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# Pharmacy Quality Scheme

Guidance 2022/23

10 October 2022

# Contents

1. Introduction .....	3
2. Gateway Criteria .....	6
2.1 Advanced Services - New Medicine Service (NMS).....	7
2.2 Patient Safety report .....	9
3. Quality criteria .....	11
4. Risk Review Update.....	12
5. Safeguarding Level 3 .....	15
6. Domestic Abuse Prevention Campaign.....	17
7. Respiratory.....	20
Personalised asthma action plans (PAAP), use of spacers in children aged 5-15 years and referrals for patients using 3 or more short-acting bronchodilator inhalers in 6 months.....	20
Inhaler technique checks.....	21
Inhaler waste management .....	22
<b>7.3.1 Inhaler technique checks</b> .....	23
<b>7.3.2 Inhaler waste management</b> .....	24
<b>7.3.3 Use of a spacer in patients aged 5-15 years</b> .....	24
<b>7.3.4 Personalised Asthma Action Plan (PAAP)</b> .....	24
<b>7.3.5 Referrals for patients using 3 or more Short-Acting Bronchodilator inhalers in 6 months</b> .....	25
8. Weight Management.....	27
9. Antimicrobial stewardship .....	32
10. Cancer Awareness.....	38
11. Palliative and End of Life Care (PEoLC) Action Plan .....	41
12. Training .....	44
13. Payments and declarations.....	47
<b>13.1 Pharmacy payment bands</b> .....	48
<b>13.2 Aspiration payment</b> .....	49
<b>13.3 Declarations: Manage Your Service</b> .....	51
<b>13.4 Declaration process</b> .....	51
14. Validation of claims .....	53
Appendix .....	55

# 1. Introduction

The Pharmacy Quality Scheme (PQS) forms part of the Community Pharmacy Contractual Framework (CPCF). It supports delivery of the NHS Long Term Plan and rewards community pharmacy contractors that deliver quality criteria in three quality dimensions: clinical effectiveness, patient safety and patient experience.

NHS England, in collaboration with internal and external stakeholders, has developed the PQS for 2022/23. Details of the PQS for 2022/23 have been provided in Part VIIA of the [Drug Tariff](#).<sup>1</sup> This document replaces guidance issued for all previous schemes and provides further detail for contractors regarding how they demonstrate compliance with this year's scheme requirements.

Each domain within the PQS has a designated maximum number of points – see Table 3: Maximum number of points per domain for each band. For the PQS 2022/23, the maximum number of points for bands 2 to 6 for each domain, except the Respiratory domain, will be fixed irrespective of the participating contractor's total prescription item volume. For the Respiratory domain the maximum number of points will be on a banding system based on the participating contractor's total prescription item volume between 1 April 2021 and 31 March 2022 (according to the NHS Business Services Authority's (NHSBSA) payment data). This is to better reflect the workload of meeting the Respiratory domain requirements for different contractors. Contractors in band 1 should refer to Table 3: Maximum number of points per domain for each band, for the points allocated to each domain.

The PQS 2022/23 includes an aspiration payment, which will be made to contractors to support cash flow. The aspiration payment must be claimed between 09:00 on 10 October 2022 and 23:59 on 4 November 2022. The maximum number of points for which a pharmacy can be paid an aspiration payment is 70% of the number of points they aspire to achieve. 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 the PQS 2022/23. For further information, refer to section 13.2 Aspiration payment of this guidance.

Contractors participating in the PQS 2022/23 will need to declare during the declaration window: opens at 09:00 on 6 February 2023 and closes at 23:59 on 3 March 2023. Due to the late start of the PQS in Year 4 of the 5-year CPCF, contractors will have until the end of 31 March 2023 to complete some elements of the PQS. Where this is the case, they will be asked to declare that the requirements of the criterion will be met by the end of 31 March 2023.

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<sup>1</sup> <https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/drug-tariff>

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 and how many domains they have declared they are meeting. Contractors must declare that all the criteria for each domain have been completed using the Manage Your Service (MYS) portal to achieve the allocated points for each domain: the only exception to this is for the Healthy living support domain – please see [section 8](#) for further information. Further details on the payment structure can be found in the [Payments and declarations](#) Payments and declarations section of this guidance.

It is recommended that contractors thoroughly familiarise themselves with this guidance document if they are considering taking part in the PQS 2022/23.

Copies of previous quality scheme guidance can be requested by contacting [ENGLAND.CommunityPharmacy@nhs.net](mailto:ENGLAND.CommunityPharmacy@nhs.net).

Table 1: Summary of PQS 2022/23 gateway criteria, domains and quality criteria

PQS Domain	Quality criteria	Points (band 4 contractor)
Gateway	Advanced Services - New Medicine Service (NMS)	N/A
	Patient Safety report	
Quality Domain		
Risk Management & Safeguarding	Risk Review Update	25
	Safeguarding Level 3	
	<b>Error! Reference source not found.</b>	
Respiratory	Inhaler Technique Checks Inhaler Waste Management Referrals for Patients Using 3 or More Bronchodilators in 6 Months Use of a Spacer in Patients Aged 5-15 Years Personalised Asthma Action Plan <b>Error! Reference source not found.</b>	25
Healthy Living Support	<ul style="list-style-type: none"> <li>by the day of declaration.</li> </ul> Weight Management <b>Error! Reference source not found.</b>	20 (10 for interventions, 10 for referrals)
Prevention	<b>Error! Reference source not found.</b>	20
	Cancer Awareness	
Addressing Unwarranted Variation in Care	<b>Error! Reference source not found.</b>	10
Total		100

Please note, the maximum number of points for bands 2 to 6 for each domain, except the Respiratory domain, will be fixed irrespective of the participating contractor's total prescription item volume. Contractors in band 1 will be eligible for a lower number of points. The Respiratory domain will be based on a banding system. Contractors are advised to refer to Table 3: Maximum number of points per domain for each band, to determine the maximum number of points available.

## 2. Gateway Criteria

By the end of 31 March 2023, pharmacy contractors must meet all gateway criteria to qualify for a PQS 2022/23 payment outlined in sections:

- 2.1 Advanced Services - New Medicine Service (NMS)
- 2.2 Patient Patient Safety report

To be eligible to take part in the PQS and be eligible for a PQS payment, pharmacy contractors must declare in their declaration that they will achieve the gateway criteria by the end of 31 March 2023.

**The declaration must be made between 09:00 on 6 February 2023 and 23:59 on 3 March 2023.**

## 2.1 Advanced Services - New Medicine Service (NMS)

### 2.1.1 Aim

The aim of this gateway criterion is to ensure that all pharmacies taking part in the scheme meet all the terms of service requirements and are choosing to actively provide clinical support to patients by providing NMS.

### 2.1.2 Rationale

The NMS service provides initial support to people who are newly prescribed a medicine to manage a long-term condition and has been shown to improve their medication adherence.<sup>2</sup>

Research<sup>3</sup> has shown that pharmacists can successfully intervene when a medicine is newly prescribed, with repeated follow up in the short term, to increase effective medicine taking for the treatment of a long-term condition. The NMS significantly increased the proportion of patients adhering to their new medicine by about [10%](#)<sup>4</sup> compared with normal practice. A health economic analysis<sup>5</sup> of the NMS in 2017 concluded that it would be beneficial to extend the service to other medicines. For each condition, a list of eligible medicines have been published on the [NHSBSA website](#).<sup>6</sup>

Full details of the expanded list of therapeutic groups are published in [Advanced Services: Part VIC of Drug Tariff](#)<sup>7</sup> and [NMS service specification](#).<sup>8</sup>

### 2.1.3 Gateway criterion

Only contractors who have completed 20 NMS between 1 April 2022 and end of 31 March 2023, i.e., NMS completed before the end of the financial year and have claimed for these by 5 April 2023 will be eligible for a PQS payment.

Any claims for NMS submitted to the NHSBSA after 5 April 2023 will not be considered for the PQS gateway.

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<sup>2</sup> <https://link.springer.com/article/10.1007/s40273-017-0554-9>

<sup>3</sup> <https://www.nottingham.ac.uk/~pazmjb/nms/>

<sup>4</sup> <https://qualitysafety.bmj.com/content/25/10/747>

<sup>5</sup> <https://link.springer.com/article/10.1007/s40273-017-0554-9>

<sup>6</sup> <https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/new-medicine-service-nms-drug-lists>

<sup>7</sup> [https://www.drugtariff.nhsbsa.nhs.uk/#/00824567-DD/DD00824329/Part%20VIC%20-%20Advanced%20Services%20\(Pharmacy%20and%20Appliance%20Contractors\)\(England\)](https://www.drugtariff.nhsbsa.nhs.uk/#/00824567-DD/DD00824329/Part%20VIC%20-%20Advanced%20Services%20(Pharmacy%20and%20Appliance%20Contractors)(England))

<sup>8</sup> <https://www.england.nhs.uk/wp-content/uploads/2021/10/B0936-service-specification-nhs-nms-advanced-service.pdf>

Contractors are therefore advised to regularly check the NMS that have been undertaken, and the associated payment claims that they have submitted in the lead up to the 5 April 2023 deadline to ensure that they have delivered and claimed for the 20 NMS by 5 April 2023 to meet this gateway requirement for PQS. Any pharmacies that fail to have claimed for 20 NMS by 5 April 2023 will not have met this gateway requirement.

#### **2.1.4 Reporting**

Contractors must have delivered a minimum of 20 NMS between 1 April 2022 and the end of 31 March 2023. 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 NHSBSA's payment data for NMS.



## 2.2 Patient Safety report

### 2.2.1 Aim

This gateway criterion aims to embed a positive safety culture in community pharmacy, ensuring errors and near misses are recorded, learnt from, and actions are taken to prevent future harm.

### 2.2.2 Rationale

The safety report is a gateway criterion for 2022/23. This is to reflect that reporting and learning from errors should now be embedded in day-to-day practice for contractors.

Pharmacy teams may wish to review the [Royal Pharmaceutical Society Professional standards for the reporting, learning, sharing, taking action and review of incidents](#)<sup>9</sup> to support meeting this criterion. The professional standards describe good practice and good systems of care for reporting, learning sharing, acting and reviewing of incidents (error reporting) as part of a patient safety culture. The implementation of these standards will improve patient safety and the quality of pharmaceutical services.

Contractors may also wish to review the resources available on [The Community Pharmacy Patient Safety Group](#)<sup>10</sup> website, to aid the embedding of a culture of sharing and learning within the pharmacy team and therefore improve patient safety. This group is also responsible for the [Safety culture survey 2021](#).<sup>11</sup> The results of this survey showed 95% of respondents reported errors to improve practice and 80% to help others learn from mistakes. This shows pharmacy teams are aware of the reason for reporting incidents, and the inclusion of the patient safety report in the gateway criteria will build on this.

### 2.2.3 Gateway criterion

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 the PQS or covering the last two years if not previously claimed; or since the contractor acquired or opened the pharmacy if 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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<sup>9</sup><https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/Error%20Reporting/rslar-standards-nov-2016.pdf>

<sup>10</sup><https://pharmacysafety.org/>

<sup>11</sup><https://pharmacysafety.org/2022/04/07/safety-culture-survey-2021/>

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. Demonstrably, the pharmacy contractor actively identifies and manages the risks at premises level associated with LASA and other high-risk medicines.

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. There must be demonstrable evidence of all actions identified in the patient safety report having been implemented.

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 declaration.

Contractors may wish to use the template available on the Pharmaceutical Services Negotiating Committee (PSNC) [website](#)<sup>12</sup> to collate and review patient safety incidents each month. Contractors can use the output of these forms to complete their overall patient safety report; a template for this is also available on the PSNC website.

#### **2.2.4 Reporting**

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

A declaration that by the end of 31 March 2023 the contractor will have a newly written safety report (new since March 2022 when this criterion was last included in the 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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<sup>12</sup> <https://psnc.org.uk/quality-and-regulations/pharmacy-quality-scheme/>

### 3. Quality criteria

The PQS 2022/23 contains five domains. Table 1: Summary of PQS 2022/23 gateway criteria, domains and quality criteria, shows the allocation of points per domain. For the PQS 2022/23, the maximum number of points for each domain, except for the Respiratory domain, will be fixed irrespective of the participating contractor's total prescription item volume for bands 2-6. For the Respiratory domain the maximum number of points will be on a banding system and is shown based on a pharmacy in band 4 (as the majority of contractors dispense at this prescription volume). There is a different points allocation for contractors in band 1.

To view the allocation of points for the other bands, please see Table 3: Maximum number of points per domain for each band.

Contractors must declare that all the criteria for each domain have been completed on the MYS portal to claim the allocated points for each domain. The only exception to this is for the Healthy living support domain – please see [section 8](#) for further information.

## 4. Risk Review Update

### 4.1 Aim

The aim of this quality criterion is to ensure that all pharmacy professionals understand and recognise the risks associated with their professional practice and understand how to review, assess, prioritise and mitigate against risks in their workplace.

### 4.2 Rationale

Significant progress has been made to date on developing the safety culture of community pharmacy since the inception of the first Quality Payments Scheme (the previous name for the PQS) in 2016. Previous quality schemes have facilitated a more structured approach to the development and improvement of the safety culture in many pharmacies through reflection on safety reports and risk reviews that identify, assess and mitigate risk.

Previous quality schemes have focused on:

- prevention of LASA dispensing errors and near misses;
- work to identify and support patients with suspected sepsis; and
- managing the risk of missing red flag symptoms during over the counter (OTC) consultations.

This quality criterion links to the NHS priorities to continuously improve patient safety as outlined in the [NHS Patient Safety Strategy](#)<sup>13</sup> and supports contractors to build and reflect on the work undertaken in previous years.

[Clinical governance](#)<sup>14</sup> is one of the Terms of Service for all pharmacy contractors as part of the NHS CPCF – risk management is a key element of this. Pharmacy contractors have a responsibility to be aware of the risks associated with work within their premises, and to take steps to mitigate and to reduce these risks.

For pharmacy practice, this is reinforced through the General Pharmaceutical Council's (GPhC) [Standards for registered pharmacies](#)<sup>15</sup> and [Standards for pharmacy professionals](#).<sup>16</sup> Understanding what can go wrong and how it could go wrong provides pharmacy professionals with vital information to identify risky situations, recognise when they happen, and reduce the chance of reoccurrence. Ideally, professionals want to put the safeguards in place to prevent their occurrence in the first place.

<sup>13</sup> <https://www.england.nhs.uk/patient-safety/the-nhs-patient-safety-strategy/>

<sup>14</sup> [https://psnc.org.uk/wp-content/uploads/2013/07/Clinical\\_Governance\\_guidance\\_updated\\_final.pdf](https://psnc.org.uk/wp-content/uploads/2013/07/Clinical_Governance_guidance_updated_final.pdf)

<sup>15</sup> [standards\\_for\\_registered\\_pharmacies\\_june\\_2018\\_0.pdf](https://www.pharmacyregulation.org/sites/default/files/standards_for_registered_pharmacies_june_2018_0.pdf) (pharmacyregulation.org)

<sup>16</sup> [https://www.pharmacyregulation.org/sites/default/files/standards\\_for\\_pharmacy\\_professionals\\_may\\_2017\\_0.pdf](https://www.pharmacyregulation.org/sites/default/files/standards_for_pharmacy_professionals_may_2017_0.pdf)

The new risk review for 2022/23 seeks to build on the work that contractors completed in previous schemes. This criterion requires an update to this work so that the whole pharmacy team are involved in an action plan in order to protect themselves and the people using their services.

Risk review templates to complete the risk review can be found on the [PSNC website](#).<sup>17</sup>

#### 4.3 Quality criterion

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 e-learning](#)<sup>18</sup> and passed the [e-assessment](#).<sup>19</sup>

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 guide](#)<sup>20</sup> and passed the [e-assessment](#).<sup>21</sup>

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.

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:

- managing the risk of missing sepsis identification;
- missing red flag symptoms during OTC consultations; and,
- minimising the risk of transmission of COVID-19.

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. Contractors may find it useful to review the latest [Infection Prevent and Control \(IPC\) guidance](#)<sup>22</sup> as part of their review.

Contractors are also required to complete a risk review for the Cancer awareness criterion (which is part of the Prevention domain – see [section 10](#)). Contractors

<sup>17</sup> <https://psnc.org.uk/quality-and-regulations/pharmacy-quality-scheme/>

<sup>18</sup> <https://www.cppe.ac.uk/gateway/sepsis>

<sup>19</sup> <https://www.cppe.ac.uk/programmes/?t=Sepsis-A-02&evid=>

<sup>20</sup> <https://www.cppe.ac.uk/programmes/riskman-g-02>

<sup>21</sup> <https://www.cppe.ac.uk/programmes/?t=RiskManG-A-03&evid=>

<sup>22</sup> <https://www.gov.uk/guidance/covid-19-information-and-advice-for-health-and-care-professionals>

planning to claim for both domains may wish to consider completing the different elements of the risk review together.

#### 4.4 Reporting

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

- the total number of registered professionals working at the pharmacy on the day of the declaration who will have satisfactorily completed the [CPPE sepsis e-learning](#)<sup>23</sup> and passed the associated [e-assessment](#)<sup>24</sup> 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 e-learning](#)<sup>25</sup> and passed the associated [e-assessment](#)<sup>26</sup> since 1 April 2021 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 the [CPPE Risk Management guide](#)<sup>27</sup> and passed the associated [e-assessment](#)<sup>28</sup>;
- 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 guide](#)<sup>29</sup> and passed the associated [e-assessment](#)<sup>30</sup> but who will undertake this requirement by the end of 31 March 2023; and
- a declaration that by the end of 31 March 2023 the contractor will have, at premises level, an update to 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 have been taking; and any subsequent actions identified and demonstrably completed as a result of these reflections for:
  - managing the risk of missing sepsis identification;
  - missing red flag symptoms during OTC consultations; and,
  - minimising the risk of transmission of COVID-19.

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<sup>23</sup> <https://www.cppe.ac.uk/gateway/sepsis>

<sup>24</sup> <https://www.cppe.ac.uk/programmes/?t=Sepsis-A-02&evid=>

<sup>25</sup> <https://www.cppe.ac.uk/gateway/sepsis>

<sup>26</sup> <https://www.cppe.ac.uk/programmes/?t=Sepsis-A-02&evid=>

<sup>27</sup> <https://www.cppe.ac.uk/programmes/?t=RiskManG-A-03&evid=>

<sup>28</sup> <https://www.cppe.ac.uk/programmes/?t=RiskManG-A-03&evid=>

<sup>29</sup> <https://www.cppe.ac.uk/programmes/?t=RiskManG-A-03&evid=>

<sup>30</sup> <https://www.cppe.ac.uk/programmes/?t=RiskManG-A-03&evid=>

## 5. Safeguarding Level 3

### 5.1 Aim

The aims of this criterion are:

- To support registered pharmacy professionals who are delivering clinical services to apply safeguarding awareness and knowledge
- To improve patient care by empowering registered pharmacy professionals to identify and appropriately manage safeguarding concerns

### 5.2 Rationale

Registered pharmacy professionals are required to have attained safeguarding level 2 in the last two years, an essential requirement for all pharmacies in England since 1 January 2021. Registered pharmacy professionals working in community pharmacy are being asked to undertake bespoke safeguarding training at level 3 because:

- Some NHS England commissioned services (e.g., childhood vaccinations) require the pharmacist to be trained in safeguarding level 3; and,
- The pharmacist may be the only healthcare professional that vulnerable people see or access. It is therefore important that pharmacists are able to confidently identify and manage any safeguarding concerns.

### 5.3 Quality criteria

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 titled [Safeguarding Level 3 for Community Pharmacy Teams](#)<sup>31</sup> available on the e-learning for healthcare (elfh) website or alternatively attended the live webinar on 30 June 2022 (please note there is no e-assessment for this webinar) and have completed an action plan on how they will manage people who require a safeguarding referral.

Having watched the video, registered pharmacy professionals will be able to download a certificate of completion. Registered pharmacy professionals who attended the live webinar on Safeguarding Level 3 on 30 June 2022 would have received a certificate of completion. If certificates have not been received, an email should be sent to [ENGLAND.CommunityPharmacy@nhs.net](mailto:ENGLAND.CommunityPharmacy@nhs.net).

### 5.4 Reporting

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

- the total number of registered pharmacy professionals working at the pharmacy on the day of the declaration that will have watched the one-hour webinar training video titled [Safeguarding Level 3 for Community Pharmacy](#)

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<sup>31</sup> <https://portal.elfh.org.uk/Component/Details/767185>

- [Teams](#)<sup>32</sup> or attended the live webinar on 30 June 2022 for community pharmacy, with the certificates of completion available at premises level;
- the total number of registered pharmacy professionals working at the pharmacy on the day of the declaration who have not yet watched the [one-hour training webinar video](#) or attended the live training but who will undertake this requirement by the end of 31 March 2023; and,
  - A declaration that by the end of 31 March 2023 the contractor will have available, at premises level, an action plan for inspection covering how they will manage people who require a safeguarding referral.

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<sup>32</sup> <https://portal.elfh.org.uk/Component/Details/767185>



## 6. Domestic Abuse Prevention Campaign

### 6.1 Aim

The aim of this criterion is to support the [UK SAYS NO MORE](#)<sup>33</sup> campaign and provide assistance to anyone suffering from domestic abuse by community pharmacy staff having an awareness of domestic abuse. This criterion also aims to ensure they feel informed about what they can do to provide assistance and how they can provide a safe space if they are able and willing to do so.

### 6.2 Rationale

Approximately 2.3 million people experience a form of domestic abuse each year in England and Wales. Two thirds of these people are women.<sup>34</sup>

Hosted by crisis response charity [Hestia](#),<sup>35</sup> [UK SAYS NO MORE](#)<sup>36</sup> is the national prevention and awareness campaign for domestic abuse and sexual violence. It is the home of Safe Spaces and managing host for the Home Office's [Ask for ANI codeword scheme](#).<sup>37</sup>

UK SAYS NO MORE and the Home Office recognised the need to create pathways for victims of domestic abuse to access specialist support, safely. They work together to increase confidence of, amongst others, pharmacy staff to facilitate Safe Spaces and Ask for ANI and respond to disclosures of domestic abuse. Should pharmacies choose to sign up to the schemes they will be provided with co-produced dual-branded assets, training products and evidence impact of both Safe Spaces and Ask for ANI schemes.

Safe Spaces and Ask for ANI continue to expand into more pharmacies as a joint community response to domestic abuse. This allows a victim the choice to ask for a Safe Space, to access the self-guided specialist support information displayed in your consultation room or ask for ANI, a discreet emergency response from pharmacy staff to support the victim in the Safe Space, to contact the police or the specialist services displayed.

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<sup>33</sup> <https://uksaysnomore.org/>

<sup>34</sup> <https://www.gov.uk/government/publications/domestic-abuse-bill-2020-factsheets/domestic-abuse-bill-2020-overarching-factsheet>

<sup>35</sup> <https://www.hestia.org/>

<sup>36</sup> <https://uksaysnomore.org/>

<sup>37</sup> <https://uksaysnomore.org/get-involved/ask-for-ani/>

Over 5,300 pharmacies across the UK are already signed up for the Ask for ANI scheme.<sup>38</sup> Pharmacies are being asked to carry out this training so that people who Ask for ANI in a pharmacy not running the scheme still get an acceptable response.

Each person's experience of domestic abuse is different and not everyone wants an emergency response. Based on the UK SAYS NO MORE's Safe Spaces Initial Impact Survey, they estimated, since the May 2020 launch to August 2020, that there have been at least 3,700 visits to Safe Spaces in pharmacies across the UK.<sup>39</sup>

If, as a contractor, you choose to sign up to the scheme, UK SAYS NO MORE will add your pharmacy to the Safe Spaces and ANI GPS locator on [Safe Spaces Locations - UK SAYS NO MORE](#)<sup>40</sup>. Signing up to the schemes however is not a requirement for this PQS criterion, it is intended that all patient-facing staff who provide healthcare advice become aware of the scheme and feel equipped to provide assistance, when required, to vulnerable people seeking help with domestic abuse.

*For further information, statistics and resources on domestic abuse, Safe Spaces or Ask for ANI scheme, contractors can visit [Together we can end domestic abuse & sexual violence \(uksaysnomore.org\)](#)<sup>41</sup> or email [uksaysnomore@hestia.org](mailto:uksaysnomore@hestia.org)*

### 6.3 Quality criteria

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, who do not fall under the exemption outlined in the footnote, must have satisfactorily:

- completed the [Domestic abuse awareness \(Safe Spaces training\)](#)<sup>42</sup> which is hosted on the CPPE website and have passed the quiz on the training; and,
- read and understood the domestic abuse [Ask for ANI and Safe Spaces schemes: training toolkit](#).<sup>43</sup>

By the end of 31 March 2023, at least one person responsible for the premises must have:

- read and understood the [Safe Spaces Set-up Toolkit](#).<sup>44</sup>

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

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\* 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.

<sup>38</sup> <https://www.hestia.org/news/sadiq-khan-visits-safe-space>

<sup>39</sup> <https://www.hestia.org/Handlers/Download.ashx?IDMF=b9974339-2982-40de-ac88-ed8a0de9a305>

<sup>40</sup> <https://uksaysnomore.org/safespaces>

<sup>41</sup> <https://uksaysnomore.org/>

<sup>42</sup> <https://www.cppe.ac.uk/programmes//domabuse-e-01>

<sup>43</sup> <https://uksaysnomore.org/resource/ask-for-ani-and-uk-says-no-more-safe-spaces-toolkit/>

<sup>44</sup> [https://uksaysnomore.org/wp-content/uploads/2020/11/Safe-Spaces-\\_-Tool-Kit-V2-\\_-pdf](https://uksaysnomore.org/wp-content/uploads/2020/11/Safe-Spaces-_-Tool-Kit-V2-_-pdf)

that provide advice on medicines or healthcare know how they can provide assistance, when required, to vulnerable people seeking help with domestic abuse.

## 6.4 Reporting

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

- the total number of patient-facing staff that provide advice on medicines or healthcare working in the pharmacy on the day of the declaration who have satisfactorily completed the following:
  - Completed the [Domestic Abuse awareness \(Safe spaces training\)](#)<sup>45</sup> and have passed the quiz
  - Read and understood the [Ask for ANI and Safe Spaces schemes: training toolkit](#)<sup>46</sup>
- the total number of patient-facing staff that provide advice on medicines or healthcare working in 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:
  - Completed the [Domestic Abuse awareness \(Safe spaces training\)](#)<sup>47</sup> and have passed the quiz
  - Read and understood the [Ask for ANI and Safe Spaces schemes: training toolkit](#)<sup>48</sup>
- the total number of patient-facing staff who provide advice on medicines or healthcare working in the pharmacy on the day of the declaration who will not have completed the training under the above exemption; and,
- a declaration that by the end of 31 March 2023 at least one person responsible for the premises has read and understood the Safe Spaces set up toolkit.

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<sup>45</sup> <https://www.cppe.ac.uk/programmes//domabuse-e-01>

<sup>46</sup> <https://uksaysnomore.org/resource/ask-for-ani-and-uk-says-no-more-safe-spaces-toolkit/>

<sup>47</sup> <https://www.cppe.ac.uk/programmes//domabuse-e-01>

<sup>48</sup> <https://uksaysnomore.org/resource/ask-for-ani-and-uk-says-no-more-safe-spaces-toolkit/>

## 7. Respiratory

### 7.1 Aim

The aims of this quality criterion are for community pharmacy teams to:

- continue work from previous PQS in reducing morbidity and preventable deaths from asthma through targeted clinical surveillance and evidence-based interventions;
- contribute to optimising inhaler technique and outcomes in patients with asthma and/or chronic obstructive pulmonary disease (COPD); and,
- promote safe and environmentally friendly disposal of all unwanted and used inhaler devices by engaging in discussions with all patients, their carers and/or representatives and to contribute to the delivering a 'Net Zero' National Health Service agenda of being carbon neutral.

### 7.2 Rationale

#### **Personalised asthma action plans (PAAP), use of spacers in children aged 5-15 years and referrals for patients using 3 or more short-acting bronchodilator inhalers in 6 months**

A [new analysis from Asthma & Lung UK](#)<sup>49</sup> identified the UK as having the worst death rate in Western Europe for lung conditions such as asthma and COPD, with the rate of people dying from an asthma attack increasing by more than 30% between 2011 and 2018.<sup>50</sup>

[The National Review of Asthma Deaths \(NRAD\)](#)<sup>51</sup> made several recommendations to improve the care of people with asthma. These included:

- People with asthma should have a structured review by a healthcare professional with specialist training in asthma, at least annually; and,
- All patients who have been prescribed more than 6 short-acting reliever (bronchodilator) inhalers in the previous 6 months should be invited for an urgent review of their asthma control, with the aim of improving their asthma through education and changes in their treatment if required.

For the purposes of this criterion, this has been reduced to all patients prescribed 3 or more short-acting bronchodilator inhalers in the previous 6 months. [Research](#)<sup>52</sup> has shown that patients who received intervention at this point had improved outcomes and a better quality of life. As well as this for the year 2022/23, as part of the [Network Contract Directed Enhanced Services](#)<sup>53</sup> within general practice, there is

<sup>49</sup> <https://www.asthmaandlung.org.uk/lung-conditions-kill-more-people-in-the-uk-than-anywhere-in-western-europe/>

<sup>50</sup> <https://appsso.eurostat.ec.europa.eu/nui/submitViewTableAction.do>

<sup>51</sup> <https://www.rcplondon.ac.uk/projects/outputs/why-asthma-still-kills>

<sup>52</sup> <https://pubmed.ncbi.nlm.nih.gov/18679820/>

<sup>53</sup> <https://www.england.nhs.uk/wp-content/uploads/2022/03/B1963-i-Primary-Care-Network-Contract-Directed-Enhanced-Specification.pdf>

also a focus on reviewing patients overusing short-acting bronchodilators with patients invited for a review if they have received 6 or more inhalers in the previous 12 months.<sup>54</sup>

The [NRAD](#)<sup>55</sup> report made further recommendations identifying that:

- People with asthma should be provided with a PAAP, which can help to identify worsening asthma, support corrective action and advise patients and carers of how and when to seek help. Patients with a PAAP were four times less likely to die from an asthma attack but 77% of patients included in the NRAD report had no record of having a PAAP.

[NICE technological appraisal \(NICE TA38\) guidance](#)<sup>56</sup> recommends the use of spacer devices in combination with press and breathe pressurised metered-dose inhalers (pMDIs) to achieve optimum asthma management in children between the ages of 5 to 15 years (inclusive).

Pharmacy professionals are in an ideal position to detect under and over usage of asthma inhalers through monitoring of patients' ordering of inhalers over a fixed period, to identify children between the ages 5 and 15 years (inclusive) that may benefit from using a spacer device and check all patients aged 5 years and above have an up-to-date PAAP.

### **Inhaler technique checks**

A key finding of the [NRAD report](#)<sup>57</sup> identified asthma sufferers, with [poor inhaler technique](#)<sup>58,59,60</sup> being at increased risk of poor asthma control, potentially resulting in an attack. Incorrect use of inhalers is very common and subsequently leads to [poor control](#)<sup>61</sup> for both patients with asthma and COPD. The high prevalence of suboptimal inhaler technique is supported by a recent systematic review. The main finding of the review was a high frequency of poor and/or [suboptimal inhaler use](#)<sup>62</sup> for all types of devices, but particularly MDIs which had the highest frequency of errors.

For patients with [COPD](#),<sup>63</sup> incorrect inhaler technique increases the risk of severe flare-ups and hospitalisation. The same principle applies to people with asthma. In addition, incorrect inhaler technique when using inhaled corticosteroids increases the

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<sup>54</sup> <https://www.england.nhs.uk/wp-content/uploads/2022/03/B1357-Network-Contract-Directed-Enhanced-Service-contract-specification-2022-23-primary-care-network-requireme.pdf>

<sup>55</sup> <https://www.rcplondon.ac.uk/projects/outputs/why-asthma-still-kills>

<sup>56</sup> <https://www.nice.org.uk/guidance/ta38>

<sup>57</sup> <https://www.rcplondon.ac.uk/projects/outputs/why-asthma-still-kills>

<sup>58</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6442852/pdf/pcrj201384.pdf>

<sup>59</sup> <https://core.ac.uk/download/pdf/82611902.pdf>

<sup>60</sup> <https://www.europeanreview.org/wp/wp-content/uploads/657.pdf>

<sup>61</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6001739/pdf/copd-13-1863.pdf>

<sup>62</sup> [https://journal.chestnet.org/article/S0012-3692\(16\)47571-9/pdf](https://journal.chestnet.org/article/S0012-3692(16)47571-9/pdf)

<sup>63</sup> <https://www.nationalasthma.org.au/living-with-asthma/resources/health-professionals/information-paper/hp-inhaler-technique-for-people-with-asthma-or-copd>

risk of some [side-effects](#)<sup>64</sup> like dysphonia and oral thrush. Checking and correcting inhaler technique can improve respiratory outcomes.

Pharmacists are important health educators and are able to check inhaler technique at the point of dispensing medication. This quality criterion seeks to ensure patients are supported to get the most from their medicines and minimise preventable exacerbations of asthma and/or COPD.

### **Inhaler waste management**

Inhalers still account for approximately 3% of the NHS' carbon footprint,<sup>65</sup> mostly due to the propellants used to deliver the medications. These propellants will, if disposed of via landfill, continue to emit greenhouse gasses into the atmosphere.<sup>66</sup>

Interventions to reduce emissions focus on the reductions available from inhalers, including commitments made in the [NHS Long Term Plan](#)<sup>67</sup> that are already underway. These interventions include optimising prescribing, substituting high carbon products for low-carbon alternatives, and improvements in production and waste processes. This is now reflected under the [Investment and Impact Fund \(IIF\) 22/23](#)<sup>68</sup> which incentivises general practice and encourages a more sustainable NHS. Pharmacies are in a good position to identify and support patients who have been affected by this and prescribed a new or different inhaler, as well as educate about the importance of the return of used inhalers for appropriate disposal.

Salbutamol MDIs are the largest source of carbon emissions from NHS medicines prescribing.<sup>69</sup> If every inhaler-user in the UK returned all their inhalers for one year, this could save 512,330 tonnes of CO<sub>2</sub>eq – the same as a Volkswagen Golf car being driven around the world 88,606 times.<sup>70</sup>

The safe disposal of [unwanted medicines](#)<sup>71</sup> is an essential service for community pharmacy and the aim of this criterion is to highlight to patients the environmental benefit of all used or unwanted inhalers being returned to a pharmacy to be disposed of safely, via the essential service. This allows inhalers to be disposed of with other medicines waste, via high temperature incineration, which safely destroys the residual propellant gases, which are potent greenhouse gases.

This quality domain seeks to ensure appropriate reviews are taking place as recommended by the NRAD report and to support prevention of further preventable

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<sup>64</sup> <https://www.nationalasthma.org.au/living-with-asthma/resources/health-professionals/information-paper/hp-inhaler-technique-for-people-with-asthma-or-copd>

<sup>65</sup> <https://www.england.nhs.uk/wp-content/uploads/2022/03/B1357-investment-and-impact-fund-2022-23-updated-guidance-march-2022.pdf>

<sup>66</sup> <https://www.recyclenow.com/recycle-an-item/inhalers>

<sup>67</sup> <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>

<sup>68</sup> <https://www.england.nhs.uk/wp-content/uploads/2022/03/B1357-investment-and-impact-fund-2022-23-updated-guidance-march-2022.pdf>

<sup>69</sup> <https://www.england.nhs.uk/wp-content/uploads/2022/03/B1357-investment-and-impact-fund-2022-23-updated-guidance-march-2022.pdf>

<sup>70</sup> <https://www.recyclenow.com/what-to-do-with/inhalers-0>

<sup>71</sup> <https://www.england.nhs.uk/wp-content/uploads/2019/08/pharmacy-manual-v2.pdf>

asthma deaths as well as promote sustainability. Pharmacies should work with their local practices to agree how to identify patients of concern, whilst minimising any increase in workload for the practice to ensure that the correct patients are being referred.

## 7.3 Quality criteria

### 7.3.1 Inhaler technique checks

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 an MDI to a DPI.

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-learning](#)<sup>72</sup> or attended a [CPPE Optimising inhaler technique: improving outcomes workshop](#)<sup>73</sup> and passed the [Inhaler technique for health professionals e-assessment](#)<sup>74</sup> (which was released on 15 April 2020).

The [e-assessment](#)<sup>75</sup> must be completed if pharmacists have completed the e-learning or attended the face-to-face workshop before providing inhaler technique checks. Please note that the version of the CPPE e-assessment prior to 15 April 2020, Inhaler technique, does not meet the requirements.

It is up to pharmacy teams how they choose to engage and implement regular monitoring and review of asthma and COPD patients into their processes and procedures. As a minimum, they must review all patients who were prescribed a new inhaler and offer an NMS, including an inhaler technique check.

In the extremely unlikely event where no patients are identified for this criterion of the domain, the contractor will still be eligible for payment if they can evidence that they have been working to identify suitable patients through for example an SOP or evidence of staff training and that they have processes in place for delivering the NMS should they identify a patient who is suitable. The contractor will need to declare no patients have been identified on the MYS declaration. Information from the NHSBSA dispensing data will be checked to confirm this declaration.

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<sup>72</sup> <https://www.cppe.ac.uk/programmes//inhalers-e-02>

<sup>73</sup> <https://www.cppe.ac.uk/programmes/?t=Inhalers-W-03&evid=>

<sup>74</sup> <https://www.cppe.ac.uk/programme-listings/e-assessment?ra=inhalers-e-02>

<sup>75</sup> <https://www.cppe.ac.uk/programme-listings/e-assessment?ra=inhalers-e-02>



Contractors must record any intervention or referral made in the patient medication record (PMR). These records may be required for post payment verification purposes.

### **7.3.2 Inhaler waste management**

By the end of 31 March 2023, all patient-facing pharmacy staff working in the pharmacy on the day of the declaration must 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. There is no set training course for this requirement; however, the PSNC has published a briefing [Reducing the climate change impact of inhalers: environmentally safe disposal](#)<sup>76</sup> which contractors can choose to use to meet this requirement.

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. A briefing aid is available on the PSNC [website](#)<sup>77</sup> to help pharmacy staff have these conversations with patients.

### **7.3.3 Use of a spacer in patients aged 5-15 years (inclusive)**

Between 10 October 2022 and the day of the declaration, the pharmacy can evidence that they have:

- checked that all children aged 5 to 15 (inclusive) dispensed an inhaled press and breathe pMDI for asthma have a spacer device where appropriate, in line with [NICE TA38](#);<sup>78</sup> and,
- referred children aged 5 to 15 (inclusive) with asthma to an appropriate healthcare professional where this is not the case.

### **7.3.4 Personalised Asthma Action Plan (PAAP)**

By the end of 31 March 2023, the pharmacy must be able to evidence that they have checked that all patients aged five years and above dispensed with 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 with 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.

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<sup>76</sup> <https://psnc.org.uk/briefings/psnc-briefing-030-22-reducing-the-climate-change-impact-of-inhalers-environmentally-safe-disposal/>

<sup>77</sup> <https://psnc.org.uk/quality-and-regulations/pharmacy-quality-scheme/>

<sup>78</sup> <https://www.nice.org.uk/guidance/ta38>



### 7.3.5 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. Contractors should retain evidence that they have completed all aspects of this domain at the pharmacy premises, which should be available for inspection.

It is up to pharmacy teams how they choose to engage and implement regular monitoring of asthma patients into their processes and procedures.

For contractors who have claimed elements of these criteria in previous Schemes, 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.

## 7.4 Reporting

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

- the total number of pharmacists working in the pharmacy on the day of the declaration who have satisfactorily completed the [CPPE Inhaler technique for health professionals: getting it right training e-learning](#)<sup>79</sup> and passed the [e-assessment Inhaler technique for health professionals](#), (released 15 April 2020)<sup>80</sup> 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-learning](#)<sup>81</sup> and passed the current version of the [e-assessment Inhaler technique for health professionals](#), (released 15 April 2020)<sup>82</sup> 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 Optimising inhaler technique: improving outcomes](#)<sup>83</sup> inhaler technique workshop and passed the [e-assessment Inhaler technique for health professionals](#), (released 15 April

<sup>79</sup> <https://www.cppe.ac.uk/programme-listings/e-assessment?ra=inhalers-e-02>

<sup>80</sup> <https://www.cppe.ac.uk/programme-listings/e-assessment?ra=inhalers-e-02>

<sup>81</sup> <https://www.cppe.ac.uk/programmes//inhalers-e-02>

<sup>82</sup> <https://www.cppe.ac.uk/programme-listings/e-assessment?ra=inhalers-e-02>

<sup>83</sup> <https://www.cppe.ac.uk/programmes/?t=Inhalers-W-03&evid=>

2020)<sup>84</sup> since 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 attended a [CPPE Optimising inhaler technique: improving outcomes](#)<sup>85</sup> inhaler technique workshop and passed the [e-assessment \(Inhaler technique for health professionals\)](#) released 15 April 2020)<sup>86</sup>, 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 dispensed an inhaler for the first time or changed to 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 virtual NMS, including an inhaler technique check;
- the total number of patients who were referred to their prescriber due to issues identified during the NMS;
- the total number of patient-facing pharmacy staff working in the pharmacy on the day of the declaration who will 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 in 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 to meet 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;
- the total number of children aged 5 to 15 (inclusive) referred to a prescriber for a spacer device where appropriate in line with [NICE TA38](#)<sup>87</sup> between 10 October 2022 and the day of declaration;
- 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; and,
- 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 declaration.

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<sup>84</sup> <https://www.cppe.ac.uk/programme-listings/e-assessment?ra=inhalers-e-02>

<sup>85</sup> <https://www.cppe.ac.uk/programmes/?t=Inhalers-W-03&evid=>

<sup>86</sup> <https://www.cppe.ac.uk/programme-listings/e-assessment?ra=inhalers-e-02>

<sup>87</sup> <https://www.nice.org.uk/guidance/ta38>

## 8. Weight Management

### 8.1 Aim

The aim of this criterion is to aid the prevention of ill health by raising awareness with pharmacy users of the impact of weight and waist circumference on their health and the relevance of body mass index (BMI), promoting weight management services where appropriate and supporting people to maintain a healthy weight.

### 8.2 Rationale

Nearly two-thirds of adults (64%) in England were classed as being overweight (a BMI of 25 or more) or obese (a BMI of 30 or more) in 2019.<sup>88</sup>

In England, the proportion of people categorised as obese increased from 21% of men in 2001 to 27% in 2019 and from 23% of women in 2001 to 29% in 2019. The rate of increase has been slower in this period than in the previous decade, although the trend is still upwards.<sup>89</sup> A raised BMI is a major risk factor for many non-communicable diseases including cardiovascular diseases, diabetes, musculoskeletal diseases and some cancers.<sup>90</sup>

There is no straightforward relationship between obesity and [ethnicity](#),<sup>91</sup> with a complex interplay of factors affecting health in minority ethnic communities in the UK, although it is clear that different ethnic groups have very different levels of susceptibility to becoming overweight or obese.

In the 2015 Department of Health White Paper, [Healthy Lives, Healthy People: our strategy for public health in England](#),<sup>92</sup> the government recognised that community pharmacies are a valuable and trusted resource and with millions of contacts with the public each year, pharmacy teams have real potential to effectively improve the health and wellbeing of the public. In 2020, the government released a paper in which they pledged to give the full support of the NHS to people who are overweight and who want to lose weight.<sup>93</sup> By being accessible pharmacies are in a position to be able to help these patients and directly refer those eligible into the NHS Digital Weight Management Programme.

Research has shown that brief, opportunistic interventions delivered in primary care can result in a [five-fold increase](#)<sup>94</sup> in the proportion of patients engaging in weight

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<sup>88</sup> <https://files.digital.nhs.uk/9D/4195D5/HSE19-Overweight-obesity-rep.pdf>

<sup>89</sup> <https://files.digital.nhs.uk/9D/4195D5/HSE19-Overweight-obesity-rep.pdf>

<sup>90</sup> <https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight>

<sup>91</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/213721/dh\\_130511.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/213721/dh_130511.pdf)

<sup>92</sup> <https://www.gov.uk/government/publications/healthy-lives-healthy-people-our-strategy-for-public-health-in-england>

<sup>93</sup> <https://www.gov.uk/government/publications/tackling-obesity-government-strategy/tackling-obesity-empowering-adults-and-children-to-live-healthier-lives>

<sup>94</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/620405/weight\\_management\\_toolkit\\_Let\\_s\\_talk\\_about\\_weight.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/620405/weight_management_toolkit_Let_s_talk_about_weight.pdf)

management services. Despite this, engagement of certain population groups, including men, with weight loss services is low. [Research](#)<sup>95</sup> seems to suggest men perceived weight loss services to be feminised spaces, in which they felt self-conscious and out of place. Increased engagement with low uptake groups for weight management services can have significant benefits. Simple advice from a health or care professional to lose weight increases patients' intentions to lose weight. However, referring people to weight management services, such as the NHS Digital Weight Management Programme can more than double the amount of weight they lose.<sup>96</sup>

Community pharmacies should work collaboratively with their local GPs taking part in the [GP Weight Management Enhanced Service](#).<sup>97</sup>

### 8.3 Quality criterion

By the end of 31 March 2023, all non-registered patient-facing pharmacy staff who provide health advice working in 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 Obesity](#)<sup>98</sup> and [Childhood Obesity](#)<sup>99</sup> to gain a broader understanding of the causes and effects of obesity.

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), section one and three of the [CPPE Weight management for adults: understanding the management of obesity e-learning](#)<sup>100</sup> and [e-assessment](#).<sup>101</sup>

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 support and 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 this](#)<sup>102</sup> and the [NHS website](#).<sup>103</sup> (Contractors should note that

<sup>95</sup> <https://bmcpublihealth.biomedcentral.com/articles/10.1186/s12889-020-8252-5>

<sup>96</sup>

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/737903/weight\\_management\\_toolkit\\_Let\\_s\\_talk\\_about\\_weight.pdf#:~:text=Research%20has%20shown%20that%20brief%2C%20opportunistic%20interventions%20delivered,than%20double%20the%20amount%20of%20weight%20they%20lose.](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/737903/weight_management_toolkit_Let_s_talk_about_weight.pdf#:~:text=Research%20has%20shown%20that%20brief%2C%20opportunistic%20interventions%20delivered,than%20double%20the%20amount%20of%20weight%20they%20lose.)

<sup>97</sup> [https://www.england.nhs.uk/wp-content/uploads/2022/03/B1416-Weight-Management-ES-spec-2022-23\\_March-2022.pdf](https://www.england.nhs.uk/wp-content/uploads/2022/03/B1416-Weight-Management-ES-spec-2022-23_March-2022.pdf)

<sup>98</sup> <https://portal.elfh.org.uk/Component/Details/571222>

<sup>99</sup> <https://portal.elfh.org.uk/Component/Details/587409>

<sup>100</sup> <https://www.cppe.ac.uk/programmes/l/weightman-e-01/>

<sup>101</sup> <https://www.cppe.ac.uk/programme-listings/e-assessment?ra=weightman-e-01>

<sup>102</sup> <https://www.nhs.uk/better-health/>

<sup>103</sup> <https://www.nhs.uk/>

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](#)<sup>104</sup> people to the [NHS Digital Weight Management Programme](#)<sup>105</sup> 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). Contractors may wish to refer to a video explaining how to refer patients to the NHS Digital Weight Management Programme, available on the [PSNC website](#).<sup>106</sup> The action plan must be available for inspection from 31 March 2023, but contractors are encouraged to complete earlier to aid the identification of suitable patients for intervention and referral.

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.

Pharmacy teams must proactively discuss weight management with a minimum of 25 patients. Pharmacy teams are encouraged to review the former Public Health England (PHE) [Let’s Talk About Weight](#)<sup>107</sup> infographic and [Let’s talk about weight: a step-by-step guide to brief interventions with adults for health and care professionals](#)<sup>108</sup> 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 healthy living champion) should be able to offer to measure weight and height (or support the patient to do this accurately) and calculate a patient’s BMI, using an appropriate BMI calculator such as, the [NHS healthy weight calculator](#),<sup>109</sup> and measure waist circumference or support the patient to do so. This should include explaining the purpose of measuring BMI and waist circumference. Pharmacies are expected to have access to equipment to accurately measure height, weight and waist circumference.

Pharmacies are expected to support those who wish to lose weight through advice and referral to the nationally available NHS Digital Weight Management Programme or Local Authority funded tier 2 weight management services (where these are locally available and where the individual is aged 18 and above and meets the criteria for referral – contractors should refer to local information), based on eligibility

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<sup>104</sup> <https://www.england.nhs.uk/digital-weight-management/information-for-healthcare-professionals/information-for-community-pharmacies/>

<sup>105</sup> <https://www.england.nhs.uk/digital-weight-management/information-for-healthcare-professionals/>

<sup>106</sup> <https://psnc.org.uk/quality-and-regulations/pharmacy-quality-scheme/>

<sup>107</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/737904/LTA\\_W\\_Final\\_Infographic\\_Oct\\_2017\\_adults.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/737904/LTA_W_Final_Infographic_Oct_2017_adults.pdf)

<sup>108</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/620405/weight\\_management\\_toolkit\\_Let\\_s\\_talk\\_about\\_weight.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/620405/weight_management_toolkit_Let_s_talk_about_weight.pdf)

<sup>109</sup> <https://www.nhs.uk/live-well/healthy-weight/bmi-calculator/>

and patient preference. Referral criteria for the NHS Digital Weight Management Programme can be found [here](#).<sup>110</sup>

For these services the referral threshold is a BMI of  $\geq 30$  or reduced to  $\geq 27.5$ <sup>111</sup> for people from Black, Asian and other minority ethnic (BAME) backgrounds, as we know people from these ethnic backgrounds are at an increased risk of conditions such as Type 2 diabetes at a lower BMI.

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), contractors must have completed the above quality criteria and 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 Programme](#).<sup>112</sup> The number of points attributed to the referral and the intervention aspect of this domain is outlined in the table below. This is to ensure that pharmacy is playing its part in increasing appropriate referrals into weight management services after carrying out proactive discussions regarding weight management. Records of these referrals must be available at the pharmacy after 31 March 2023 and may be requested for post payment verification as evidence of meeting this domain.

	<b>Band 1</b>	<b>Band 2-6</b>
<b>Intervention</b>	0.5	10
<b>Referral</b>	0.5	10

## 8.4 Reporting

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](#)<sup>113</sup> and [Childhood Obesity](#)<sup>114</sup> 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 PHE All Our Health bitesize training and assessments on [Adult Obesity](#)<sup>115</sup> and [Childhood Obesity](#)<sup>116</sup> 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](#):

<sup>110</sup> <https://www.england.nhs.uk/digital-weight-management/information-for-healthcare-professionals/>

<sup>111</sup> <https://www.england.nhs.uk/digital-weight-management/>

<sup>112</sup> <https://pharmacy.wmp.nhs.uk/>

<sup>113</sup> <https://portal.elfh.org.uk/Component/Details/571222>

<sup>114</sup> <https://portal.elfh.org.uk/Component/Details/587409>

<sup>115</sup> <https://portal.elfh.org.uk/Component/Details/571222>

<sup>116</sup> <https://portal.elfh.org.uk/Component/Details/587409>



[understanding the management of obesity e-learning](#)<sup>117</sup> and [e-assessment](#)<sup>118</sup> since 1 April 2019;

- the total number of registered pharmacy professionals working at the pharmacy on the day of the declaration who have not satisfactorily completed section one and three of the [CPPE Weight management for adults: understanding the management of obesity e-learning](#)<sup>119</sup> and [e-assessment](#)<sup>120</sup> since 1 April 2019 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 or updated weight management action plan 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 Programme](#)<sup>121</sup> 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 Programme 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.

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<sup>117</sup> <https://www.cppe.ac.uk/programmes//weightman-e-01/>

<sup>118</sup> <https://www.cppe.ac.uk/programme-listings/e-assessment?ra=weightman-e-01>

<sup>119</sup> <https://www.cppe.ac.uk/programmes//weightman-e-01/>

<sup>120</sup> <https://www.cppe.ac.uk/programme-listings/e-assessment?ra=weightman-e-01>

<sup>121</sup> <https://pharmacy.wmp.nhs.uk/>

## 9. Antimicrobial stewardship

### 9.1 Aim

The aim of this criterion is to use two national leaflets from [TARGET “Treating your infection” \(TYI\)](#)<sup>122</sup> for

- [Treating your infection – Urinary Tract Infection \(UTI\)](#)<sup>123</sup> and
- [Treating your infection – Respiratory Tract Infection \(RTI\)](#)<sup>124</sup>

to support community pharmacy staff with responding to symptoms of infection by providing useful information to:

- manage patient expectations and concerns;
- empower patients to self-care;
- prevent future infections; and,
- identify patients who may require antibiotic treatment.

### 9.2 Rationale

One of the most pressing problems faced by healthcare services is the increasing prevalence of antimicrobial resistance. Compounded by a diminishing number of new agents entering clinical practice, such resistance is widely recognised as a major threat to public health, meriting inclusion on the National Risk Register. [Tackling antimicrobial resistance](#)<sup>125</sup> (AMR) is a UK strategic priority, with the aim of reducing the number of serious infections that are resistant to treatment.<sup>126</sup>

In primary care, there are concerns that some common infections are becoming increasingly difficult to treat and that illnesses due to bacteria resistant to antimicrobials may take longer to resolve.<sup>127</sup>

Some incidents of antimicrobial resistance may be due to inappropriate use of antibiotics. In response, initiatives at local, national, and international levels are trying to promote “antimicrobial stewardship” with the goal of improving the appropriateness of antimicrobial use, which include antibiotics, antifungals and antivirals. However, for success, such initiatives rely on the [continuing education of prescribers and patients](#),<sup>128</sup> which needs to be supported by high quality evidence linking antimicrobial use to the emergence of resistance.<sup>129</sup>

<sup>122</sup> <https://elearning.rcgp.org.uk/mod/book/view.php?id=12647>

<sup>123</sup> <https://elearning.rcgp.org.uk/mod/book/view.php?id=13511&chapterid=786>

<sup>124</sup> <https://elearning.rcgp.org.uk/mod/book/view.php?id=13511&chapterid=787>

<sup>125</sup>

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/784894/UK\\_AMR\\_5\\_year\\_national\\_action\\_plan.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/784894/UK_AMR_5_year_national_action_plan.pdf)

<sup>126</sup> <https://www.bmj.com/content/bmj/340/bmj.c2096.full.pdf>

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/784894/UK\\_AMR\\_5\\_year\\_national\\_action\\_plan.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/784894/UK_AMR_5_year_national_action_plan.pdf)

<sup>127</sup> <https://www.bmj.com/content/bmj/340/bmj.c2096.full.pdf>

<sup>128</sup> <https://www.bmj.com/content/bmj/340/bmj.c2096.full.pdf>

<sup>129</sup> <https://www.bmj.com/content/bmj/340/bmj.c2096.full.pdf>



In England, the majority of antibiotics are prescribed in primary care, 84.5% of which are prescribed in general practice.<sup>130</sup>

On [an individual level](#),<sup>131</sup> exposure to antibiotics is consistently associated with antibiotic resistance in bacteria causing RTI and UTI. Antibiotics prescribed in primary care may impact on bacterial resistance in a patient for up to 12 months and the greater the number or duration of antibiotic courses prescribed in the previous 12 months, the greater the likelihood that resistant bacteria would be isolated from that patient.

Previously contractors have been asked to use the [TARGET Antibiotic Checklist](#)<sup>132</sup> when they dispense and hand out antibiotic prescriptions.

46% of [antibiotics](#) prescribed in general practice are linked to RTIs / Ear Nose and Throat, and 22.7% are linked to UTIs.<sup>133</sup>

### 9.3 Quality criteria

Pharmacy staff must have reviewed their practice to include two TARGET leaflets:

- [Treating your infection – Urinary Tract Infection \(UTI\)](#)<sup>134</sup> and
- [Treating your infection – Respiratory Tract Infection \(RTI\)](#)<sup>135</sup>

to help them assess walk-in/ Community Pharmacist Consultation Service (CPCS) patients presenting to the pharmacy for advice and/or requesting antibiotics with suspected UTIs or RTIs without a prescription, who have not already seen a GP or other healthcare professional for the current illness and provide tailored advice to patients and promote awareness of antimicrobial resistance and antimicrobial stewardship.

The [leaflets](#)<sup>136</sup> are designed to be used interactively with the patient by a trained member of the pharmacy team to help them assess the patient's condition and facilitate discussions on when they would need to seek additional clinical/medical help and when self-care is the most appropriate option. Pharmacies will receive a laminated copy of both the UTI and RTI leaflets as well as a flowchart to aid their use directly from the UK Health Security Agency (UKHSA) towards late October 2022.

These leaflets further help to raise public awareness of antimicrobial resistance and to promote patient confidence in self-care management. The leaflets include information on illness duration, self-care advice, prevention advice and advice on

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<sup>130</sup>

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1033851/espaur-report-2020-to-2021-16-Nov.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1033851/espaur-report-2020-to-2021-16-Nov.pdf)

<sup>131</sup> <https://www.bmj.com/content/bmj/340/bmj.c2096.full.pdf>

<sup>132</sup> <https://elearning.rcgp.org.uk/mod/book/view.php?id=12647&chapterid=447>

<sup>133</sup> [https://academic.oup.com/jac/article/73/suppl\\_2/ii2/4841822](https://academic.oup.com/jac/article/73/suppl_2/ii2/4841822)

<sup>134</sup> <https://elearning.rcgp.org.uk/mod/book/view.php?id=13511&chapterid=786>

<sup>135</sup> <https://elearning.rcgp.org.uk/mod/book/view.php?id=13511&chapterid=787>

<sup>136</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7559416/#B28-antibiotics-09-00583>

when to re-consult (also known as safety-netting advice), and are available in [multiple languages](#)<sup>137</sup> to tackle communication barriers and health inequalities.

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. Please see [appendix](#) for the manual data collection sheets, which can be used to ease the data collection from patients. Alternatively, data can be recorded directly onto the data collection tool on the MYS portal. The data from the leaflets must be submitted via the MYS portal by the end of 31 March 2023. The contractor must enter the start and finish dates of the data collection period on the MYS portal at the point of declaration (which may be different from the date data is first entered on the MYS portal). No patient identifiable data should be entered into the MYS portal. There must be a follow up of any patient where the prescriber was contacted to identify what actions were taken.

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. This might be demonstrated through actions plans, training or SOPs. 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.

In addition, contractors must have incorporated these leaflets into their day-to-day practice, evidenced by changes to local standard operating procedures (SOPs), in order to help educate and improve patient knowledge and ability to self-care, and reduce any unnecessary demand on GPs from patients requesting antibiotics for upper RTI and UTI.

Attempts should be made for this discussion to occur with all relevant patients to promote antimicrobial stewardship. It may be appropriate to speak to an identified patient representative, family member or member of care staff and appropriately trained staff can discuss information on illness duration, self-care advice, prevention advice and advice on when to re-consult.

By the end of 31 March 2023, 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 2020 and 31 March 2023), the [Antimicrobial Stewardship for Community Pharmacy e-learning and e-assessment](#)<sup>138</sup> on elfh;

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

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<sup>137</sup> <https://elearning.rcgp.org.uk/mod/book/view.php?id=12647&chapterid=440>

<sup>138</sup> <https://portal.elfh.org.uk/Component/Details/602874>

the last three years (between 1 April 2020 and 31 March 2023), the [Infection Prevention and Control Level 1 e-learning and assessment](#)<sup>139</sup> on elfh;

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 three years (between 1 April 2020 and 31 March 2023), the [HEE Infection Prevention and Control Level 2 e-learning and assessment](#)<sup>140</sup> on elfh;

By the end of 31 March 2023, all patient-facing staff that provide health advice working in the pharmacy on the day of the declaration, must have become [Antibiotic Guardians](#),<sup>141</sup> if they have not already done so, have an awareness of the local antibiotic formulary and how to access it.

By the end of 31 March 2023, contractors must have available, at premises level, an AMS Action Plan for the pharmacy, which details how they will promote AMS available for inspection. 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. While the action plan needs to be available for inspection from 31 March 2023, contractors are encouraged to have this ready before using the leaflets to aid consultations with patients.

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

## 9.4 Reporting

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

- a declaration that by the end of 31 March 2023 the contractor will have completed the TARGET treating your infections (TYI) review;
- the start and end date of the review period (which may be different from the date data are first entered on the MYS data collection tool);
- 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 data or have declared that no patients have been identified

<sup>139</sup> <https://portal.elfh.org.uk/Component/Details/564333>

<sup>140</sup> <https://portal.elfh.org.uk/Component/Details/564321>

<sup>141</sup> <https://antibioticguardian.com/>

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 the [Infection Prevention and Control Level 1 e-learning and assessment](#)<sup>142</sup> on elfh 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 the [Infection Prevention and Control Level 1 e-learning and assessment](#)<sup>143</sup> on elfh since 1 April 2020 but will undertake this requirement by the end of 31 March 2023;
- the total number of registered pharmacy professionals working in the pharmacy on the day of the declaration who have satisfactorily completed the [HEE Infection Prevention and Control Level 2 e-learning and assessment](#)<sup>144</sup> on elfh since 1 April 2020;
- the total number of registered pharmacy professionals working in the pharmacy on the day of the declaration who have not satisfactorily completed the [HEE Infection Prevention and Control Level 2 e-learning and assessment](#)<sup>145</sup> on elfh since 1 April 2020 but will undertake this requirement by the end of 31 March 2023;
- the total number of patient-facing pharmacy staff that provide advice on medicines or healthcare working in the pharmacy on the day of the declaration who have satisfactorily completed the HEE [Antimicrobial Stewardship for Community Pharmacy e-learning and e-assessment](#)<sup>146</sup> on elfh since 1 April 2020;
- the total number of patient-facing pharmacy staff that provide advice on medicines or healthcare working in the pharmacy on the day of the declaration who have not satisfactorily completed the HEE [Antimicrobial Stewardship for Community Pharmacy e-learning and e-assessment](#)<sup>147</sup> on elfh since 1 April 2020 but will undertake this requirement by the end of 31 March 2023;
- the total number of patient-facing staff that provide health advice working in the pharmacy on the day of the declaration who have become [Antibiotic Guardians](#)<sup>148</sup> and have an awareness of the local antibiotic formulary, including how to access it;
- the total number of patient-facing staff that provide health advice working in the pharmacy on the day of the declaration who have not yet become [Antibiotic Guardians](#)<sup>149</sup> and do not have an awareness of the local antibiotic

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<sup>142</sup> <https://portal.elfh.org.uk/Component/Details/564333>

<sup>143</sup> <https://portal.elfh.org.uk/Component/Details/564333>

<sup>144</sup> <https://portal.elfh.org.uk/Component/Details/564321>

<sup>145</sup> <https://portal.elfh.org.uk/Component/Details/564321>

<sup>146</sup> <https://portal.elfh.org.uk/Component/Details/602874>

<sup>147</sup> <https://portal.elfh.org.uk/Component/Details/602874>

<sup>148</sup> <https://antibioticguardian.com/>

<sup>149</sup> <https://antibioticguardian.com/>

formulary, including how to access it but will undertake this requirement by the end of 31 March 2023; and,

- a declaration that by the end of 31 March 2023 that the contractor will have at premises level a new or update AMS action plan on how they would promote AMS in their day-to-day practice.

# 10. Cancer Awareness

## 10.1 Aim

The aim of this criterion is for community pharmacy teams to be able to:

- understand and recognise red flag signs/symptoms that could be cancer and be able to review, assess, prioritise these patients as quickly as possible for an onwards referral to support earlier cancer diagnosis.

## 10.2 Rationale

[Cancer survival](#)<sup>150</sup> is the highest it's ever been and thousands more people now survive cancer every year. For patients diagnosed in 2015, one-year survival was 72% – over 11 percentage points higher than in 2000. Despite this progress, one of the biggest actions the NHS can take to improve cancer survival is to diagnose cancer earlier. Patients diagnosed early, at stages 1 and 2, have the best chance of curative treatment and long-term survival.

The NHS [Long-Term Plan](#)<sup>151</sup> sets a new ambition that, by 2028, **the proportion of cancers diagnosed at stages 1 and 2 will rise from around half now to three-quarters of cancer patients**. Achieving this will mean that, from 2028, 55,000 more people each year will survive their cancer for at least five years after diagnosis. The NHS will build on work to raise greater awareness of symptoms of cancer, lower the threshold for referral by GPs, accelerate access to diagnosis and treatment and maximise the number of cancers that are identified through screening.

An NHS England pilot announced in June 2022 will see community pharmacies funded to spot the early symptoms of cancer and able to refer patients directly for scans and checks.<sup>152</sup> This criterion supports this pilot by equipping pharmacy staff with the necessary skills to spot red flag symptoms when they present.

The [British Oncology Pharmacy Association \(BOPA\)](#)<sup>153</sup> has developed the [Let's communicate cancer series](#)<sup>154</sup> to aid responding to symptoms with real life scenarios and learning on how to refer for all members of the community pharmacy team.

In addition, the National Institute of Clinical Excellence (NICE) has developed the [Suspected Cancer: recognition and referral](#)<sup>155</sup> guideline that covers identifying children, young people and adults with symptoms that are caused by cancer. It specifically outlines [recommendations by symptoms and findings of primary care](#)

<sup>150</sup> <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>

<sup>151</sup> <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>

<sup>152</sup> <https://www.england.nhs.uk/2022/06/high-street-pharmacies-spot-cancers-in-new-nhs-early-diagnosis-drive/>

<sup>153</sup> <https://www.bopa.org.uk/>

<sup>154</sup> <https://www.elfh.org.uk/programmes/lets-communicate-cancer/>

<sup>155</sup> <https://www.nice.org.uk/guidance/ng12>

[investigations](#) which community pharmacy teams can use when consulting patients about their symptoms.<sup>156</sup>

### 10.3 Quality criterion

By the end of 31 March 2023, the contractor must confirm that all patient-facing staff that provide advice on medicines or healthcare working in the pharmacy on the day of the declaration will have satisfactorily completed the [Let's Communicate Cancer E-learning Module 1](#)<sup>157</sup> (which is hosted on elfh) and the accompanying quiz and have available on the pharmacy premises an updated risk review. This is to ensure potential cancer symptoms are identified and appropriate referrals are made. Module 1 of the e-learning must be completed to support the identification of red flag symptoms and then appropriate referrals. This comprises of 8 lessons. If you have completed this training via the BOPA e-learning since 31 March 2021, you can produce this certificate of completion as evidence of this training requirement and there is no requirement to repeat Module 1 on the elfh website.

By the end of 31 March 2023, the contractor must confirm that the pharmacy has 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 risk review should include reflections on the risk and identifying risk minimisation actions that the pharmacy team can implement, all of which should be documented. These risk minimisation actions may include, reviewing staff training records, observing advice being provided to patients, identifying any gaps in knowledge or capability for pharmacy team members, conducting a team discussion focusing on identifying common danger signs and symptoms of cancer and knowing how to manage these, including when to refer patients and how these referrals will be recorded. This could be in the PMR or interventions log if the patient is known to the pharmacy, or in an anonymous referral record if not. While this risk review needs to be available for inspection by the end of 31 March 2023, to aid pharmacy staff in identifying patients, contractors are encouraged to complete this risk review as early as possible.

Contractors are also required to complete a risk review for the risk review update criterion (which is part of the Risk Management and Safeguarding domain – see [section 4](#)). Contractors planning to claim for both domains may wish to consider completing the different elements of the risk review together.

Contractors are also required to declare the total number of patients referred to GPs following detection of red flag signs and symptoms that could be suspected cancer

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<sup>156</sup> <https://www.nice.org.uk/guidance/ng12/chapter/Recommendations-organised-by-symptom-and-findings-of-primary-care-investigations>

<sup>157</sup> <https://portal.elfh.org.uk/Component/Details/759045>

symptoms. Contractors should therefore keep a record of how many referrals to GPs are made by the day of the declaration.

## 10.4 Reporting

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

- 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 \(BOPA\)](#)<sup>158</sup> and the associated quiz or have complete 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 \(BOPA\)](#)<sup>159</sup> and the associated quiz, but who will undertake this requirement by the end of 31 March 2023;
- a declaration that by the end of 31 March 2023 the pharmacy will have available, at premises level, a new risk review undertaken as part of the PQS 2022/23 which includes the management to minimise the risk of missing suspected cancer symptoms; and,
- 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.

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<sup>158</sup> <https://portal.elfh.org.uk/Component/Details/759045>

<sup>159</sup> <https://portal.e-lfh.org.uk/Component/Details/759045>



# 11. Palliative and End of Life Care (PEoLC) Action Plan

## 11.1 Aim

The aim of this criterion is for sufficient arrangements to be in place so patients and their relatives/carers and healthcare professionals can obtain palliative/end of life care medicines in a timely manner and support dying at home.

## 11.2 Rationale

[WHO](#)<sup>160</sup> defines palliative care as:

*“an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness. This is achieved through the prevention and relief of suffering by means of early identification and impeccable assessment, and treatment of pain and other problems”.*

[Palliative care](#)<sup>161</sup> or end of life care is required for patients who have advanced progressive conditions, including cancer, organ failure (e.g. [heart failure](#),<sup>162</sup> COPD, renal and hepatic failure), neurological conditions (e.g. [multiple sclerosis](#),<sup>163</sup> [Parkinson’s disease](#)<sup>164</sup> and motor neurone disease), dementia, [frailty](#),<sup>165</sup> [stroke](#)<sup>166</sup> and HIV/AIDS.

Being symptom-free is one of the most important factors for patients when considering end-of-life care. How symptoms are treated may change over time and may depend on many factors, including the symptom being treated, the patient’s ability to swallow (owing to disease process causing fatigue and weakness), and level of consciousness.

As a patient’s disease progresses, it is likely that medication will be changed and adjusted. It is vital that patients, relatives and/or carers can access commonly prescribed palliative care medication in a timely manner either by supplying the medication or reserving and signposting the medication to their nearest pharmacy of choice, recognising that any delay is causing heightened distress.

## 11.3 Quality criterion

As soon as possible after 16 January 2023 and by the end of 31 March 2023, the contractor:

<sup>160</sup> <https://www.who.int/cancer/palliative/definition/en/>

<sup>161</sup> <https://www.who.int/news-room/fact-sheets/detail/palliative-care>

<sup>162</sup> <https://pharmaceutical-journal.com/article/ld/pathophysiology-and-management-of-heart-failure>

<sup>163</sup> <https://pharmaceutical-journal.com/article/ld/multiple-sclerosis-identification-and-management>

<sup>164</sup> <https://pharmaceutical-journal.com/article/ld/management-of-parkinsons-disease>

<sup>165</sup> <https://pharmaceutical-journal.com/article/ld/heart-failure-older-people-and-frailty>

<sup>166</sup> <https://pharmaceutical-journal.com/article/ld/stroke-classification-and-diagnosis>

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. 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 functionality to update this information will be available on NHS Profile Manager from 16 January 2023.

The 16 critical medicines for palliative and end of life care are:

- Cyclizine solution for injection ampoules 50mg/1ml
- Cyclizine 50mg tablets
- Dexamethasone solution for injection ampoules 3.3mg/1ml
- Dexamethasone tablets 2mg
- Haloperidol tablets 0.5mg
- 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

Drug availability for patients is the main concern, and therefore there are no stipulated pack sizes that must be kept by contractors.

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 whether they do or do not routinely stock the 16 critical medicines for palliative and end of life 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 in their area stocking the 16 critical medicines for palliative/end of life care and 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; and,
- 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.

Updates to NHS Profile Manager will be reflected on the pharmacy DoS profile. The [NHS Service Finder](#)<sup>167</sup> can be used by pharmacies and other health care professionals with authorised access to it to identify those pharmacies in their area who have updated their DoS profile to indicate they are holding the 16 critical end of life medicines. Updates to the NHS Profile Manager with whether the pharmacy hold the 16 critical end of life medicines will **not** be reflected on the public facing nhs.uk pharmacy profile.

Whilst pharmacies who hold the 16 critical end of life medicines have until 31 March 2023 to indicate that they are a stockholder, they are encouraged to update their NHS Profile Manager as early as possible after 16 January. This will help inform those pharmacies that are not stockholders to develop their action plans to support patients in obtaining medication.

## 11.4 Reporting

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;
- A declaration that by the end of 31 March 2023, the pharmacy will have completed, or updated, an action plan available for inspection on how they will manage patients requesting palliative and end of life care drugs within their local area, 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 palliative and end of life medicines and/or parenteral haloperidol.

<sup>167</sup> <https://digital.nhs.uk/services/nhs-service-finder>

## 12. Training

The table below summarise the training requirements for PQS 2022-23.

Table 2: Training Summary for the Pharmacy Quality Scheme 2022/23

Criterion	Training	Participation	Validity
Risk Review	<a href="#">CPPE Risk management guide</a> <sup>**168</sup> and <a href="#">e-assessment</a> <sup>169</sup>	All registered pharmacy professionals	N/A
	<a href="#">CPPE Sepsis e-learning</a> <sup>170</sup> and <a href="#">e-assessment</a> <sup>171</sup>		2 years
Safeguarding Webinar	<a href="#">Safeguarding Level 3 for Community Pharmacy Teams</a> <sup>172</sup>	All registered pharmacy professionals	NEW
<b>Error! Reference source not found.</b>	CPPE <a href="#">Inhaler technique for health professionals: getting it right e-learning</a> <sup>173</sup> or <a href="#">CPPE Optimising inhaler technique: improving outcomes workshop</a> <sup>174</sup> and <a href="#">e-assessment</a> <sup>175</sup> this must be the <a href="#">e-assessment titled Inhaler technique for health professionals</a> (first released 15 April 2020)	All pharmacists	4 Years
Weight Management	Section 1 and 3 of <a href="#">CPPE Weight management for adults: understanding the management of obesity e-learning</a> <sup>176</sup> and <a href="#">e-assessment</a> <sup>177</sup>	All registered pharmacy professionals	4 Years
	<a href="#">All Our Health: bitesize training and assessments on Adult Obesity</a> <sup>178</sup> and <a href="#">All Our Health: bitesize training and assessments on Childhood Obesity</a> <sup>179</sup>	All non-registered patient-facing pharmacy staff who provide health advice	4 Years
Domestic Abuse Prevention Campaign	<a href="#">Safe Spaces Training</a> <sup>180</sup> and e-assessment	All patient facing pharmacy staff that provide advice on medicines or healthcare	NEW
Antimicrobial stewardship	<a href="#">Infection prevention and control Level 1 e-learning and assessment</a> <sup>181</sup>	All non-registered pharmacy staff	3 years
	<a href="#">Infection Prevention and Control Level 2 e-learning and assessment</a> <sup>181</sup>	All registered pharmacy professionals	3 years
	<a href="#">Antimicrobial Stewardship for Community Pharmacy e-learning and e-assessment</a> <sup>181</sup>	All patient-facing pharmacy staff that provide advice on medicines or healthcare	3 years
Cancer Awareness	Module 1 <a href="#">Let's Communicate Cancer E-learning</a> <sup>182</sup>	All patient-facing pharmacy staff that provide advice on medicines or healthcare	NEW

\*\* Please note, for the 2023/24 PQS, registered pharmacy professionals will be required to have completed the CPPE Risk management guide and passed the e-

<sup>168</sup> <https://www.cppe.ac.uk/programmes//riskman-g-02/>

<sup>169</sup> <https://www.cppe.ac.uk/programme-listings/e-assessment?ra=riskman-g-02>

<sup>170</sup> <https://www.cppe.ac.uk/gateway/sepsis>

<sup>171</sup> <https://www.cppe.ac.uk/programme-listings/e-assessment?ra=sepsiscs2-e-01>

<sup>172</sup> <https://portal.elfh.org.uk/Component/Details/767185>

<sup>173</sup> <https://www.cppe.ac.uk/programmes//inhalers-e-02>

<sup>174</sup> <https://www.cppe.ac.uk/programmes//inhalers-w-03>

<sup>175</sup> <https://www.cppe.ac.uk/programme-listings/e-assessment?ra=inhalers-e-02>

<sup>176</sup> <https://www.cppe.ac.uk/programmes//weightman-e-01>

<sup>177</sup> <https://www.cppe.ac.uk/programme-listings/e-assessment?ra=weightman-e-01>

<sup>178</sup> <https://portal.elfh.org.uk/Component/Details/571222>

<sup>179</sup> <https://portal.elfh.org.uk/Component/Details/587409>

<sup>180</sup> <https://www.cppe.ac.uk/domesticabuse>

<sup>181</sup> <https://portal.elfh.org.uk/Component/Details/602874>

<sup>182</sup> <https://www.elfh.org.uk/programmes/lets-communicate-cancer/>

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.

## Validity of training

In Year 4 and 5, pharmacy staff may be required to repeat training and e-assessment that they have previously completed. The table above details the time period that the training and assessment (where applicable) must have been completed. The validity period for training for PQS 2022/23 runs until the end of 31 March 2023. For example, registered pharmacy professionals must have completed the CPPE sepsis e-learning and e-assessment within two years prior to 31 March 2023 (between 1 April 2021 and the end of 31 March 2023).

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.

An electronic certificate of completion of the training will be provided following the completion of each of the assessments. An activity report can be downloaded for the completion of Module 1 of the [Let's Communicate Cancer E-learning](https://www.elfh.org.uk/programmes/lets-communicate-cancer/)<sup>183</sup> on the elfh website. Contractors must keep a copy of the certificate for each member of staff as evidence that the training and e-assessment has been completed for each of the criteria that the contractor is claiming for. The training must have been successfully completed by those staff present on the day of the declaration by the end of 31 March 2023.

As there is no e-assessment for the elfh safeguarding level 3 webinar, registered pharmacy professionals will need to confirm completion by downloading a certificate

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<sup>183</sup> <https://www.elfh.org.uk/programmes/lets-communicate-cancer/>

of completion from the platform or produce a certificate of attendance from attending the live webinar on 30 June 2022. Contractors must keep a copy of the certificate for each member of staff as evidence that the training has been completed.

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

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 declaration or by 31 March 2023. 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.

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

## 13. Payments and declarations

Pharmacy contractors must claim payment during the declaration period, which is between 09:00 on Monday 6 February 2023 and 23:59 on Friday 3 March 2023 through the [NHSBSA's MYS application](#).<sup>184</sup> Contractors must have evidence to demonstrate meeting the gateway criteria and the quality criteria they have claimed for by the end of 31 March 2023.

Pharmacies on the pharmaceutical list in England can take part in the PQS and earn a payment for meeting the scheme requirements. This does not include Local Pharmaceutical Services (LPS) contracts. However, in some circumstances, NHS England may make local payments that are equivalent to the PQS where LPS contracts mirror the contractual arrangements of those of the CPCF. These payments would also need to be claimed via the NHSBSA MYS PQS payment declaration. LPS contractors who wish to take part in an equivalent to the PQS but are unsure if they would be eligible, should contact their local NHS England team or [Integrated Care Board](#)<sup>185</sup> for advice. Contact details for local teams are available on the [NHS England website](#).<sup>186</sup>

The PQS is a voluntary scheme that is open to all contractors who wish to take part. To date, participation in the scheme has been consistently high, with the vast majority of contractors submitting a declaration of meeting at least some of the quality requirements. Submitting a declaration is an essential part of the scheme and it enables the efficient management of the payment process. The submission of a declaration for completing any of the quality requirements of the scheme, both accurately and within the timescales outlined in the Drug Tariff, is a significant part of demonstrating that the quality requirements have been met. Consequently, any contractor who fails to successfully submit their declaration during the declaration period will not be eligible for a PQS payment.

Contractors who are new to the pharmaceutical list since the last scheme, either as owners of new pharmacies or as new owners of existing listed pharmacies are able to take part in PQS. However, in doing so they must ensure that, when they make their declaration, they are able to demonstrate how they, the new contractor, will meet the requirements of the PQS 2022/23 on the day they make their declaration. The contractor must have evidence of how they have met the requirements of the PQS and cannot use the evidence of a previous or different contractor. If there has been a change of ownership of a pharmacy that results in a change of ODS code, the new contractor would not be able to use the evidence of the previous contractor. To meet the PQS requirements, the contractor would need to be able to demonstrate

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<sup>184</sup> <https://services.nhsbsa.nhs.uk/nhs-prescription-services-submissions/login>

<sup>185</sup> <https://www.nhs.uk/nhs-services/find-your-local-integrated-care-board/>

<sup>186</sup> <https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-contract-teams/>

how they themselves had undertaken all the work to meet the requirements since the change of ownership.

For PQS 2022/23, contractors will be paid as part of the overall payment made by the NHSBSA to contractors on 3 April 2023.

### 13.1 Pharmacy payment bands

For the PQS 2022/23, the maximum number of points for each domain, except the Respiratory domain, will be fixed irrespective of the participating contractor's total prescription fee item volume for bands 2-6. There is a different points allocation for contractors in band 1. For the Respiratory domain the maximum number of points will be on a banding system, to better reflect the workload of meeting the Respiratory domain requirements for different contractors.

The Respiratory domain has a designated maximum number of points dependent on the participating contractors total prescription fee item volume in 2021/22\*/\*\*/\*\*/\*\*\*\* according to the NHSBSA's payment data shown in Table 3: Maximum number of points per domain for each band.

\* 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 for the purpose of the PQS banding only, change in ownership is not treated as a new contractor.

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

\*\*\*Contractors, who are eligible for the 2022/23 Pharmacy Access Scheme (PhAS), are automatically placed in band 4 if according to their prescription volume they would have been placed 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](#),<sup>187</sup> 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.

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<sup>187</sup> <https://www.legislation.gov.uk/ukxi/2013/349/contents>



Table 3: Maximum number of points per domain for each band

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)	Intervention: 10.00 Referral: 10.00 (Total: 20.00)	Intervention: 10.00 Referral: 10.00 (Total: 20.00)	Intervention: 10.00 Referral: 10.00 (Total: 20.00)	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
<b>Total</b>	<b>5.00</b>	<b>83.75</b>	<b>93.75</b>	<b>100.00</b>	<b>112.50</b>	<b>118.75</b>

Confirmation of which band a pharmacy has been put into will be published by the NHSBSA, on their [PQS webpage](#),<sup>188</sup> to support contractors in making their aspiration payment declaration should they choose to make one.

Most pharmacies will be in Band 4. This band is for pharmacies which dispensed an average prescription fee item volume between 60,001-150,000 fee items between 1 April 2021 and 31 March 2022 according to the NHSBSA's payment data.

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 and how many domains they have declared they are meeting, and hence points claimed.

### 13.2 Aspiration payment

The aspiration payment must be claimed between 09:00 on 10 October 2022 and 23:59 on 4 November 2022 through the [NHSBSA's MYS application](#).<sup>189</sup>

<sup>188</sup> <https://www.nhsbsa.nhs.uk/provider-assurance-pharmaceutical-services/pharmacy-quality-scheme-pqs>

<sup>189</sup> <https://services.nhsbsa.nhs.uk/nhs-prescription-services-submissions/login>

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 the PQS 2022/23.

The aspiration payment for each domain, is paid to the contractor on the understanding that the contractor will have made a declaration within the declaration period and that they will have completed the PQS 2022/23 before 23:59 on 31 March 2023. If the contractor fails to complete the gateway criteria, they would not be eligible for the PQS 2022/23. If an aspiration payment is claimed but the contractor then fails to submit their declaration within the declaration period of meeting the PQS 2022/23 before 23:59 on 3 March 2023 then they would not be eligible for the PQS 2022/23. In both instances the aspiration payment will be reclaimed from the contractor.

There is no requirement to have claimed for a previous PQS to claim an aspiration payment for PQS 2022/23.

Once contractors have reviewed the requirements of the PQS 2022/23, they will need to decide which domains they intend to meet at the PQS 2022/2023 declaration period, when they make their aspiration declaration.

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 (between 09:00 on 10 October 2022 and 23:59 on 4 November 2022). Further information can be found in section 13.3 Declarations: Manage Your Service.

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

The aspiration payment will be paid to contractors on 1 December 2022.

The aspiration payment will be reconciled with the payment for the PQS 2022/23 on 3 April 2023. Part VIIA of the [Drug Tariff](#)<sup>190</sup> for PQS has worked examples of how the aspiration payment will work in practice.

In making a declaration for an aspiration payment, contractors are thereby accepting that a reconciliation will take place; and that their final PQS payment will be adjusted to either recover an overpayment or to receive a further payment based on the declaration made between 6 February to 3 March 2023.

For contractors who have ceased trading between receiving an aspiration payment and the commencement of the declaration period between 6 February to 3 March 2023, this aspiration payment will be recovered.

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<sup>190</sup> <https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/drug-tariff>

Similarly, 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 their final declaration during the declaration period, this aspiration payment will be recovered.

A contractor claiming for the PQS must have met the requirements of the scheme during that contractor's ownership of the pharmacy. A new contractor, who has acquired the pharmacy from another, cannot use the PQS activities undertaken by the previous contractor when making a PQS declaration. Where there has been a change of ownership which has resulted in a new ODS code being issued, for the acquiring contractor they will need to ensure they are able to demonstrate how they have met the PQS requirements since the change of ownership.

Any contractor or applicant looking to acquire a pharmacy during the PQS, will need to ensure they will be able to meet the schemes requirements, especially the gateway requirements, after the change of ownership if they are going to make a PQS declaration.

### **13.3 Declarations: Manage Your Service**

The payment declarations for the aspiration payment and the PQS must be submitted online via the [NHSBSA's MYS application](#).<sup>191</sup>

Unless a contractor makes a valid claim by submitting the declaration via the NHSBSA's MYS application during the appropriate declaration period, (for either or both the aspiration payment and the PQS payment) they will not receive the relevant payment.

Further support on MYS is available in the 'Frequently asked questions on MYS', which can be found on the [PSNC website](#).<sup>192</sup>

### **13.4 Declaration process**

Contractors can make their PQS declaration at any time during the declaration window, between 09:00 on 6 February 2023 and 23:59 on 3 March 2023.

For the PQS 2022/23, contractors will be required to confirm in their declaration that they will have the evidence that they have met the gateway criteria and quality criteria that they are claiming for by the end of 31 March 2023. The evidence of meeting the requirements of gateway criteria and each domain should be retained for two years as it may be required for post-payment verification purposes.

Should a contractor find that, despite declaring in good faith, that they do not have the evidence of having met a gateway or quality criterion they should inform the

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<sup>191</sup> <https://services.nhsbsa.nhs.uk/nhs-prescription-services-submissions/login>

<sup>192</sup> <https://psnc.org.uk/services-commissioning/nhsbsa-manage-your-service-mys-application/>

NHSBSA Provider Assurance Team so that a reclaim of the PQS overpayment can be made.

Where possible, assurance is obtained by verifying declarations against national datasets and evidence sources. This reduces the burden on contractors to provide evidence for all requirements.

There may be instances where the NHS does not hold a full record of activity; or where the information held is incomplete or in rare cases incorrect. In such instances the NHSBSA Provider Assurance Team may require contractors to provide evidence of how their pharmacy has met the scheme requirements. In such cases, the team will support contractors where a claim that has not been verified against a national dataset by helping to identify evidence that could be used to demonstrate compliance with the PQS requirements. Contractors are encouraged to work with the NHSBSA to provide any evidence required as quickly and thoroughly as possible to minimise the extra burden that these assurance checks bring to both contractor and the NHS.

No PQS declaration submissions will be accepted after 23:59 on 3 March 2023. Contractors are advised to complete their submissions early in the declaration window to ensure that they meet the specified declaration timescales.

**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 asked to check their declaration for accuracy and precision before final submission of their online declaration via MYS as this is what their payment will be made against.**

The timescales for making the payments after the declarations close are made as short as possible to maximise the time contractors have to meet the scheme requirements. The full £75 million funding for the year is paid out according to declaration submissions once the declaration window has closed, leaving no funding to make amendments after the event. The responsibility lies with the contractor to ensure they make their PQS declarations within the timescales set out, and that the declarations submitted accurately reflect the criteria that the contractor has met and has evidence to demonstrate how the requirements were met.

## 14. Validation of claims

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 available and evidence sources.

When contractors make their submission for the PQS 2022/23, contractors are making a declaration that they will meet all of the gateway criteria and the quality criteria in each of the domains they are claiming for (the only exception to this is for the Healthy living support domain – please see [section 8](#) for further information) by the end of 31 March 2023. It is the contractor's responsibility to be able provide evidence of meeting the scheme requirements and this may be required by the NHSBSA for post-payment verification if a contractor's PQS declaration cannot be verified using other evidence sources.

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](#).<sup>193</sup>

### 14.1 Provider assurance

As well as providing assurance to NHS England, the NHSBSA Provider Assurance Team can assist contractors if they are having problems with any of the systems or processes involved in the PQS. It is expected that this guidance will provide contractors with the information required to successfully meet the scheme requirements and so should be read thoroughly before seeking alternative assistance. However, if the answer to a problem cannot be found within the guidance, please contact [nhsbsa.pharmacysupport@nhs.net](mailto:nhsbsa.pharmacysupport@nhs.net).

It is essential that contractors experiencing any difficulty with collating evidence of meeting the scheme requirements or making the declarations for PQS 2022/23 contact the NHSBSA Provider Assurance Team to make them aware of these difficulties at the time the difficulties occur. This will enable the NHSBSA to provide support to resolve the difficulty; or in the unlikely event of not being able to do so, to escalate the problem to NHS England to resolve. This will not be possible after the

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<sup>193</sup> <https://www.legislation.gov.uk/ukxi/2013/349/contents/made>

declaration windows closes and, if the declaration is not submitted, this will result in the payment not being made.

This guidance is intended to support contractors wishing to take part in the 2022/23 PQS. The information provided in the guidance has been agreed between the Department of Health and Social Care, NHS England and PSNC in September 2022.

PSNC has supported the production of this guidance. They have also developed a [webpage](#)<sup>194</sup> that provides further information, additional resources and frequently asked questions on PQS.

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<sup>194</sup> <https://psnc.org.uk/quality-and-regulations/pharmacy-quality-scheme/>

## Appendix

### Pharmacy Quality Scheme (PQS) – Antimicrobial Stewardship Data Collection Form 2022/23

Data Collection Form if you completed a Urinary Tract Infection (UTI) consultation with the patient or their representative (this is for women under the age of 65)	
Question	Answer
<b>1</b>	When did you complete the consultation with the patient or their representative? / /
<b>2</b>	Who completed the consultation? <input type="checkbox"/> Pharmacist <input type="checkbox"/> Pharmacy Technician/dispenser, including trainee technician/dispenser <input type="checkbox"/> Trainee Pharmacist <input type="checkbox"/> Counter staff
<b>3</b>	Patient Age <i>(N.B. women 65 or older are not eligible to participate in this data collection)</i> <input type="checkbox"/> Under 65 <input type="checkbox"/> Not known <input type="checkbox"/> 65 or older
<b>4</b>	Is this patient pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> Patient/ representative Uncertain <input type="checkbox"/> No
<b>5a</b>	Patient presenting symptoms <input type="checkbox"/> Dysuria <input type="checkbox"/> Cloudy urine <input type="checkbox"/> Urgency <input type="checkbox"/> Suprapubic pain <input type="checkbox"/> Other (go to question 5b) <input type="checkbox"/> New nocturia <input type="checkbox"/> Frequency <input type="checkbox"/> Haematuria <input type="checkbox"/> Abnormal vaginal discharge
<b>5b</b>	What are the other symptoms?
<b>6</b>	Patient referred to Pharmacist? <input type="checkbox"/> Yes <input type="checkbox"/> No – referral was not needed <input type="checkbox"/> N/A – the pharmacist was the person who spoke to the patient about their symptoms
<b>7a</b>	Over the counter treatment recommended? <input type="checkbox"/> Yes – supplied (go to question 7b) <input type="checkbox"/> Yes – declined (go to question 7b) <input type="checkbox"/> No
<b>7b</b>	Which over the counter treatment was recommended? <input type="checkbox"/> Pain relief <input type="checkbox"/> Cystitis relief sachets <input type="checkbox"/> Cranberry products <input type="checkbox"/> D-mannose <input type="checkbox"/> Other (go to question 7c)
<b>7c</b>	Which other over the counter treatment was recommended?
<b>8</b>	Self-care advice given? <input type="checkbox"/> Yes – verbal advice only provided <input type="checkbox"/> Yes – verbal advice and patient leaflets provided <input type="checkbox"/> No

**Data Collection Form if you completed a Urinary Tract Infection (UTI) consultation with the patient**

<b>Question</b>		<b>Answer</b>	
<b>9a</b>	Did the patient have any of the following symptoms?	<input type="checkbox"/> Shivering, chills and muscle pain <input type="checkbox"/> Confusion, or are very drowsy <input type="checkbox"/> They have not passed urine all day <input type="checkbox"/> They are vomiting <input type="checkbox"/> They have blood in their urine <input type="checkbox"/> Their temperature is above 38°C or less than 36°C <input type="checkbox"/> They have kidney pain in their back just below the ribs <input type="checkbox"/> Their symptoms are getting worse <input type="checkbox"/> Their symptoms are not starting to improve within 48 hours of taking antibiotics	(If ANY of these answers are ticked, go to question 9b)
<b>9b</b>	How urgently was the patient referred?	<input type="checkbox"/> Immediately (go to question 9c) <input type="checkbox"/> If symptoms do not improve within 48 hours <input type="checkbox"/> If symptoms got worse <input type="checkbox"/> N/A (not referred to other services)	
<b>9c</b>	Pharmacist advised patient to see GP/other service?	<input type="checkbox"/> Yes – GP <input type="checkbox"/> Yes – Out of Hours/ NHS 111 Service <input type="checkbox"/> Yes – Accident and Emergency <input type="checkbox"/> Yes – Other	(If ANY of these answers are ticked, go to question 9d)
<b>9d</b>	Reason(s) for referral to GP/other service	<input type="checkbox"/> Shivering, chills and muscle pain <input type="checkbox"/> Confusion, or are very drowsy <input type="checkbox"/> They have not passed urine all day <input type="checkbox"/> They are vomiting <input type="checkbox"/> They have blood in their urine <input type="checkbox"/> Their temperature is above 38C or less than 36C <input type="checkbox"/> They have kidney pain in their back just below the ribs <input type="checkbox"/> Their symptoms are getting worse <input type="checkbox"/> Their symptoms are not starting to improve within 48 hours of taking antibiotics <input type="checkbox"/> Other (go to question 9e)	
<b>9e</b>	Other reason(s) for referral to GP/other service		



**Data Collection Form if you completed a Respiratory Tract Infection (RTI) consultation with the patient or their representative**

<b>Question</b>		<b>Answer</b>
<b>1</b>	When did you complete the consultation with the patient or their representative?	/ /
<b>2</b>	Who completed the consultation?	<input type="checkbox"/> Pharmacist <input type="checkbox"/> Trainee Pharmacist <input type="checkbox"/> Pharmacy Technician/ dispenser, including trainee technician/ dispenser <input type="checkbox"/> Counter staff
<b>3</b>	Patient Age	<input type="checkbox"/> Child under 5 <input type="checkbox"/> Child 5 or over <input type="checkbox"/> Adult <input type="checkbox"/> Not known
<b>4a</b>	Type of respiratory tract infection	<input type="checkbox"/> Middle-ear infection <input type="checkbox"/> Sore throat <input type="checkbox"/> Sinusitis <input type="checkbox"/> Common cold <input type="checkbox"/> Cough or bronchitis <input type="checkbox"/> COVID-19 <input type="checkbox"/> Other infection (go to question 4b)
<b>4b</b>	What other type of respiratory tract infection?	
<b>5</b>	Patient referred to Pharmacist?	<input type="checkbox"/> Yes <input type="checkbox"/> No – referral was not needed <input type="checkbox"/> N/A – the pharmacist was the person who spoke to the patient about their symptoms
<b>6a</b>	Over the counter treatment recommended?	<input type="checkbox"/> Yes – supplied (go to question 6b) <input type="checkbox"/> Yes – declined (go to question 6b) <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>6b</b>	Which over the counter treatment was recommended?	<input type="checkbox"/> Pain relief <input type="checkbox"/> Nasal spray <input type="checkbox"/> Oral decongestant <input type="checkbox"/> Throat lozenges <input type="checkbox"/> Anaesthetic throat spray <input type="checkbox"/> Cough medicine - expectorant <input type="checkbox"/> Cough medicine - suppressant <input type="checkbox"/> Other (go to question 6c)
<b>6c</b>	Which other over the counter was treatment recommended?	
<b>7</b>	Self-care advice given?	<input type="checkbox"/> Yes – verbal advice only provided <input type="checkbox"/> Yes – verbal advice and patient leaflet provided <input type="checkbox"/> No

**Data Collection Form if you completed a Respiratory Tract Infection (RTI) consultation with the patient**

<b>Question</b>		<b>Answer</b>	
<b>8a</b>	Did the patient have any of the following symptoms?	<input type="checkbox"/> Skin is very cold, has a strange colour or they have developed an unusual rash <input type="checkbox"/> Confusion, very drowsy, or have slurred speech <input type="checkbox"/> Difficulty breathing, breathing quickly, turning blue around the lips or skin below the mouth, skin between ribs getting sucked or pulled in with every breath <input type="checkbox"/> Severe headache and vomiting <input type="checkbox"/> Chest pains <input type="checkbox"/> Difficulty swallowing or are drooling <input type="checkbox"/> Coughing up blood <input type="checkbox"/> Passed little to no urine <input type="checkbox"/> Symptoms are getting worse	(If ANY of these answers are ticked, go to question 8b)
<b>8b</b>	How urgently was the patient referred?	<input type="checkbox"/> Immediately (go to question 8c) <input type="checkbox"/> If symptoms did not improve within 48 hours <input type="checkbox"/> If symptoms got worse <input type="checkbox"/> N/A (not referred to other services)	
<b>8c</b>	Pharmacist advised patient to see GP/other service?	<input type="checkbox"/> Yes – GP <input type="checkbox"/> Yes – Out of Hours/NHS 111 Service <input type="checkbox"/> Yes – Accident and Emergency <input type="checkbox"/> Yes – Other	(If ANY of these answers are ticked, go to question 8d)
<b>8d</b>	Reason(s) for referral to GP/other service	<input type="checkbox"/> Skin is very cold, has a strange colour or they have developed an unusual rash <input type="checkbox"/> Confusion, very drowsy, or have slurred speech <input type="checkbox"/> Difficulty breathing, breathing quickly, turning blue around the lips or skin below the mouth, skin between ribs getting sucked or pulled in with every breath <input type="checkbox"/> Severe headache and vomiting <input type="checkbox"/> Chest pains <input type="checkbox"/> Difficulty swallowing or are drooling <input type="checkbox"/> Coughing up blood <input type="checkbox"/> Passed little to no urine <input type="checkbox"/> Symptoms are getting worse <input type="checkbox"/> Other (go to question 8e)	
<b>8e</b>	Other reason(s) for referral to GP/other service		