

## Part VIIA - Pharmacy Quality Scheme (England)

### Pharmacy Quality Scheme (PQS) 2023/2024

#### 1. PQS 23/24 gateway criterion

- 1.1 To qualify for the Pharmacy Quality Scheme (PQS) 2023/24 payment, pharmacy contractors will have to meet the gateway criterion in Table 1 by the end of 31 December 2023. Pharmacy contractors must claim payment for the PQS 2023/24 quality criteria during the declaration period, which is between 09:00 on 5 February 2024 and 23:59 on 1 March 2024.
- 1.2 Meeting the gateway criterion 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 Criterion	<p><b>Advanced Services – New Medicine Service (NMS)</b></p> <p>Contractors must have delivered a minimum of 15 NMS between 1 April 2023 and by the end of 31 December 2023.</p> <p><i>Further information for contractors who open or change ownership from 1 June 2023 is detailed in 3.1.</i></p> <p>Contractors will not be required to make a declaration for this gateway criterion as this will be verified by a post payment review of the contractor's NMS payment data between 1 April 2023 and by the end of 31 December 2023 held by the NHS Business Services Authority – contractors must ensure all NMS are claimed by the end of 5 January 2024.</p> <p>Contractors should note that they will <b>not</b> be able to claim payment for the quality criteria during the declaration period if the gateway criterion has not been met.</p>

#### 2. PQS 2023/24 domains

- 2.1 To receive a PQS payment the pharmacy contractor must have met the gateway criterion by the end of 31 December 2023. The contractor must also declare between 09:00 on 5 February 2024 and 23:59 on 1 March 2024 as having met and 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 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 2023/24 runs until the end of 31 March 2024 so, for example, if a pharmacist needs to complete the CPPE inhaler technique for health professionals: getting it right training e-learning and Inhaler technique for health professionals e-assessment, this will need to be completed within the four years prior to 31 March 2024 (between 1 April 2020 and the end of 31 March 2024).

**Table 2. Domains and Quality Criteria**

<b>Domain</b>	<b>Description of the Quality criterion</b>
<p><b>Medicines Safety &amp; Optimisation</b></p>	<p><b>High Risk Medicines – Anticoagulant Audit</b></p> <p>By the end of 31 March 2024, contractors must have implemented, into their day-to-day practice, the recommendations for community pharmacy from the first anticoagulant audit from the PQS 2021/22 found in the <u>Community pharmacy oral anticoagulant safety audit 2021/22 report</u>.<sup>1</sup> The pharmacy must also have completed the revised audit, including notifying the patient's GP where concerns are identified, sharing their anonymised data with NHS England, and incorporating any learnings from the audit into future practice by the end of 31 March 2024. The information that needs to be submitted to NHS England is included in the audit document and must be reported on the MYS data collection tool.</p> <p><b>No patient identifiable data should be entered onto the MYS data collection tool.</b></p> <p>Where no patients are identified for the audit, the contractor will still be eligible for payment if:</p> <ul style="list-style-type: none"> <li>• the contractor can evidence that they have robustly attempted to identify suitable patients and;</li> <li>• 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 2024.</li> </ul> <p>The audit must be carried out with a minimum of 15 patients over two weeks or over a four-week period if 15 patients are not achieved, and there must be a follow up of any patient that is referred to their prescriber to identify what actions were taken. Contractors should make a record of the start and end date of the audit as they will be required to enter this information into the MYS application when they make their declaration.</p>
	<p><b>Palliative and End of Life Care Action Plan</b></p> <p>As soon as possible after 1 June 2023 and by the end of 31 March 2024 the contractor:</p> <ul style="list-style-type: none"> <li>• must have updated NHS Profile Manager to show they are a 'Pharmacy palliative care medication stockholder' if they routinely hold the 16 palliative and end of life critical medicines listed below and can support local access to parenteral haloperidol. If NHS Profile Manager is updated centrally by head office, it will need to be confirmed that this will be done by the end of 31 March 2024. Contractors who claimed this domain in 2022/23 must ensure their status is correct and updated for 2023/24 by logging into NHS Profile Manager and confirming this.</li> </ul>

<sup>1</sup> <https://www.england.nhs.uk/long-read/community-pharmacy-oral-anticoagulant-safety-audit-2021-22/>

Contractors with profiles that cannot currently be updated via NHS Profile Manager, may still claim for this domain and update the Directory of Services (DoS) profile via an alternative NHS England approved route.

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

The 16 critical end of life medicines are:

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

By the end of 31 March 2024, 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.

To qualify for payment 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 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 2023/24 must be available for inspection from the end of 31 March 2024 at premises level.

For contractors who claimed for the Addressing Unwarranted Variation in Care domain in the PQS 2022/23, an update to the previous action plan will be required.

	<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"> <li>• Confirm if the pharmacy does or does not stock the 16 palliative and end of life critical medicines.</li> <li>• If the pharmacy does stock the 16 palliative and end of life critical medicines, a declaration that by the end of 31 March 2024, the DoS will have been updated to indicate that the pharmacy is a 'Pharmacy palliative care medication stockholder'. A declaration that by the end of 31 March 2024, the pharmacy will have a new or updated action plan in place on the premises, available for inspection, with collated information from pharmacies in their local area to be able to aid a patient, relative/carer in obtaining medication as swiftly as possible by redirecting them to the nearest open community pharmacy that stocks the 16 critical end of life medicines and/or parenteral haloperidol.</li> </ul>
<p><b>Respiratory</b></p>	<p><b>Inhaler technique checks</b></p> <p>By the day of the declaration, the 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 2024, 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 2020 and end of 31 March 2024), the <u>CPPE Inhaler technique for health professionals: getting it right e-learning<sup>2</sup></u> or attended a CPPE face-to-face inhaler technique workshop and passed the <u>Inhaler technique for health professionals e-assessment<sup>3</sup></u>.</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"> <li>• the total number of patients identified as having been prescribed a new inhaler device who were offered an NMS.</li> <li>• the total number of patients who were subsequently provided with a face-to-face NMS, including an inhaler technique check.</li> <li>• the total number of patients who were subsequently provided with a remote NMS, including an inhaler technique check.</li> <li>• the total number of patients who were referred to their prescriber due to issues identified during the NMS.</li> <li>• the total number of pharmacists working at the pharmacy on the day of the declaration who have satisfactorily completed the <u>CPPE inhaler technique for health professionals: getting it right training e-learning<sup>2</sup></u> and passed the <u>Inhaler technique for health professionals e-assessment<sup>3</sup></u> between 1 April 2020 and the day of the declaration.</li> <li>• the total number of pharmacists working at the pharmacy on the day of the declaration who have not satisfactorily completed the <u>CPPE inhaler technique for health professionals: getting it right training e-learning<sup>2</sup></u> and passed the <u>Inhaler technique for health professionals e-assessment<sup>3</sup></u> since 1 April 2020 but who will undertake this requirement by the end of 31 March 2024.</li> </ul>

<sup>2</sup> <https://www.cppe.ac.uk/programmes//inhalers-e-02>

<sup>3</sup> <https://www.cppe.ac.uk/programme-listings/e-assessment?ra=inhalers-e-02>

- 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 [Inhaler technique for health professionals e-assessment](#)<sup>3</sup> since 1 April 2020 but who will undertake this requirement by the end of 31 March 2024.

#### **Inhaler waste management**

By the end of 31 March 2024, all patient-facing pharmacy staff working at the pharmacy on the day of the declaration have been trained on the reasons why used, unwanted and expired inhalers should be returned to the pharmacy for safe disposal and the adverse effects on the environment when inhalers are disposed of in domestic waste.

By the end of 31 March 2024, 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 1 June 2023 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.

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

- the total number of patient-facing pharmacy staff working at the pharmacy on the day of the declaration who have been trained on the reasons why used, unwanted and expired inhalers should be returned to the pharmacy for safe disposal and the adverse effects on the environment when inhalers are disposed of in domestic waste.
- the total number of patient-facing pharmacy staff working at the pharmacy on the day of the declaration who have not been trained on the reasons why used, unwanted and expired inhalers should be returned to the pharmacy for safe disposal and the adverse effects on the environment when inhalers are disposed of in domestic waste but who will undertake this requirement by the end of 31 March 2024.
- 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 1 June 2023 and the day of the declaration.

#### **Use of a Spacer in Patients Aged 5-15 Years**

By the end of 31 March 2024, the pharmacy must be able to evidence that between 1 June 2023 and the day of the declaration they have:

- checked that all children aged 5 to 15 prescribed a press and breathe pressurised MDI for asthma have a spacer device, where appropriate, in line with [NICE TA38](#)<sup>4</sup> and
- 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](#)<sup>4</sup> between 1 June 2023 and the day of the declaration.

	<p><b>Personalised Asthma Action Plans (PAAP)</b></p> <p>By the end of 31 March 2024, the pharmacy must be able to evidence that they have checked that all patients aged five years and above dispensed an inhaler for asthma between 1 June 2023 and the day of the declaration have a PAAP.</p> <p>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 1 June 2023 and the day of the declaration to an appropriate healthcare professional where this is not the case.</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"> <li>the total number of patients aged five years and above with asthma referred for a PAAP between 1 June 2023 and the day of the declaration.</li> </ul> <p><b>Referrals for patients using 3 or more short-acting bronchodilator inhalers in 6 months</b></p> <p>By the end of 31 March 2024, the pharmacy must be able to evidence that between 1 June 2023 and the day of the declaration that patients with asthma, for whom three or more short-acting bronchodilator inhalers were dispensed without any corticosteroid inhaler within a six-month period have, since the last review point, been referred to an appropriate healthcare professional for an asthma review.</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"> <li>the total number of patients with asthma, for whom three or more short-acting bronchodilator inhalers were dispensed without any corticosteroid inhaler within a six-month period and who were referred to an appropriate healthcare professional for an asthma review between 1 June 2023 and the day of the declaration.</li> </ul> <p>For contractors who claimed elements of these criteria previously as part of PQS 2022/23, 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.</p> <p>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 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 referrals made in the patient medication record (PMR).</p>
<p><b>Prevention</b></p>	<p><b>Antimicrobial Stewardship</b></p> <p><b>TARGET Antibiotic Checklist</b></p> <p>By the end of 31 March 2024, contractors must have implemented, into their day-to-day practice, the recommendations for community pharmacy from the first TARGET antibiotic checklist<sup>5</sup> review from the PQS 2021/22</p>

<sup>4</sup> <https://www.nice.org.uk/guidance/ta38>

<sup>5</sup> <https://elearning.rcgp.org.uk/mod/book/view.php?id=13511&chapterid=784>

found in the [Findings from the Antimicrobial Stewardship Initiatives report](#).<sup>6</sup> The pharmacy must also have reviewed their current practice again using the [TARGET Antibiotic Checklist](#),<sup>5</sup> in order to provide tailored advice to patients and promote antibiotic awareness and stewardship.

This review must be carried out over four weeks with a minimum of 25 patients; or up to eight weeks if the minimum number of patients are not achieved within four weeks. Contractors should 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 declaration. The review must be completed by the end of 31 March 2024.

Using the [TARGET Antibiotic Checklist](#),<sup>5</sup> appropriately trained staff must discuss the antibiotic prescribed with the patient or representative to help ensure safe and effective use. Attempts should be made for this discussion to occur with all eligible patients to promote antimicrobial stewardship. It may be appropriate to speak to an identified patient representative.

If there is a potential risk of antibiotic related adverse effects (for example, change in allergy status) or concerns about the patient's therapy, the prescriber must be contacted to suggest a review is undertaken and the details of this intervention recorded in the pharmacy PMR. The pharmacy team should support the patient to reduce the risk of adverse effects arising from ongoing antibiotic therapy and optimise outcomes through education and advice as well as adopting principles of shared decision-making.

The data from the checklists must be added to the MYS data collection tool by the end of 31 March 2024. **No patient identifiable data should be entered onto the MYS data collection tool.**

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 2024.

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

- a declaration that the contractor has completed the [TARGET Antibiotic Checklist](#)<sup>5</sup> review.
- a declaration that the contractor has notified the patient's prescriber where concerns are identified.
- a declaration that by the end of 31 March 2024, the contractor will have shared their anonymised Antibiotic Checklist review 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.

**TARGET Treating Your Infection Leaflets**  
***To be completed between 1 September 2023 and end of 31 March 2024***

Pharmacy staff must have reviewed their practice to include two [TARGET leaflets](#); [Treating your infection – Urinary Tract Infection \(UTI\)](#)<sup>7</sup> and

<sup>6</sup> <https://www.england.nhs.uk/publication/pharmacy-quality-scheme-guidance/>

<sup>7</sup> <https://elearning.rcgp.org.uk/mod/book/view.php?id=13511&chapterid=788>

Treating your infection - Upper Respiratory Tract Infection (RTI),<sup>7</sup> 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.

Contractors should review the recommendations of the 2022/23 TARGET Treating Your Infection leaflet data collection report, which will be published by 1 September 2023 by NHS England prior to completing the 2023/24 review.

This review 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 is not achieved within four weeks.

Contractors must collect data when using the leaflets and this anonymised data must be shared with NHS England by the end of 31 March 2024. The information that needs to be submitted is included in the NHS England PQS 2023/24 Guidance and must be reported on the data collection tool on MYS, that will be available from 1 September 2023. **No patient identifiable data should be entered onto MYS.**

Where no patients are identified for the review, the contractor will still be eligible for payment if they can evidence that they have robustly attempted to identify suitable patients. They will need to declare no patients have been identified as being suitable for review on the data collection tool on MYS by the end of 31 March 2024.

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 data collection tool when they make their PQS declaration.

Contractors must have incorporated the TARGET leaflets into their day-to-day practice, evidenced by changes to local standard operating procedures, in order to help educate patients, improve patient knowledge and ability to self-care, and reduce any unnecessary demand on prescribers from patients requesting antibiotics for upper RTI and UTI.

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 2024 the contractor will have completed the TARGET treating your infection leaflets review.
- a declaration that where concerns are identified when completing the review, that the patient's GP practice will be promptly notified.
- a declaration that by the end of 31 March 2024 the contractor will have shared their anonymised TARGET treating your infections review data or have declared that no patients have been identified as being suitable for review via the data collection tool on MYS.

### **Training**

By the end of 31 March 2024, 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 2021 and 31 March

2024), the Infection prevention and control Level 1 e-learning and assessment<sup>8</sup> on the elfh website.

By the end of 31 March 2024 all registered pharmacy professionals working at the pharmacy on the day of the declaration must have satisfactorily completed, within the last three years (between 1 April 2021 and 31 March 2024), the Infection Prevention and Control Level 2 e-learning and assessment<sup>9</sup> on the elfh website.

By the end of 31 March 2024 all patient-facing pharmacy staff that provide advice on medicines or healthcare working at the pharmacy on the day of the declaration must have satisfactorily completed, within the last three years (between 1 April 2021 and 31 March 2024), the Antimicrobial Stewardship for Community Pharmacy e-learning and e-assessment.<sup>10</sup>

When making a declaration for this criterion, contractors must confirm the following on the 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<sup>8</sup> on the elfh website since 1 April 2021.
- 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<sup>8</sup> on the elfh since 1 April 2021 but who will undertake this requirement by the end of 31 March 2024.
- 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<sup>9</sup> on the elfh website 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 Infection Prevention and Control Level 2 e-learning and assessment<sup>9</sup> on the elfh website since 1 April 2021 but who will undertake this requirement by the end of 31 March 2024.
- 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<sup>10</sup> since 1 April 2021.
- 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<sup>10</sup> since 1 April 2021 but who will undertake this requirement by the end of 31 March 2024.

#### **Antibiotic Guardian pledge**

By the end of 31 March 2024, all patient-facing staff that provide advice on medicines or healthcare, working at the pharmacy on the day of the declaration should have become Antibiotic Guardians,<sup>11</sup> if they have not

<sup>8</sup> <https://portal.e-lfh.org.uk/Component/Details/564333>

<sup>9</sup> <https://portal.e-lfh.org.uk/Component/Details/564321>

<sup>10</sup> <https://portal.e-lfh.org.uk/Component/Details/602874>

<sup>11</sup> <https://antibioticguardian.com/>

already done so, and have an awareness of the content of the local antibiotic formulary and how to access it.

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

- 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<sup>11</sup> 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<sup>11</sup> 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 2024.

### **Action plan**

By the end of 31 March 2024, contractors must have available, at premises level, an AMS Action Plan for the pharmacy, available for inspection, which details how they will promote AMS. The Action Plan must include details of how all pharmacy staff involved in the provision of self-care advice will incorporate the principles of AMS into self-care advice, including reinforcing the messages around appropriate use of antibiotics, and the uptake of vaccinations, including the flu vaccine. There must be documented evidence, at the pharmacy, that the actions within the plan have been implemented by the day of the declaration.

For contractors who claimed for the Prevention domain in the PQS 2022/23, 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 2024, 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.

### **Safe disposal**

By the end of 31 March 2024, all patient-facing pharmacy staff working at the pharmacy on the day of the declaration must have been trained on the reasons why unwanted and expired antibiotics should be returned to the pharmacy for safe disposal and the adverse effects on the environment and antimicrobial resistance when antibiotics are disposed of in domestic waste.

The pharmacy must be able to evidence they have spoken (a verbal conversation rather than written communication) with all patients, their carer or representative, for whom they have dispensed antibiotics between 1 June 2023 and the day of the declaration, about the benefits of them returning all unwanted antibiotics to a community pharmacy for safe and environmentally friendly disposal.

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

	<ul style="list-style-type: none"> <li>• 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 unwanted and expired antibiotics should be returned to the pharmacy for safe disposal.</li> <li>• 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 unwanted and expired antibiotics should be returned to the pharmacy for safe disposal but who will undertake this requirement by the end of 31 March 2024.</li> <li>• the total number of conversations had with patients and/or their carers or representatives on the reasons why unwanted and expired antibiotics should be returned to the pharmacy for safe disposal between 1 June 2023 and the day of the declaration.</li> </ul>
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2.3 The following applies to all training that is associated with PQS 2023/24. 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 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.

2.6 All training and e-assessments must have been successfully completed by the end of 31 March 2024. 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 2024 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 2024, 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.

2.7 By the end of 31 March 2024, 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 2023/24

3.1 Pharmacy contractors must claim payment for the PQS 2023/24 quality domains during the declaration period which is between 09:00 on 5 February 2024 and 23:59 on 1 March 2024. Contractors must have evidence to demonstrate meeting the gateway criterion\* and the domains that they have claimed for by the end of 31 March 2024.

\* Contractors, who opened from 1 June 2023 or had a change of ownership resulting in a new ODS code, must deliver 2 NMS multiplied by the number of months they are open, by the end of 31 December 2023, to qualify for payment for PQS 2023/24.

For example, a contractor that opens on 30 September 2023 will need to deliver 8 NMS by the end of 31 December 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 2022/23\*\*/\*\*/\*\*/\*\*\*\* according to the NHSBSA's payment data as shown in Table 3.

\* Contractors, who opened part way through 2022/23, will have their total prescription volume determined as the average number of prescriptions dispensed per month during the full months they were open in 2022/23 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 1 April 2023, will be placed in band 2 for PQS 2023/24. 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 2022, the total prescription volume of the continuing pharmacy will be determined as the item volume for the continuing pharmacy only. The item volume for the closing pharmacy will not be attributed to the continuing pharmacy. This is not the same as a change in ownership situation.

**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+
Medicines Safety and Optimisation	0.75	15.00	15.00	15.00	15.00	15.00
Respiratory	1.25	16.67	20.83	25.00	29.17	33.33

<b>Prevention</b>	1.00	20.00	20.00	20.00	20.00	20.00
<b>Total</b>	<b>3.00</b>	<b>51.67</b>	<b>55.83</b>	<b>60.00</b>	<b>64.17</b>	<b>68.33</b>

3.4 The total funding for PQS 2023/24 is £45 million. The funding will be divided between qualifying pharmacies based on the number of points they have achieved up to a maximum £137.50 per point. Each point will have a minimum value of £68.75, based on all 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	10	2
Band 2	315	30
Band 3	1,498	33
Band 4	5,877	35
Band 5	916	37
Band 6	185	40

The total number of points is 305,891, which means £45 million would deliver a value per point of £147.11.

However, each point is capped at a total of £137.50. So, the contractor would receive £137.50 per point they earned.

This would mean that around £3.0 million (out of the £45 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 2023/24.

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 9:00 on 4 September 2023 to 23:59 on 29 September 2023.

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 £68.75 (i.e. the minimum value of a point for PQS 2023/24).

4.4 The aspiration payment will be reconciled with the payment for the PQS 2023/24 on 1 April 2024. Where there is a change of ownership during the course of 2023/24 and the previous contractor received an aspiration payment and does not make a declaration between 09:00 on 5 February 2024 and 23:59 on 1 March 2024, 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 a PQS payment where a change of ownership has occurred resulted in a new ODS code being issued for the contractor.

4.5 For example:

Example 1

Annual items in 2022/23	100,000
PQS band for 2023/24	Band 4
Maximum 'aspiration points' which can be paid	42
Points intended to deliver, as per Aspiration payment declaration	60
Aspiration payment (paid at £68.75 per aspiration point)	£2,887.50
Points actually delivered, as per 2023/2024 declaration (made between 09:00 on 5 February 2024 and 23:59 on 1 March 2024)	60
Reconciliation payment (1 April 2024) (based on final value of £80.00 per point)	£1,912.50
Total 2023/24 PQS payment	£4,800.00

The pharmacy's 2022/23 prescription volumes would put them in Band 4 for 2023/24 PQS. They intend to achieve 60 points in 2023/24 (i.e. the maximum available for Band 4). They receive an aspiration payment of £2,887.50 (i.e. 70% of 60 points is 42, and 42 multiplied by £68.75 is £2,887.50). The pharmacy achieves the 60 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 £1,912.50.

Example 2

Annual items in 2022/23	25,000
PQS band for 2023/24	Band 2
Maximum 'aspiration points' which can be paid	36.17
Points intended to deliver, as per Aspiration payment declaration	35
Aspiration payment (paid at £68.75 per aspiration point)	£2,406.25
Points actually delivered, as per 2023/2024 declaration (made between 09:00 on 5 February 2024 and 23:59 on 1 March 2024)	25
Reconciliation payment (1 April 2024) (based on final value of £72.50 per point)	-£593.75
Total 2023/24 PQS payment	£1,812.50

The pharmacy's 2022/23 prescription volumes would put them in Band 2 for 2023/24 PQS. They intend to achieve 35 points in 2023/24. They receive an aspiration payment of £2,406.25 (i.e. 35 points is below the maximum aspiration points, and 35 multiplied by £68.75 is £2,406.25). The pharmacy achieves 25 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 £593.75.