

## PHARMACY QUALITY SCHEME (ENGLAND)

### Pharmacy Quality Scheme (PQS) 2026/2027

1. PQS 26/27 gateway criterion
  - 1.1 To qualify for the Pharmacy Quality Scheme (PQS) 2026/27 payment, pharmacy contractors will have to meet the gateway criteria in Table 1 to be eligible for the PQS domains. This includes the questionnaire which must be completed by the end of 31 December 2026. Pharmacy contractors must claim payment for the PQS 2026/27 quality criteria during the declaration period, which is between 09:00 on 1 February 2027 and 23:59 on 26 February 2027.
  - 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 criteria
<b>Gateway Criteria</b>	<p><b>Palliative and End of Life Care Action Plan</b></p> <p>Contractors must complete the questionnaire to evaluate the value of the Palliative and End of Life Care criteria. The questionnaire will be accessible from the NHS-BSA website <a href="https://www.nhsbsa.nhs.uk/provider-assurance-pharmaceutical-services/pharmacy-quality-scheme-pqs">https://www.nhsbsa.nhs.uk/provider-assurance-pharmaceutical-services/pharmacy-quality-scheme-pqs</a> from August 2026 and must be submitted by the end of 31 December 2026 to meet the gateway criteria.</p> <p>Contractors who successfully complete their questionnaire submission will receive a confirmation email as evidence that their submission has been successful. This email must be provided if a contractor needs to demonstrate that they have successfully completed their questionnaire submission. Should a contractor not receive this questionnaire confirmation email within one hour of submitting this then; after first checking their junk email folder, they should email the provider assurance team at <a href="mailto:pharmacysupport@nhsbsa.nhs.uk">pharmacysupport@nhsbsa.nhs.uk</a> immediately to make them aware of the issue.</p> <p><b>No patient identifiable data should be entered into the questionnaire.</b></p> <p>As soon as possible after 1 June 2026 and by the end of 31 March 2027, 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 2027. Contractors who claimed for the Medicines Optimisation domain in 2025/26 must ensure their status is correct and updated for 2026/27 by logging into NHS Profile Manager and confirming this between 1 June 2026 and by the end of 31 March 2027 by verifying their account at <a href="https://organisation.nhswebsite.nhs.uk/sign-in">https://organisation.nhswebsite.nhs.uk/sign-in</a>. If this verification has not been completed, a contractor will not have met this requirement even if their profile is still showing them as a stockholder.</li> </ul> <p>Contractors with profiles that cannot currently be updated via NHS Profile Manager may still meet this criterion and update the Directory of Services (DoS) profile by contacting their Regional DoS lead. Contact details available at <a href="https://servicefinder.nhs.uk/help/contact-your-regional-DoS-team">https://servicefinder.nhs.uk/help/contact-your-regional-DoS-team</a></p> <p>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.</p> <p>The 16 palliative and end of life critical medicines are:</p> <ul style="list-style-type: none"> <li>• Cyclizine solution for injection ampoules 50mg/1ml</li> <li>• Cyclizine tablets 50mg</li> <li>• Dexamethasone solution for injection ampoules 3.3mg/1ml</li> <li>• Dexamethasone tablets 2mg</li> </ul>

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	<ul style="list-style-type: none"> <li>• Haloperidol tablets 500mcg (or 1.5mg tablets or 5mg/5ml liquid)</li> <li>• Hyoscine butylbromide solution for injection 20mg/1ml</li> <li>• Levomepromazine solution for injection ampoules 25mg/1ml</li> <li>• Metoclopramide solution for injection ampoules 10mg/2ml</li> <li>• Midazolam solution for injection ampoules 10mg/2ml</li> <li>• Morphine sulfate oral solution 10mg/5ml</li> <li>• Morphine sulfate solution for injection ampoules 10mg/1ml</li> <li>• Morphine sulfate solution for injection ampoules 30mg/1ml</li> <li>• Oxycodone solution for injection ampoules 10mg/1ml</li> <li>• Oxycodone oral solution sugar free 5mg/5ml</li> <li>• Sodium chloride 0.9% solution for injection ampoules 10ml</li> <li>• Water for injections 10ml</li> </ul> <p>By the end of 31 March 2027, contractors must have an action plan in place to use when they do not have the required stock of the 16 palliative and end of life critical medicines and/or parenteral haloperidol available for a patient. This must include collated information from pharmacies in their area to be able to aid a patient, relative/ carer in obtaining medication as swiftly as possible by redirecting them to the nearest open community pharmacy that stocks the 16 palliative and end of life critical medicines and/or parenteral haloperidol.</p> <p>To meet the Gateway criteria, 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.</p> <p>The action plan must include:</p> <ul style="list-style-type: none"> <li>• an awareness of any locally commissioned services for palliative care including any on call and delivery arrangements;</li> <li>• a list of community pharmacies stocking the 16 palliative and end of life critical medicines for palliative/end of life care in their area and noting the ability to check the DoS to find pharmacies stocking these medicines;</li> <li>• details of where parenteral haloperidol can be accessed locally, e.g. through any local commissioning arrangements;</li> <li>• awareness of other support services that may be useful for patients/relatives/ carers.</li> </ul> <p>The action plan for 2026/27 must be available for inspection from the end of 31 March 2027 at premises level and must be retained for 3 years for PPV purposes.</p> <p>When making a declaration for these criteria, 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 2027, they must have updated their DoS status via NHS Profile Manager to show they are a 'Pharmacy palliative care medication 'stockholder'.</li> <li>• A declaration that by the end of 31 March 2027, the pharmacy will have a new or updated action plan in place on the premises, available for inspection, with collated information from pharmacies in their local area to be able to aid a patient, relative/ carer in obtaining medication as swiftly as possible by redirecting them to the nearest open community pharmacy that stocks the 16 palliative and end of life critical medicines and/or parenteral haloperidol.</li> </ul> <p><b>Contractors should note that they will not be able to claim payment for the quality criteria during the declaration period if the questionnaire has not been completed by 31 December 2026, as the gateway criteria will not have been met.</b></p>
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**2. PQS 2026/27 domains**

- 2.1 To receive a PQS payment, the pharmacy contractor must have met the gateway criteria by the end of 31 December 2026. The contractor must also declare between 09:00 on 1 February 2027 and 23:59 on 26 February 2027 as having met and having evidence demonstrating meeting one or more of the domains in Table 2 (please note, contractors must meet all the quality criteria in each domain to be eligible for a PQS payment in respect of that domain). No PQS payment will be made to contractors that fail to submit their declaration by 23:59 on 26 February 2027, even if they have evidence to demonstrate that they have undertaken the work to meet the scheme requirements. The overall level of the PQS payment will depend on how many of the domains the pharmacy contractor declares it has met.

**Table 2. Domains and Quality Criteria**

Domain	Description of the Quality criteria
Medicines Optimisation & Patient Safety	<p><b>Respiratory</b></p> <p><b>Asthma guidelines</b></p> <p>By the end of 31 March 2027, all pharmacists working at the pharmacy on the day of the declaration must have completed unit 4 (Asthma) of the <u>CPPE Fundamentals of respiratory therapeutics e-course</u><sup>1</sup> (approximately 3 hours) and passed the <u>Asthma e-assessment</u><sup>2</sup> to update their knowledge in line with the new <u>BTS/NICE/SIGN Joint Guideline on Asthma</u><sup>3</sup>.</p> <p>Please note, the CPPE Asthma e-learning is valid from 19 February 2025 when the change to clinical guidance took effect and will need to be completed prior to 31 March 2027. The corresponding validity period requires evidence of completion of the e-course and associated e-assessment between 19 February 2025 and the end of 31 March 2027.</p> <p>Contractors will need to have evidence to demonstrate that all pharmacists working at the pharmacy on the day of the declaration have satisfactorily completed, since 19 February 2025 unit 4 of the CPPE Fundamentals of therapeutics e-learning course and passed the Asthma e-assessment. This evidence must be available for inspection from the end of 31 March 2027 at premises level and must be retained for 3 years for PPV purposes.</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 pharmacists working at the pharmacy on the day of the declaration who have satisfactorily completed unit 4 of the CPPE Fundamentals of respiratory therapeutics e-course and passed the Asthma e-assessment between 19 February 2025 and the end of 31 March 2027.</li> <li>the total number of pharmacists working at the pharmacy on the day of the declaration who have not satisfactorily completed unit 4 of the CPPE Fundamentals of respiratory therapeutics e-course and passed the Asthma e-assessment but who will undertake this requirement by the end of 31 March 2027.</li> <li>that the contractor has the evidence to demonstrate that all pharmacists working at the pharmacy on the day of the declaration have satisfactorily completed unit 4 of the CPPE Fundamentals of respiratory therapeutics e-learning course and passed the Asthma e-assessment or that they will have this evidence between 19 February 2025 and by the end of 31 March 2027.</li> </ul>

<sup>1</sup> <https://www.cppe.ac.uk/programmes//respiratory-ec-01>

<sup>2</sup> <https://www.cppe.ac.uk/programmes//respiratory-a-04>

<sup>3</sup> <https://www.nice.org.uk/guidance/ng244>

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	<p><b>Safe Management of urgent repeat medicines supply requests and referrals</b></p> <p>Following the 'Charlie Marriage: Prevention of Future Deaths Report'<sup>4</sup> and following feedback from Controlled Drug Accountable Officers (CDAOs) on the inappropriate supply of controlled drugs, this criterion focuses on the safe management of urgent repeat medicines supply requests.</p> <p>Contractors must ensure they have appropriate procedures to follow if the pharmacy is unable to respond to requests and/or referrals for urgent supplies of time critical medicines and with specific guidance about the supply of controlled drugs in line with regulations.</p> <p>By the end of 31 March 2027, contractors must have updated all relevant standard operating procedures (SOPs) to include specific guidance to follow in the event they are unable to respond to requests and/or referrals for urgent supplies of medicines. The updated SOPs must contain guidance on:</p> <ol style="list-style-type: none"> <li>1) how urgent requests for time-critical medicines are dealt with and</li> <li>2) how urgent requests for Controlled Drugs are managed in line with regulations.</li> </ol> <p>Contractors must ensure that all pharmacy staff are familiar with the updated SOPs. The SOPs for 2026/27 must be available for inspection from 31 March 2027 at premises level and must be retained for 3 years for PPV purposes.</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>• contractors must declare that by the end of 31 March 2027, the pharmacy will have new or updated SOPs in place on the premises, available for inspection, which includes guidance to staff on how urgent requests for time critical medicines are dealt with, and how urgent requests for Controlled Drugs are managed in line with regulations.</li> </ul>
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<sup>4</sup> <https://www.judiciary.uk/prevention-of-future-death-reports/charlie-marriage-prevention-of-future-deaths-report/>

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<b>Professional Practice</b>	<p><b>Clinical services audit</b></p> <p>Contractors must complete a clinical audit, which will be on the quality of Pharmacy First clinical pathways consultations to develop an action plan for improving practice. In addition to a pharmacist completing the audit, contractors will be expected to ensure the pharmacist completes a peer discussion (approximately 1 to 2 hours) focused on reviewing the findings of the audit and the action plan, with a 'buddy' pharmacist.</p> <p>The audit must be carried out with a minimum of 10 patients. 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. Contractors should choose a period in 2026/27 that achieves the minimum number of patients with sufficient time to complete the audit and peer discussion and their declaration from 1 February 2027.</p> <p>Contractors must complete the audit, action plan and peer discussion no later than 31 March 2027.</p> <p>Further details of the 2026/27 clinical audit will be published and reported on the MYS data collection tool, which will be accessible from the NHS-BSA website <a href="https://www.nhsbsa.nhs.uk/provider-assurance-pharmaceutical-services/pharmacy-quality-scheme-pqs">https://www.nhsbsa.nhs.uk/provider-assurance-pharmaceutical-services/pharmacy-quality-scheme-pqs</a> from August 2026.</p> <p>The pharmacy must have completed the audit, sharing their anonymised data with NHS England, and incorporating any learnings from the audit into future practice by the end of 31 March 2027.</p> <p>Completing the audit data submission is an essential requirement for meeting the audit criterion. Undertaking the audit without submitting the data will mean the contractor will not have met the requirements of this domain. MYS allows a contractor to start their data collection and then return to it later should this be necessary. Where a data collection has been started but not submitted, it will not be eligible for payment.</p> <p>Contractors who successfully complete their data collection submission will receive a data collection submission confirmation email as evidence that their submission has been successful. This email must be provided if a contractor needs to demonstrate that they have successfully completed their data collection submission. Should a contractor not receive this data submission confirmation email within one hour of submitting their declaration then, after first checking their junk email folder, they should email the provider assurance team at <a href="mailto:pharmacysupport@nhsbsa.nhs.uk">pharmacysupport@nhsbsa.nhs.uk</a> immediately to make them aware of the issue.</p> <p><b>No patient identifiable data should be entered onto the MYS data collection tool.</b></p> <p>When making a declaration for this criterion, the following must be confirmed on the MYS application:</p> <ul style="list-style-type: none"> <li>• a declaration that by the end of 31 March 2027 the contractor will have completed the clinical audit;</li> <li>• the start and end date of the audit period (which may be different from the date data are first entered on the MYS data collection tool);</li> <li>• a declaration that by the end of 31 March 2027 the contractor will have shared their</li> </ul>
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	<p>anonymised data or have declared that no patients have been identified as being suitable for audit via the data collection tool on the MYS application;</p> <ul style="list-style-type: none"> <li>• that the contractor has or will have incorporated any learnings from the audit into their action plan to inform future practice by the end of 31 March 2027.</li> <li>• that the contractor has completed a peer discussion and incorporated learning into their professional practice by end of 31 March 2027.</li> </ul>
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- 2.2 For training in PQS 2026/27 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.
- 2.3 An electronic certificate of completion of the training will be provided following the completion of the Asthma e-assessment for Unit 4 of the CPPE Fundamentals of respiratory therapeutics e-course. Contractors must keep a copy of the certificate for each member of staff as evidence that the training and e-assessment has been completed.
- 2.4 If staff members have previously completed the training and, where applicable, successfully passed the e-assessments which are within the validity period as explained in Table 2, they are not required to complete this training again.
- 2.5 All training and e-assessments must have been successfully completed by the end of 31 March 2027. 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 2027 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 2027, 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.
- 2.6 By the end of 31 March 2027, 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.
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3. Payment for PQS 2026/27
- 3.1 Pharmacy contractors must claim payment for the PQS 2026/27 quality domains during the declaration period which is between 09:00 on 1 February 2027 and 23:59 on 26 February 2027. Contractors must have evidence to demonstrate meeting the gateway criterion\* and the domains that they have claimed for by the end of 31 March 2027.  
\*Contractors who opened or had a change of ownership from 1 January 2027 resulting in a new ODS code will not be eligible for the gateway criterion and will not qualify for payment for PQS 2026/27.
- 3.2 Pharmacy contractors will need to make a declaration to the NHSBSA using the MYS application. MYS is available at <https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/manage-your-service-mys>. Completing the declaration is an essential requirement for meeting the scheme requirements. Undertaking some or all the scheme requirements without submitting the final declaration will not enable a payment to be made. MYS allows a contractor to start their declaration and then return to it later should this be necessary. Where a declaration has been started but not submitted, it will not be eligible for payment. Contractors are advised to take care in completing their declaration, and to review their answers before submitting. Declarations cannot be reopened, reset or amended once submission has been made. Contractors who successfully complete their declaration will receive a declaration confirmation email as evidence that their declaration has been successful. This email must be provided if a contractor needs to demonstrate that they have successfully completed their declaration. Should a contractor not receive this declaration confirmation email within one hour of submitting their declaration then, after checking their junk email folder, they should email the provider assurance team at [pharmacysupport@nhsbsa.nhs.uk](mailto:pharmacysupport@nhsbsa.nhs.uk) immediately to make them aware of the issue.
- 3.3 The domains have a designated maximum number of points dependent on the participating contractor's total prescription volume during the period from February 2025 to January 2026 <sup>\*\*</sup>/<sub>\*\*\*</sub>/<sub>\*\*\*\*</sub> according to the NHSBSA's payment data as shown in Table 3.
- \* Contractors, who opened part way through this period, will have their total prescription volume determined as the average number of prescriptions dispensed per month during the full months they were open from February 2025 to January 2026 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 February 2026, will be placed in band 2 for PQS 2026/27. 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 2.
- \*\*\*\* Where two pharmacies have consolidated, in accordance with Regulation 26A, since 1 February 2025, 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
<b>Annual Items</b>	<b>0-1,800</b>	<b>1,801 and above</b>
<b>Medicines Optimisation &amp; Patient Safety</b>	0.75	15.00
<b>Professional Practice</b>	0.75	15.00
<b>Total</b>	1.50	30.00

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3.4 The total funding for PQS 2026/27 is £20 million. The funding will be divided between qualifying pharmacies based on the number of points they have achieved up to a maximum £128.40 per point. Each point will have a minimum value of £64.20, 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	1
Band 2	8,310	18

The total number of points is 149,590 which means £20 million would deliver a value per point of £133.70.

However, each point is capped at a total of £128.40. So, the contractor would receive £128.40 per point they earned. This would mean that around £0.8 million (out of the £20 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 2026/27.

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 13 July 2026 to 23:59 on 28 July 2026 for contractors to receive payment on 1 September 2026.

4.3 Completing the declaration within the declaration window is essential to receive an aspiration payment. MYS allows a contractor to start their declaration and then return to it later should this be necessary. Where a declaration has been started but not submitted, it will not be eligible for payment. Contractors are advised to take care in completing their declaration, and to review their answers before submitting. Declarations cannot be reopened, reset or amended once submission has been made. Contractors who successfully complete their declaration will receive a declaration confirmation email as evidence that their declaration has been successful. This email must be provided if a contractor needs to demonstrate that they have successfully completed their declaration. Should a contractor not receive this declaration confirmation email within one hour of submitting their declaration then, after checking their junk email folder, they should email the provider assurance team at [pharmacysupport@nhsbsa.nhs.uk](mailto:pharmacysupport@nhsbsa.nhs.uk) immediately to make them aware of the issue.

4.4 The maximum number of points for which a pharmacy contractor can be paid an aspiration payment is 80% of the number of points available. The value of each point for the aspiration payment is set at £64.20 (i.e. the minimum value of a point for PQS 2026/27).

4.5 The aspiration payment will be reconciled with the payment for the PQS 2026/27 on 1 April 2027. Where there is a change of ownership during the course of 2026/27 and the previous contractor received an aspiration payment and does not make a declaration between 09:00 on 1 February 2027 and 23:59 on 26 February 2027, 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 occurred resulting in a new ODS code being issued for the contractor.

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## 4.6 For example:

## Example 1

PQS band for 2026/27	Band 2
Maximum 'aspiration points' which can be paid	24
Points intended to deliver, as per Aspiration payment declaration	30
Aspiration payment (paid at £64.20 per aspiration point)	£1,540.80
Points actually delivered, as per 2026/2027 declaration (made between 09:00 on 1 February 2027 and 23:59 on 26 February 2027)	30
Reconciliation payment (1 April 2027) (based on final value of £75 per point)	£709.20
Total 2026/27 PQS payment	£2,250.00

The pharmacy's prescription volume in the period from February 2025 to January 2026 would put them in Band 2 for 2026/27 PQS. They intend to achieve 30 points in 2026/27 (i.e. the maximum available for Band 2). They receive an aspiration payment of £1,540.80 (i.e. 80% of 30 points is 24, and 24 multiplied by £64.20 is £1,540.80). The pharmacy achieves the 30 points as intended. In addition, the points delivered by all contractors mean the value of a point is set at £75. In the reconciliation payment the pharmacy contractor receives £709.20.

## 5. Validation of Claims

- 5.1 NHS England has a duty to be assured that where contractors choose to take part in the PQS that they meet the requirements of the scheme and earn the payments claimed. NHS England will work with the NHSBSA Provider Assurance Team to undertake verification checks on all declarations. The verification checks include comparing the information provided by contractors in their declarations against the datasets and evidence sources available, as well as evidence held by the pharmacy to demonstrate meeting the scheme requirements.
- 5.2 When contractors make their submission for the PQS 2026/27, they are making a declaration that they have met the gateway criteria and will meet the quality criteria in each of the domains they are claiming for by the end of 31 March 2027. It is the contractor's responsibility to be able to provide evidence of meeting the scheme requirements and this may be required by the NHSBSA for post-payment verification.
- 5.3 Contractors experiencing any difficulty with collating evidence of meeting the scheme requirements or making the declarations for the PQS 2026/27 can contact the NHSBSA Provider Assurance Team at [pharmacysupport@nhsbsa.nhs.uk](mailto:pharmacysupport@nhsbsa.nhs.uk) to make them aware of these difficulties at the time the difficulties occur.
- 5.4 In cases where NHS England consider that a claim has been made for a PQS payment for which the contractor is not eligible, it will be treated as an overpayment. In such cases, contractors will be contacted by the NHSBSA and notified of the overpayment recovery process. Any overpayment recovery would not prejudice any action that NHS England may also seek to take under the performance related sanctions and market exit powers within The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.
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