A-08&evid=>

	<ul style="list-style-type: none"> the total number of pharmacists working at the pharmacy on the day of the declaration who have not attended a CPPE face-to-face inhaler technique workshop and passed the current version of the Inhaler technique for health professionals e-assessment (updated 15 April 2020)¹⁰ since 1 April 2019 but who will undertake this requirement by the end of 31 March 2023. the total number of patients identified as having been prescribed a new inhaler device who were offered an NMS; the total number of patients who were subsequently provided with a face-to-face NMS, including an inhaler technique check; the total number of patients who were subsequently provided with a remote NMS, including an inhaler technique check; and the total number of patients who were referred to their prescriber due to issues identified during the NMS. <hr/> <p>Inhaler waste management</p> <p>By the end of 31 March 2023, all patient-facing pharmacy staff working at the pharmacy on the day of the declaration have been trained on the reasons why used, unwanted and expired inhalers should be returned to the pharmacy for safe disposal and the adverse effects on the environment when inhalers are disposed of in domestic waste.</p> <p>By the end of 31 March 2023, the pharmacy must be able to evidence that they have spoken (a verbal conversation rather than written communication) with all patients, their carer or representatives, for whom they have dispensed an inhaler between 10 October 2022 and the day of the declaration, about the environmental benefits of them returning all unwanted and used inhaler devices to a community pharmacy for safe and environmentally friendly disposal. Discussions can be supplemented with other communication methods such as leaflets, emails and texts.</p> <p>When making a declaration for this criterion, the following information must be reported on the MYS application:</p> <ul style="list-style-type: none"> the total number of patient-facing pharmacy staff working at the pharmacy on the day of the declaration who have been trained on the reasons why used, unwanted and expired inhalers should be returned to the pharmacy for safe disposal and the adverse effects on the environment when inhalers are disposed of in domestic waste. the total number of patient-facing pharmacy staff working at the pharmacy on the day of the declaration who have not been trained on the reasons why used, unwanted and expired inhalers should be returned to the pharmacy for safe disposal and the adverse effects on the environment when inhalers are disposed of in domestic waste but who will undertake this requirement by the end of 31 March 2023. the total number of conversations had with patients and/or their carer or representatives on the safe and environmentally friendly disposal of their inhaler between 10 October 2022 and the day of the declaration. <hr/> <p>Use of a Spacer in Patients Aged 5-15 Years</p> <p>Between 10 October 2022 and the day of the declaration, the pharmacy can evidence that they have:</p> <ul style="list-style-type: none"> checked that all children aged 5 to 15 prescribed a press and breathe pressurised MDI for asthma have a spacer device, where appropriate, in line with NICE TA38¹¹ and
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¹¹ <https://www.nice.org.uk/guidance/ta38>

- referred children aged 5 to 15 with asthma to an appropriate healthcare professional where this is not the case.

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

- the total number of children aged 5 to 15 referred to a prescriber for a spacer device, where appropriate, in line with [NICE TA38](#)¹¹ between 10 October 2022 and the day of the declaration.

Personalised Asthma Action Plans (PAAP)

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

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

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

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

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

By the day of the declaration, the pharmacy can show evidence that patients with asthma, for whom three or more short-acting bronchodilator inhalers were dispensed without any corticosteroid inhaler within a six-month period have, since the last review point, been referred to an appropriate healthcare professional for an asthma review.

The contractor will normally be referring the patient to their GP, GP practice based respiratory nurse specialist/asthma nurse or practice-based pharmacist for a routine appointment.

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

- the total number of patients with asthma, for whom three or more short-acting bronchodilator inhalers were dispensed without any corticosteroid inhaler within a six-month period and who were referred to an appropriate healthcare professional for an asthma review by the day of the declaration.

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

Where no patients are identified for referral under any of the criteria of the domain, the contractor will still be eligible for payment if they can evidence that they have robustly attempted to identify suitable patients and that they

	<p>have processes in place for referrals should they identify a patient who is suitable. They will need to declare no patients have been identified as needing these interventions on the MYS declaration. Contractors are advised to record any intervention and/or referral made in the patient medication record (PMR).</p>
<p>Healthy Living Support</p>	<p>Weight Management</p> <p>By the end of 31 March 2023, all non-registered patient-facing pharmacy staff who provide health advice working at the pharmacy on the day of the declaration must have satisfactorily completed, within the last four years (between 1 April 2019 and end of 31 March 2023), the All Our Health bitesize training and assessments on Adult Obesity¹² and Childhood Obesity¹³ to gain a broader understanding of the causes and effects of obesity.</p> <p>By the end of 31 March 2023, all registered pharmacy professionals working at the pharmacy on the day of the declaration must have satisfactorily completed, within the last four years (between 1 April 2019 and end of 31 March 2023), sections one and three of the CPPE Weight management for adults: understanding the management of obesity e-learning¹⁴ and e-assessment.¹⁵</p> <p>Pharmacy teams are also required to either update their existing weight management action plan or complete a new weight management action plan (if they did not declare as meeting the weight management criteria for a previous PQS) of how they would assist a person who would like support with their weight. The weight management action plan should include, but should not be limited to, a list of local and national support or exercise groups that the person could be referred to (as appropriate) and support materials/tools they could use, for example, NHS materials such as Better Health, Let's do this¹⁶ and the NHS website¹⁷ (contractors should note that neither exercise groups or "Let's do this" should be recommended on their own, but in conjunction with other support, because exercise on its own has been shown not to lead to weight loss). It should also include details of how to refer people to the NHS Digital Weight Management Programme¹⁸ for those with hypertension and/or diabetes or available Local Authority funded tier 2 weight management services (where the individuals meet the criteria for referral).</p> <p>For contractors who claimed for the Healthy Living Support domain in the PQS 2021/22, an update to the previous action plan will be required. In addition, the pharmacy team's knowledge and understanding of weight management and how to identify and engage suitable patients must be reviewed. Methods used to identify patients for referral must be reviewed for effectiveness.</p> <p>Pharmacy teams must proactively discuss weight management with a minimum of 25 patients.</p>

¹² <https://portal.e-lfh.org.uk/Component/Details/571222>

¹³ <https://portal.e-lfh.org.uk/Component/Details/587409>

¹⁴ <https://www.cppe.ac.uk/programmes/l/weightman-e-01/>

¹⁵ <https://www.cppe.ac.uk/programmes/l/?t=WeightManE-A-06&evid=49996>

¹⁶ [Better Health, Let's do this](#)

¹⁷ <https://www.nhs.uk/>

¹⁸ <https://pharmacy.wmp.nhs.uk/>

Pharmacy teams are encouraged to review the former Public Health England (PHE) [Let's Talk About Weight](#)¹⁹ infographic and [Let's talk about weight: a step-by-step guide to brief interventions with adults for health and care professionals](#)²⁰ guidance for support with initiating and managing conversations with people about weight management.

A competent individual within the pharmacy (for example, registered pharmacy professional or nominated team member) must be able to offer to measure a patient's Body Mass Index (BMI), using an appropriate BMI calculator such as, the [NHS healthy weight calculator](#),²¹ and measure waist circumference. This should include explaining the purpose of measuring BMI and waist circumference. Pharmacies must have access to equipment to accurately measure height, weight and waist circumference.

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

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

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

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

- the total number of non-registered patient-facing pharmacy staff who provide health advice working at the pharmacy on the day of the declaration who have satisfactorily completed the All Our Health bitesize training and assessments on [Adult Obesity](#)¹² and [Childhood Obesity](#)¹³ since 1 April 2019;
- the total number of non-registered patient-facing pharmacy staff who provide health advice working at the pharmacy on the day of the declaration who have not satisfactorily completed the All Our Health bitesize training and assessments on [Adult Obesity](#)¹² and [Childhood Obesity](#)¹³ since 1 April 2019 but who will undertake this requirement by the end of 31 March 2023.
- the total number of registered pharmacy professionals working at the pharmacy on the day of the declaration who have satisfactorily completed section one and three of the [CPPE Weight management for adults: understanding the management of obesity e-learning](#)¹⁴ and [e-assessment](#)¹⁵ since 1 April 2019;
- the total number of registered pharmacy professionals working at the pharmacy on the day of the declaration who have not

¹⁹https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/675028/LTAW_Final_Infographic_Oct_2017_adults.pdf

²⁰https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/737903/weight_management_toolkit_Let_s_talk_about_weight.pdf

²¹<https://www.nhs.uk/live-well/healthy-weight/bmi-calculator/>

	<p>completed section one and three of the CPPE Weight management for adults: understanding the management of obesity e-learning¹⁴ and e-assessment¹⁵ since 1 April 2019 but who will undertake this requirement by the end of 31 March 2023.</p> <ul style="list-style-type: none"> • a declaration that by the end of 31 March 2023 the contractor will have, at premises level, a new or updated weight management action plan, available for inspection, on how they would assist a person who would like support with their weight, with demonstrable evidence of completion; • the total number of patients that the pharmacy team has proactively discussed weight management with by the day of the declaration; • for those that have not proactively discussed weight management with 25 patients by the day of the declaration but intend to do so by the end of 31 March 2023, a declaration that they intend to undertake this requirement by the end of 31 March 2023. • the total number of patients who had their BMI calculated and waist circumference measured, including explanation of the definition of BMI and the potential health impact of each by the day of the declaration; • the total number of patients referred to Local Authority funded tier 2 weight management services between 10 October 2022 and the day of the declaration; • the total number of patients referred to the NHS Digital Weight Management Programme¹⁸ for those with hypertension and/or diabetes between 10 October 2022 and the day of the declaration; and • for those that have not referred at least four patients (who meet the criteria for referral) to either a Local Authority funded tier 2 weight management service or the NHS Digital Weight Management Programme¹⁸ between 10 October 2022 and the day of the declaration, but intend to do so by the end of 31 March 2023, a declaration that they intend to undertake this requirement by the end of 31 March 2023.
<p>Prevention</p>	<p>Antimicrobial Stewardship</p> <p>Pharmacy staff must have reviewed their practice to include two TARGET leaflets; Treating your infection – Urinary Tract Infection (UTI)²² and Treating your infection - Upper Respiratory Tract Infection (RTI),²³ to help them assess patients presenting to the pharmacy with suspected UTI or upper RTI without a prescription, provide tailored advice to patients and promote awareness of antimicrobial resistance and antimicrobial stewardship.</p> <p>This review must be completed by the end of 31 March 2023 and must be carried out over four weeks with a minimum of 15 patients for each leaflet, or up to eight weeks if the minimum number of patients are not achieved within four weeks for each leaflet.</p> <p>Contractors must collect data when using the leaflets and this anonymised data must be shared with NHS England by the end of 31 March 2023. The information that needs to be submitted is included in the NHS England</p>

²² <https://elearning.rcgp.org.uk/mod/book/view.php?id=13511&chapterid=786>

²³ <https://elearning.rcgp.org.uk/mod/book/view.php?id=13511&chapterid=787>

	<p>PQS 2022/23 Guidance and must be reported on the audit collection tool on MYS. No patient identifiable data should be entered onto MYS.</p> <p>Where no patients are identified for the review, the contractor will still be eligible for payment if they can evidence that they have robustly attempted to identify suitable patients. They will need to declare no patients have been identified as being suitable for review on the data collection tool on MYS by the end of 31 March 2023.</p> <p>Contractors must make a record of the start and end date of the review, as they will be required to enter this information into the MYS application when they make their PQS declaration.</p> <p>Contractors must have incorporated the TARGET leaflets into their day-to-day practice, evidenced by changes to local standard operating procedures, in order to help educate patients, improve patient knowledge and ability to self-care, and reduce any unnecessary demand on GPs from patients requesting antibiotics for upper RTI and UTI.</p> <p>By the end of 31 March 2023 all non-registered pharmacy staff working at the pharmacy on the day of the declaration must have satisfactorily completed, within the last three years (between 1 April 2020 and 31 March 2023), the Infection prevention and control Level 1 e-learning and assessment²⁴ on the elfh website.</p> <p>By the end of 31 March 2023 all registered pharmacy professionals working in the pharmacy on the day of the declaration must have satisfactorily completed, within the last three years (between 1 April 2020 and 31 March 2023), the Infection Prevention and Control Level 2 e-learning and assessment²⁵ on the elfh website.</p> <p>By the end of 31 March 2023 all patient-facing pharmacy staff that provide advice on medicines or healthcare working in the pharmacy on the day of the declaration must have satisfactorily completed, within the last three years (between 1 April 2020 and 31 March 2023), the Antimicrobial Stewardship for Community Pharmacy e-learning and e-assessment.²⁶</p> <p>By the end of 31 March 2023 all patient-facing staff that provide advice on medicines or healthcare, working in the pharmacy on the day of the declaration should have become Antibiotic Guardians,²⁷ if they have not already done so, and have an awareness of the content of the local antibiotic formulary and how to access it.</p> <p>By the end of 31 March 2023 contractors must have available, at premises level, an AMS Action Plan for the pharmacy, available for inspection, which details how they will promote AMS. The Action Plan must include details of how all pharmacy staff involved in the provision of self-care advice will incorporate the principles of AMS into self-care advice, including reinforcing the messages around appropriate use of antibiotics, and the uptake of vaccinations, including the flu vaccine. There must be documented evidence, at the pharmacy, that the actions within the plan have been implemented by the day of the declaration.</p>
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²⁴ <https://portal.e-lfh.org.uk/Component/Details/564333>

²⁵ <https://portal.e-lfh.org.uk/Component/Details/564321>

²⁶ <https://portal.e-lfh.org.uk/Component/Details/602874>

²⁷ <https://antibioticguardian.com/>

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

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

- a declaration that by the end of 31 March 2023 the contractor will have completed the TARGET treating your infections review
- the start and end date of the review
- a declaration that where concerns are identified when completing the review, that the patient's GP will be promptly notified
- a declaration that by the end of 31 March 2023 the contractor will have shared their anonymised audit data or have declared that no patients have been identified as being suitable for review via the data collection tool on the NHSBSA MYS application.
- the total number of non-registered pharmacy staff working at the pharmacy on the day of the declaration who have satisfactorily completed [Infection prevention and control Level 1 e-learning and assessment](#)²⁴ on the elfh website since 1 April 2020.
- The total number of non-registered pharmacy staff working at the pharmacy on the day of the declaration who have not satisfactorily completed [Infection prevention and control Level 1 e-learning and assessment](#)²⁴ on the elfh since 1 April 2020 but who will undertake this requirement by the end of 31 March 2023.
- the number of registered pharmacy professionals working at the pharmacy on the day of the declaration who have satisfactorily completed [Infection Prevention and Control Level 2 e-learning and assessment](#)²⁵ on the elfh website since 1 April 2020.
- the total number of registered pharmacy professionals working at the pharmacy on the day of the declaration who have not satisfactorily completed [Infection Prevention and Control Level 2 e-learning and assessment](#)²⁵ on the elfh website since 1 April 2020 but who will undertake this requirement by the end of 31 March 2023.
- the total number of patient-facing pharmacy staff working at the pharmacy on the day of the declaration who have satisfactorily completed the [Antimicrobial Stewardship for Community Pharmacy e-learning and e-assessment](#)²⁶ since 1 April 2020.
- the total number of patient-facing pharmacy staff working at the pharmacy on the day of the declaration who have not completed the [Antimicrobial Stewardship for Community Pharmacy e-learning and e-assessment](#)²⁶ since 1 April 2020 but who will undertake this requirement by the end of 31 March 2023.
- the number of patient-facing staff that provide health advice, working at the pharmacy on the day of the declaration who have become [Antibiotic Guardians](#)²⁷ and have an awareness of the local antibiotic formulary, including how to access it.
- the number of patient-facing staff that provide health advice, working at the pharmacy on the day of the declaration who have not yet become [Antibiotic Guardians](#)²⁷ and do not have an awareness of the local antibiotic formulary, including how to access it, but who will undertake this requirement by the end of 31 March 2023.
- a declaration that by the end of 31 March 2023 the contractor will have, at premises level, a new or updated AMS action plan on how they would promote AMS in their day-to-day practice.

<p>Prevention</p>	<p>Cancer Awareness</p> <p>By the end of 31 March 2023, the contractor must confirm that all patient-facing staff that provide advice on medicines or healthcare working at the pharmacy on the day of the declaration have satisfactorily completed the Let's Communicate Cancer E-learning (BOPA)²⁸ Module 1 and have completed the quiz on Module 1,²⁹ which is available on the elfh website. Please note, if patient-facing staff that provide advice on medicines or healthcare have completed the BOPA Let's Communicate Cancer Series on the BOPA website since 31 March 2021 and have the certificate of completion, then there is no requirement to repeat Module 1 on the elfh website.</p> <p>By the end of 31 March 2023, the contractor must have available on the pharmacy premises a new risk review for minimising the risk of missing suspected cancer symptoms and ensuring appropriate referrals are made and recorded in the patient's medication record. Contractors should keep a record of how many referrals to GPs are made by the day of the declaration. Module 1 of the e-learning must be completed to ensure referrals are appropriate.</p> <p>When making a declaration for this criterion, the following information must be reported on the MYS application:</p> <ul style="list-style-type: none"> the total number of patient-facing staff that provide advice on medicines or healthcare working at the pharmacy on the day of the declaration who have satisfactorily completed Module 1 of the Let's Communicate Cancer (BOPA)²⁸ and completed the quiz on Module 1²⁹ or have completed the BOPA Let's Communicate Cancer Series on the BOPA website and have the certificate of completion. the total number of patient facing staff that provide advice on medicines or healthcare working at the pharmacy on the day of the declaration who have not yet completed Module 1 of the Let's Communicate Cancer (BOPA)²⁸ and the associated quiz on Module 1,²⁹ but who will undertake this requirement by the end of 31 March 2023. A declaration that by the end of 31 March 2023, the contractor will have available, at premises level, a new risk review undertaken as part of the PQS 2022/23 which includes the management plans to minimise the risk of missing suspected cancer symptoms. The total number of patients referred by the day of the declaration to GPs following detection of red flag signs and symptoms that could be suspected cancer symptoms.
<p>Addressing Unwarranted Variation in Care</p>	<p>Palliative and End of Life Care Action Plan</p> <p>As soon as possible after 16 January 2023 and by the end of 31 March 2023, the contractor:</p> <ul style="list-style-type: none"> must have updated NHS Profile Manager* if they routinely hold the 16 palliative and end of life critical medicines listed below and can support local access to parenteral haloperidol. If NHS Profile Manager is updated centrally by head office, it will need to be confirmed that this will be done by the end of 31 March 2023.

²⁸ <https://portal.e-lfh.org.uk/Component/Details/756899>

²⁹ <https://portal.e-lfh.org.uk/Component/Details/757257>

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

The 16 critical end of life medicines are:

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

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

The action plan must include:

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

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

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

- Confirm if the pharmacy does or does not stock the 16 palliative and end of life critical medicines.
- If the pharmacy does stock the 16 palliative and end of life critical medicines, a declaration that by the end of 31 March 2023, NHS Profile Manager* will have been updated to indicate that this is the case.

	<ul style="list-style-type: none"> • A declaration that by the end of 31 March 2023, the pharmacy will have an action plan in place on the premises, available for inspection, with collated information from pharmacies in their local area to be able to aid a patient, relative/carer in obtaining medication as swiftly as possible by redirecting them to the nearest open community pharmacy that stocks the 16 critical end of life medicines and/or parenteral haloperidol. <p>*Further details will be given in the NHS England Pharmacy Quality Scheme – Guidance 2022/23</p>
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2.3 The following applies to all training that is associated with PQS 2022/23. Many of the criteria in this scheme include training and related assessments being undertaken by pharmacy team members. The following terms are used in the requirements to define different types of staff:

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

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

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

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

2.7 If staff members have previously completed any of the training and, where applicable, successfully passed the e-assessments which are within the validity period as explained in 2.2, they are not required to complete this training again.

2.8 All training and e-assessments must have been successfully completed by the end of 31 March 2023. However, in relation to training requirements 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 end of 31 March 2023 the pharmacy contractor can count them as having completed the training and assessment, if the pharmacy contractor has a training plan in place to ensure that these staff complete the training and assessment within 30 days of the day of the declaration or by the end of 31 March 2023, whichever is the later. This training plan and demonstrable evidence of completion of training and assessment, must be retained at the pharmacy to demonstrate that the pharmacy contractor has met this quality criterion.

2.9 By the end of 31 March 2023, 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, an electronic

copy of the personalised certificate (stored and accessible digitally) provided upon completion of the training and assessment (where applicable), as evidence that all relevant members of staff have completed the training.

3. Payment for PQS 2022/23

- 3.1 Pharmacy contractors must claim payment for the PQS 2022/23 during the declaration period which is between 09:00 on Monday 6 February 2023 and 23:59 on 3 March 2023. Contractors must have evidence to demonstrate meeting the gateway criteria and the domains that they have claimed for by the end of 31 March 2023.
- 3.2 Pharmacy contractors will need to make a declaration to the NHSBSA using the MYS application. PQS Guidance will be available on the NHS England website.
- 3.3 The respiratory domain has a designated maximum number of points dependent on the participating contractor's total prescription volume in 2021/22^{*/**/**/****} according to the NHSBSA's payment data as shown in Table 3.

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

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

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

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

Table 3. Maximum number of points per domain

Band	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6
Annual Items	0-1,200	1,201-30,000	30,001-60,000	60,001-150,000	150,001-230,000	230,001+
Risk Management & Safeguarding	1.25	25.00	25.00	25.00	25.00	25.00
Respiratory	1.25	16.67	20.83	25.00	29.17	33.33

Healthy living support	Intervention: 0.5 Referral: 0.5 (Total: 1.00)	Intervention: 10.00 Referral: 10.00 (Total: 20.00)				
Prevention	1.00	20.00	20.00	20.00	20.00	20.00
Addressing unwarranted variation in care	0.5	10.00	10.00	10.00	10.00	10.00
Total	5.00	91.67	95.83	100.00	104.17	108.33

3.4 The total funding for PQS 2022/23 is £75 million. The funding will be divided between qualifying pharmacies based on the number of points they have achieved up to a maximum £135.00 per point. Each point will have a minimum value of £67.50, based on all pharmacy contractors achieving maximum points. Payments will be made to eligible contractors depending on the band they are placed in, how many domains they have declared they are meeting, and hence points claimed.

3.5 For example:

Assuming the number of contractors in each band and the average number of points achieved by each contractor is as set out in 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
Band 1	21	3
Band 2	326	55
Band 3	1,567	58
Band 4	6,061	60
Band 5	832	63
Band 6	153	65

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

However, each point is capped at a total of £135.00. So, the contractor would receive £135.00 per point they earned.

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

4. Aspiration payment

4.1 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 2022/23.

4.2 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://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/manage-your-service-mys>. The aspiration payment must be claimed between 09:00 on 10 October 2022 to 23:59 on 4 November 2022.

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

4.4 The aspiration payment will be reconciled with payment for the PQS 2022/23 on 1 April 2023. Where there is a change of ownership during the course of 2022/23 which results in a new ODS code for the contractor, and the previous contractor received an aspiration payment and does not make a declaration between 9:00 on 6 February 2023 and 23:59 on 3 March 2023, this aspiration payment will be recovered from the previous contractor. A new contractor cannot rely upon the PQS activities conducted by a previous contractor for PQS payment where a change of ownership has resulted in a new ODS code being issued for the contractor.

4.5 For example:

Example 1

Annual items in 2021/22	100,000
PQS band for 2022/23	Band 4
Maximum 'aspiration points' which can be paid	70
Points intended to deliver, as per Aspiration payment declaration	100
Aspiration payment (paid at £67.50 per aspiration point)	£4,725
Points actually delivered, as per 2022/2023 declaration (made between 9:00 on 6 February 2023 and 23:59 on 3 March 2023)	100
Reconciliation payment (1 April 2023) (based on final value of £80.00 per point)	£3,275
Total 2022/23 PQS payment	£8,000

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

Example 2

Annual items in 2021/22	25,000
PQS band for 2022/23	Band 2
Maximum 'aspiration points' which can be paid	64.17
Points intended to deliver, as per Aspiration payment declaration	55
Aspiration payment (paid at £67.50 per aspiration point)	£3,712.50
Points actually delivered, as per 2022/2023 declaration (made between 9:00 on 6 February 2023 and 23:59 on 3 March 2023)	45
Reconciliation payment (1 April 2023) (based on final value of £72.50 per point)	-£450.00
Total 2022/23 PQS payment	£3,262.50

The pharmacy's 2021/22 prescription volumes would put them in Band 2 for 2022/23 PQS. They intend to achieve 55 points in 2022/23. They receive an aspiration payment of £3,712.50 (i.e. 55 points is below the maximum aspiration points, and 55 multiplied by £67.50 is £3,712.50). The

pharmacy achieves 45 points and the points delivered by all contractors mean the value of a point is set at £72.50. In the reconciliation payment the pharmacy contractor is deducted £450.00.