



# Services and Commissioning

July 2021

## Pharmacy Quality Scheme 2020/21 Part 2 Archive

The Pharmacy Quality Scheme (PQS) Part 1 2020/21 declaration period closed on 29th January 2021 and the PQS Part 2 2020/21 declaration period closed on 1st March 2021. Contractors are therefore no longer able to submit a claim for payment for either part of the Scheme.

Contractors were paid their PQS Part 2 2020/21 payment on 1st April 2021 and the value of one point was £53.88.

### Completion of the PQS Part 2 2020/21 work

Due to NHS England and NHS Improvement and the Department of Health and Social Care agreeing to [PSNC's request for more flexible timings](#) for completion of the PQS work, contractors have until **30th June 2021** to meet the following domains they have declared as having met, and collate the evidence to demonstrate that they are compliant with the requirements:

- Domain 1 – Infection Prevention & Control and Antimicrobial Stewardship;
- Domain 2 – Prevention;
- Domain 3 – Risk management; and
- Domain 5 – Primary Care Network – Business continuity\*

\* To meet this domain, contractors needed to participate in a contractor discussion and for the Lead to collate the information to share with all contractors within the PCN, the PCN, the Local Pharmaceutical Committee and NHS England and NHS Improvement (NHSE&I).

Where this activity had not commenced or had started, but not concluded, NHSE&I agreed that the collation of the evidence to demonstrate that contractors and Leads are compliant with the requirements could be extended until 30th June 2021 provided the contractor discussion had been undertaken before the end of the declaration period (1st March 2021).

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### PQS 2020/21 Part 2

The Pharmacy Quality Scheme (PQS) Part 2 2020/21 declaration period closed on 1st March 2021 and contractors were paid on 1st April 2021, with the value of one point being £53.88.

### Introduction

Part 2 of the 2020/21 PQS scheme, formally commenced on 1st October 2020. Like the first part of the scheme, the second part focused on the response to and the recovery from the pandemic. The PQS was developed to

incentivise quality improvement in areas that support the COVID-19 response by including criteria that improve patient safety and outcomes.

The full details were first published in the [September 2020 Drug Tariff](#), but PSNC published an early view of the requirements, to support early contractor engagement with the scheme on [6th August 2020](#).

The remainder of the £75m PQS annual budget (£56.25m plus any unclaimed funding from the £18.75m attributed to PQS Part 1) was applied to this scheme.

### **Completion of and claiming for the Part 1 scheme was a Gateway requirement for the Part 2 scheme.**

There were five domains each with its own component criteria to achieve; all criteria in a domain needed to be completed to be able to claim a payment for that domain.

## **Guidance and resources**

- [NHS England and NHS Improvement guidance on the Part 2 PQS](#)
- [PSNC introductory digital guide to the Part 2 scheme](#) (this can now be found on the [Pharmacy Quality Scheme – Archive page](#));
- [PSNC Briefing 041/20: Part 2 2020-21 Pharmacy Quality Scheme – Evidence Checklist](#) which provides advice on what evidence should be retained to demonstrate that contractors have complied with the scheme.
- [NHSBSA PQS Part 2 declaration document](#) (Word)
- [CPPE PQS webpage](#)
- [PCN guidance and resources](#) – Guidance and resources to support LPCs and community pharmacy teams to get involved in Primary Care Networks (PCNs), including undertaking the requirements of the PCN Domains in the Part 2 Pharmacy Quality Scheme (PQS) 2020/21.
- [Health Education England e-Learning for Health](#)

## **Templates**

- [Training record sheet](#) (Microsoft Word) to capture staff that have completed training.
- [Training record sheet](#) (PDF)
- [Action plan template](#) (Microsoft Word) to support the creation of any action plans required to meet the requirements of any PQS criteria.
- [Action plan template](#) (PDF)
- [Weight Management – Data Collection Sheet](#) (Microsoft Word ) to capture data over a period of 4 consecutive weeks.
- [Weight Management – Data Collection Sheet](#) (PDF)

## **Gateway criterion**

To qualify for a PQS Part 2 payment, contractors needed to complete all the requirements within the PQS Part 1 Essential Criteria Checklist and then submit a declaration on the [Manage Your Service \(MYS\) portal](#) by **23:59 on 29th January 2021**.

Contractors who met the gateway criteria will only receive a payment if they met the requirements of one or more of the domains listed below.

## **Introduction to the Quality criteria**

Contractors who met the gateway criteria on the day of the declaration (between 4th February and 1st March 2021) will receive a PQS payment if they met one or more of the domains listed below.

Contractors must have met all of the quality criteria in each domain to be eligible for a PQS payment.

The PQS payment will depend on how many of the domains the pharmacy has met, and in which band the pharmacy is placed, based on the total prescription volume in 2019/20. For further information on each quality criterion, click on the links below.

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, provisionally registered pharmacists, pharmacy technicians and locum pharmacists.

**Non-registered patient-facing pharmacy staff** include all pre-registration graduates, dispensary staff, medicine counter assistants and delivery drivers.

**Non-registered patient-facing pharmacy staff with a health promoting advice role** include all pre-registration trainees, dispensary staff and medicine counter assistants.

**Staff with a patient-facing role** include all registered pharmacy professionals, all pre-registration graduates, dispensary staff, medicine counter assistants, delivery drivers and locum pharmacists. Contractors may also have other staff that can be identified as having patient-facing roles.

**Staff with a patient-facing role that provide advice on medicines or healthcare** include all registered pharmacy professionals, all pre-registration graduates, dispensary staff, medicine counter assistants and locum pharmacists.

In relation to the training requirements within the various criteria, in all cases at the time of making the PQS declaration, **there is a requirement to have available at the pharmacy premises, a copy of the personalised certificate provided upon completion of the training and assessment, as evidence that all relevant members of staff have completed the training.**

The scheme also makes provision for circumstances where the pharmacy has a change in staff members close to the point of declaration, which impacts on their ability to meet some of the requirements:

*Where new staff who have recently joined the pharmacy or staff returning from long term leave, for example maternity leave, have not undertaken the training and assessment by the day of the declaration, the pharmacy contractor can count them as having completed the training and assessment, if the pharmacy contractor has a training plan in place to ensure that these staff complete the training and assessment within 30 days of the day of the declaration. This training plan and demonstrable evidence of completion of training and assessment, within 30 days of the day of the declaration, must be retained at the pharmacy to demonstrate that the pharmacy contractor has met this quality criterion.*

## Domain 1 - Infection Prevention & Control and AMS

**Contractors have until 30th June 2021 to meet this domain (if they have declared as having met it), and collate the evidence to demonstrate that they are compliant with the requirements.**

To minimise nosocomial infections in the NHS, several measures need to be adopted. These include the use of non-pharmaceutical interventions, such as social distancing, as well as ongoing, consistent implementation of national infection prevention and control guidance. Such measures are paramount in reducing the transmission of COVID-19 as well as all healthcare associated infections.

Antibiotic resistance is one of the most significant threats to patients' safety worldwide and is driven by overusing antibiotics and prescribing them inappropriately. Infections with antibiotic-resistant bacteria increase levels of disease and death, as well as the length of time people stay in hospitals. As resistance grows, it will become more difficult to treat infection, and this affects patient care and increases patient mortality rates.

Contractors must meet both quality criteria listed below in the Infection Prevention and Control and Antimicrobial Stewardship Domain to be able to claim payment for this domain.

### Infection Prevention and Control criterion

The aim of this criterion is to reduce the risk of transmission of COVID-19 within community pharmacies and potential harm caused by the pandemic by increasing awareness and implementing actions following training to improve infection prevention and control practices.

The requirements of this criterion are, on the day of the declaration:

1. All **non-registered pharmacy staff** working at the pharmacy must have satisfactorily completed the [HEE infection prevention and control Level 1 e-learning and assessment](#); AND
2. All **registered pharmacy professionals** must have satisfactorily completed the [HEE Infection Prevention and Control Level 2 e-learning and assessment](#); AND
3. Following the completion of the training, all of the pharmacy team working at the pharmacy must have completed a team review documenting the reflections and actions following the training, and amending standard operating procedures (SOPs) and associated guidance, where appropriate.

When making the declaration on the MYS portal, contractors will be required to submit:

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

### Antimicrobial Stewardship (AMS) criterion

The aim of this criterion is to reduce the potential harm caused by antimicrobial resistance (AMR) through the promotion of antimicrobial stewardship activity in community pharmacy.

The requirements of this criterion are, on the day of the declaration:

1. All **patient-facing pharmacy staff** that provide advice on medicines or healthcare must have satisfactorily completed the [PHE Antimicrobial Stewardship for Community Pharmacy e-learning and e-assessment](#); AND
2. Contractors must have available, at premises level, an antimicrobial stewardship action plan for the pharmacy, which details how they will promote AMS. The action plan must include details of how all pharmacy staff involved in the provision of self-care advice will incorporate the principles of AMS into self-care advice, including reinforcing the messages around appropriate use of antibiotics, and the uptake of vaccinations, including the flu vaccine. There must be documented evidence, at the pharmacy, that the actions within the plan have been implemented by the day of the declaration; AND
3. All **patient facing staff** that provide health advice, should have become [Antibiotic Guardians](#), if they have not already done so, and have an awareness of the local antibiotic formulary.

When making the declaration on the MYS portal, contractors will be required to submit:

- the total number of staff who have satisfactorily completed the training and assessment;
- a declaration they have completed an antimicrobial stewardship action plan for the pharmacy; and

- a declaration that all patient facing staff that provide health advice, have become antibiotic guardians and have an awareness of the local antibiotic formulary.

## Domain 2 - Prevention

Contractors have until **30th June 2021** to meet this domain (if they have declared as having met it), and collate the evidence to demonstrate that they are compliant with the requirements.

The COVID-19 pandemic has identified risk factors and inequalities that have resulted in poorer patient outcomes for those who have contracted the disease. There is therefore renewed focus on tackling modifiable risk factors such as obesity as well as mental health.

Contractors must meet all three quality criteria listed below in the Prevention Domain to be able to claim payment for this domain.

### Suicide awareness and action plan

The aim of this criterion is to contribute towards prevention of suicide by enabling all community pharmacy patient facing staff to appropriately discuss suicide with anyone who either raises that they are having suicidal thoughts, or is displaying behaviours that prompt pharmacy staff to start a conversation on this matter.

The requirements of this criterion are, on the day of the declaration:

1. All\* **patient-facing staff** working at the pharmacy must have completed [the Zero Suicide Alliance \(ZSA\) training](#); AND
2. Contractors must have available, at premises level, an action plan prepared or updated which includes the action to take if anyone reports to staff that they have suicidal feelings. The action plan must include making some demonstrable recorded changes such as compiling resources to provide to patients. All actions outlined in the action plan must be demonstrably completed by the day of the declaration. A template to support contractors create an **action plan** is available in the PQS guidance and resources section.

Where pharmacy contractors already have an action plan in place created prior to this year's PQS, contractors are required to document any changes that had been made to help support people who are having suicidal feelings and to retain a record of this as evidence of having met the requirement. Any previous action plan must be reviewed to ensure that any information provided to patients remains up to date.

\*Staff members, who have been affected by suicide and do not wish to undertake the ZSA training, are exempt from completing it.

When making the declaration on the MYS portal, contractors will be required to submit:

- the total number of staff who have satisfactorily completed the training;
- the total number of staff that have not completed the training under the above exemption; and
- a declaration they have completed, or updated, a team action plan.

### Sugar sweetened beverages

The aim of this quality criterion is to support community pharmacies in creating an environment conducive to healthy living and to align with the NHS standard contract requirements in helping both staff and the public avoid sugar sweetened beverages. This quality criterion builds on [the training on Children's oral health](#), which was introduced, in the 2018/19 Quality Pharmacy Scheme and supports the aims of the weight management criterion in this scheme.

Sugar-Sweetened Beverage are defined as any drink, hot or cold, carbonated or non-carbonated, including milk based drinks and milk substitute drinks such as soya, almond, hemp, oat, hazelnut or rice, which contains more than 20kcal/100ml energy (i.e. is not 'low energy (calorie)') and also has had any sugar added to it as an ingredient (i.e. is not 'no added sugar'). Products sweetened with a combination of artificial/natural sweeteners and sugars would, if they contain more than 20kcal/100ml energy (i.e. are not 'low energy (calorie)'), fall within this definition. For the purposes of this definition, added sugars:

- i. include sugars added to pre-packaged drinks or added to made-to-order drinks (including sugar syrup, hot chocolate powder, sweetened milk alternatives and whipped cream);
- ii. do not include sugars naturally occurring in fruit juices, vegetable juices and smoothies;
- iii. do not include sugars naturally occurring in milk; and
- iv. do not include sugar added by the customer after the point of sale.

This definition can be found on page 78 of the [NHS Standard Contract 2020/21 General Conditions \(full length\)](#). The requirement of this criterion is, on the day of the declaration:

- sales by the pharmacy (the registered pharmacy premises) of Sugar Sweetened Beverages must account for no more than 10% by volume in litres of all beverages sold.

When making the declaration on the MYS portal, contractors will be required to submit:

- a declaration regarding whether or not the pharmacy sells sugar-sweetened beverages; and
- a declaration that sugar sweetened beverages, if sold by the pharmacy, account for 10% or less of all beverages sold.

## Weight management

The aim of this criterion is to prevent ill health by raising awareness with pharmacy service users of the impact of weight and waist circumference on health and the relevance of body mass index (BMI) to their overall health and wellbeing.

Obesity and poor diet are linked with diabetes, high blood pressure, high cholesterol and increased risk of respiratory, musculoskeletal and liver disease. During the COVID-19 pandemic, evidence has emerged that obese individuals are more likely to have poorer outcomes when infected with the virus.

Research has shown that brief, opportunistic interventions delivered in primary care can result in a [five-fold increase](#) in the proportion of patients engaging in weight management services. Simple advice from a healthcare professional to lose weight increases patients' intentions to lose weight. Further, referring people to weight management services can more than double the amount of weight they lose.

The requirements of this criterion are, on the day of the declaration:

1. All **non-registered patient-facing pharmacy staff that provide health promoting advice** must have completed the [PHE All Our Health bitesize training and assessments on Adult Obesity and Childhood Obesity](#) to gain a broader understanding of the causes and effects of obesity. It is recommended that a registered pharmacy professional within the team completes the bitesize training to aid the non-registered patient-facing pharmacy staff in completing the training; AND
2. 80% of **registered pharmacy professionals** working at the pharmacy must have satisfactorily completed sections 1 and 3 of the 'CPPE Weight management for adults: understanding the management of obesity training' and assessment, available on the [CPPE website](#); AND
3. Pharmacy teams are also required to have completed an action plan of how they would proactively engage with people to discuss weight and assist a person who would like support with their weight. The action plan must include, but should not be limited to, a list of local support or physical activity groups that the person could be referred to and support materials/tools they could use, e.g. materials such

as [One You](#) and [Change4Life](#), available on the NHS website, and the [Chief Medical Officer's guidance on physical activity](#).

Pharmacy teams are encouraged to review the Public Health England [Let's Talk About Weight infographic](#) and the [Let's talk about weight: a step-by-step guide to brief interventions with adults for health and care professionals](#) guidance for support with initiating and managing conversations with people about weight management. A template to support contractors create an [action plan](#) is available in the PQS guidance and resources section.

If a person that would like support with their weight is identified, a competent individual within the pharmacy (e.g. registered pharmacy professional or nominated team member/qualified health champion) must guide the person on how to measure their Body Mass Index (BMI), using an appropriate BMI calculator such as the [NHS healthy weight calculator](#) and advise them on how to measure their waist circumference. The advice to the person should include explaining the purpose of measuring BMI and waist circumference. Pharmacy teams must be able to calculate BMI from measurements given to them by individuals seeking support with their weight, and support those who wish to lose weight with advice and referral to other sources of support, where appropriate. The above advice could be provided in the pharmacy or via remote means, such as video consultations, where that is appropriate for the requirements of the individual; **AND**

4. On the day of the declaration, the pharmacy team has recorded, over a period of 4 consecutive weeks, the total number of people who:
  - a. had a conversation with a trained member of the pharmacy team about the benefits of achieving a healthy BMI and who have been shown how to self-measure and calculate their BMI and self-measure their waist circumference; and
  - b. were referred to other services for weight management support, e.g. physical activity.

When making the declaration on the MYS portal, contractors will be required to submit:

- the total number of **non-registered**, patient facing pharmacy staff that have satisfactorily completed the PHE All Our Health: bitesize training and assessments on Adult Obesity and Childhood Obesity;
- the total number of **registered professionals** that have satisfactorily completed sections 1 and 3 of the CPPE Weight management for adults: understanding the management of obesity training and assessment;
- a declaration that they have completed a weight management action plan on how they would assist a person who would like support with their weight;
- the total number of people who had a conversation, over a period of 4 consecutive weeks, with a trained member of the pharmacy team about the benefits of achieving a healthy BMI and who have been shown how to self-measure and calculate their BMI and self-measure their waist circumference; and
- the total number of people referred to other services for weight management support, e.g. physical activity.

### Domain 3 - Risk management

Contractors have until **30th June 2021** to meet this domain (if they have declared as having met it), and collate the evidence to demonstrate that they are compliant with the requirements.

The Risk Management domain links to the NHS priorities to continuously improve patient safety as outlined in the [NHS England & NHS Improvement Patient Safety Strategy](#) and supports contractors to build and reflect on the work undertaken in previous years.

A new requirement to manage the risk of missing red flag symptoms during over the counter (OTC) consultations has been added to this scheme and it is particularly important during the pandemic when pharmacy teams may see patients with symptoms who are avoiding visiting a GP or hospital.

The aim of this criterion is to ensure that all pharmacy professionals understand the risks associated with their professional practice (specifically focusing on the risks of missing signs of sepsis or missing red flag symptoms) and understand how to review, assess, prioritise and mitigate against risks in their workplace.

The requirements of this criterion are, on the day of the declaration:

1. 80% of all **registered pharmacy professionals** working at the pharmacy must have satisfactorily completed the **CPPE risk management training and e-assessment**. If the training and assessment were satisfactorily completed between 1st April 2018 and 31st March 2020, this does not need to be repeated in 2020/21; AND
2. The pharmacy must have available, at premises level, a new risk review or an update of the previous risk review undertaken as part of the PQS 2019/20. This new or updated review must include a recorded reflection on **the risk of missing sepsis identification** and the risk minimisation actions that the pharmacy team has been taking and any subsequent actions identified as a result of the reflection.

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

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

**Pharmacy contractors that DID NOT complete the risk review as part of the Risk management and safety domain for the PQS 2019/20**, who wish to claim for this domain must, in addition to the above requirements, must ensure on the day of the declaration:

3. 80% of all **registered pharmacy professionals** working in the pharmacy have satisfactorily completed the **CPPE sepsis online training and assessment** and must be able to demonstrate that they can apply the learning to respond in a safe and appropriate way when it is suspected that someone has sepsis; AND
4. They must have demonstrable evidence that all patient-facing staff have understood the alert symptoms to ensure referral of suspected sepsis to a pharmacist.

When making the declaration on the MYS portal, contractors who did complete a risk review as part of the Risk management and safety domain for the 2019/20 PQS will be required to submit:

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

**Contractors who did not complete a risk review as part of the Risk management and safety domain for the PQS 2019/20**, when making the declaration on the MYS portal, contractors will be required to submit:

- the total number of registered pharmacy professionals working at the pharmacy who have satisfactorily completed CPPE Risk management training and e-assessment;

- the total number of registered pharmacy professionals working at the pharmacy who have satisfactorily completed CPPE sepsis online training and e-assessment;
- a declaration that they have completed a new risk review on the risk of missing sepsis identification and have recorded demonstrable risk minimisation actions that have been undertaken to mitigate this risk; and
- a declaration that they have completed a new risk review on the risk of missing red flag symptoms during over the counter consultations and have recorded demonstrable risk minimisation actions that have been undertaken to mitigate this risk.

[Risk review templates \(Word\)](#)

[Risk review templates \(PDF\)](#)

## Domain 4 - Primary Care Network - Prevention

**Primary Care Networks (PCNs)** are a key part of the [NHS Long Term Plan](#), with general practices being a part of a network, typically covering 30,000-50,000 patients.

It is important that community pharmacy teams are fully involved in the work of their PCN to achieve and deliver on the health programmes such as the [national flu immunisation programme plan](#).

The aim of this domain was to reduce the risk of harm from the influenza virus for all patients aged 65 and over and to reduce pressure on the NHS during winter, by incentivising community pharmacy and general practice through the PQS and the Impact and Investment Fund (IIF) respectively, to work collaboratively to increase the number of eligible people vaccinated.

Community pharmacy and general practice teams have been delivering flu vaccination services for a number of years and, in some places, the approach is more competitive than collaborative. By incentivising both primary care providers similarly, NHSE&I wanted to facilitate a collaborative approach in a PCN leading to an increase in uptake of flu vaccinations in the eligible population.

The requirements of this criterion were, on the day of the declaration:

1. In 2020/21, but prior to the day of the declaration, the contractor must have engaged with the Pharmacy PCN Lead to communicate that they would like to be involved in increasing the uptake of flu vaccination to patients aged 65 and over.

To increase the uptake of flu vaccination to patients aged 65 and over and to drive quality improvement in service delivery, **the Pharmacy PCN Lead must:**

- have engaged with all the community pharmacies in the PCN that wished to be involved, to agree how they would collaborate with each other and discuss how they could collaborate with general practice colleagues; and
- engage with the PCN Clinical Director to agree how community pharmacies in the PCN would collaborate with general practices.

**AND**

2. The pharmacy contractor must have demonstrably contributed to the PCN achieving at or above a specified percentage, for flu vaccination patients aged 65 and over. This could be evidenced by the number of vaccines they had administered to eligible patients between 1st September 2020 and 31st January 2021, with this number being one or greater. Points were allocated in accordance with the following linear sliding scale:

	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6
Point per 0.1 percentage point increase between 70.1% and 77%	0.0107	0.0750	0.1607	0.2143	0.3214	0.3750

Data on the percentage of target population vaccinated by the PCN will not be available until after the day of the declaration. Therefore, contractors who wished to claim for this domain must declare on the day of the declaration that they had demonstrably contributed to the PCN delivery of flu vaccinations to the target population, as stated above.

Based on this declaration, contractors will be allocated the maximum number of points available for a pharmacy in their band for this domain. There will be a reconciliation of the payment made to contractors for this domain on 1st June 2021 when final data on the increase to the uptake of flu vaccination to patients aged 65 and over will be available. This reconciliation will be made as part of the Aspiration payment contractors receive for the 2021/22 PQS, for those choosing to make this declaration; and will be reconciled as part of the routine schedule of payments for those contractors who do not make an aspiration declaration in 2021/22.

If the PCN wishes to challenge the data underpinning the points allocation, they will be able to do so, however, this will delay the reconciliation payment.

When making the declaration on the MYS portal, **non-Pharmacy PCN Lead** contractors were required to submit:

- a declaration that the contractor had engaged with the Pharmacy PCN Lead and agreed to be involved in increasing the uptake of flu vaccinations to patients aged 65 and over by the provision of flu vaccinations;
- the total number of eligible people aged 65 and over, including those becoming age 65 by 31st March 2021, vaccinated by the contractor between 1st September 2020 and 31st January 2021;
- the name of the PCN to which they had aligned;
- the appointed Pharmacy PCN Lead for the PCN; and
- the pharmacy name and ODS code for the Pharmacy PCN Lead.

When making the declaration on the MYS portal, **contractors where the Pharmacy PCN Lead is based** were required to submit:

- A declaration that the Pharmacy PCN Lead had engaged with the PCN Clinical Director to agree how community pharmacies in the PCN collaborated with general practices to increase the uptake of flu vaccinations to patients aged 65 and over;
- the total number of eligible people aged 65 and over, including those becoming age 65 by 31st March 2021, vaccinated by the contractor between 1st September 2020 and 31st January 2021;
- the ODS codes of the pharmacies who had engaged in the process for increasing the uptake of flu vaccination to patients aged 65 and over;
- a declaration that they were the appointed Pharmacy PCN Lead for that PCN;
- the name of the PCN; and
- a declaration that the Pharmacy PCN lead had notified the Local Pharmaceutical Committee (LPC) in which the PCN lies that they were the appointed pharmacy Lead for the named PCN.

### PCN guidance and resources

Guidance and resources to support LPCs and community pharmacy teams to get involved in Primary Care Networks (PCNs), including undertaking the requirements of the PCN Domains in the Part 2 Pharmacy Quality Scheme (PQS) 2020/21.

## Domain 5 - Primary Care Network - Business continuity

If the contractor discussion part of this domain has been undertaken before the end of the declaration period, contractors have until **30th June 2021** to collate the evidence to demonstrate that they are compliant with the requirements.

The aim of this domain was to encourage pharmacy teams to work collaboratively with other primary care providers to maintain business continuity across the PCN following the temporary closure of individual pharmacies or general practices to minimise the impact on patient care.

This domain built on the business continuity elements included in the PQS 2020/21 Part 1, by recognising the impact that the temporary closure of an individual pharmacy or general practice could have on the other pharmacies and general practices within a PCN, and the need for this impact to be considered in the individual contractor's business continuity plan.

The requirements of this criterion were, on the day of the declaration:

1. All contractors in a PCN that wish to complete the requirements of this domain, must have participated in a discussion, organised by the Pharmacy PCN lead, regarding business continuity planning, as described below.

### The Pharmacy PCN Lead must:

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

AND

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

When making the declaration on the MYS portal, **non-Pharmacy PCN Lead** contractors needed to submit:

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

When making the declaration on the MYS portal, **contractors where the Pharmacy PCN Lead is based** needed to submit:

- a declaration that they had facilitated the organisation of the group business continuity discussion, for all contractors in the PCN who wished to take part in the business continuity discussions;
- the ODS codes of the pharmacies who had taken part in your business continuity discussion;
- a declaration that they were the appointed Pharmacy Lead for that PCN;
- the name of the PCN; and
- a declaration that the Pharmacy PCN Lead had notified the LPC in which the PCN lies that they were the appointed pharmacy Lead for the named PCN.

### PCN guidance and resources

Guidance and resources to support LPCs and community pharmacy teams to get involved in Primary Care Networks (PCNs), including undertaking the requirements of the PCN Domains in the Part 2 Pharmacy Quality Scheme (PQS) 2020/21.

### Funding for the scheme

Total funding for the scheme is a minimum of £56.25m, with any unused funding from the Part 1 scheme also being added to the total.

A new approach to allocating the funding is being introduced in this scheme, with each domain having points allocated to it, but these vary dependent on the prescription volume of the contractor.

This change has been introduced to better recognise the varying workload and hence costs incurred by different contractors complying with the requirements of the scheme. While some costs will be common to contractors of all sizes, most of the elements of this new scheme involve variability of costs related to the number of staff employed at the pharmacy and staffing levels generally vary in relation to prescription volume.

### How the new system works

Each PQS domain has a varying number of points dependent on the participating contractor's total prescription volume in 2019/20; each contractor is placed in one of the six volume bands set out in the tables below, based on their 2019/20 prescription volume.

So that contractors can be sure of which volume band they sit within the scheme, the [NHSBSA](#) has published their allocation of contractors to the bands.

Additional points are also available to contractors who act as the Primary Care Network (PCN) Lead in either of the two PCN domains; these points do not vary with the total prescription volume of the contractor.

### Non-PCN Lead contractor

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+
IPC & AMS Domain	1.25	8.75	18.75	25	37.5	43.75
Prevention Domain	2	14	30	40	60	70
Risk management Domain	0.5	3.5	7.5	10	15	17.5
PCN - Prevention	0.75	5.25	11.25	15	22.5	26.25
PCN - Business Continuity	0.5	3.5	7.5	10	15	17.5
<b>Total (non-PCN lead)</b>	<b>5</b>	<b>35</b>	<b>75</b>	<b>100</b>	<b>150</b>	<b>175</b>

### PCN Lead contractor – 15 additional points for each of the two PCN domains

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+
IPC & AMS Domain	1.25	8.75	18.75	25	37.5	43.75
Prevention Domain	2	14	30	40	60	70
Risk management Domain	0.5	3.5	7.5	10	15	17.5
PCN - Prevention	15.75	20.25	26.25	30	37.5	41.25
PCN - Business Continuity	15.5	18.5	22.5	25	30	32.5
<b>Total (PCN lead)</b>	<b>35</b>	<b>65</b>	<b>105</b>	<b>130</b>	<b>180</b>	<b>205</b>

The funding was divided between qualifying pharmacies based on the number of points they achieved. Contractors were paid their PQS Part 2 2020/21 payment on 1st April 2021 and the value of one point was £53.88.

Payments were made to eligible contractors depending on the band they are placed in, how many domains they have declared they are meeting, and hence points claimed.

Further details on the funding can be found in the [September 2020 Drug Tariff](#).

### Aspiration payment

If contractors wished, they could claim an Aspiration payment for this scheme, to assist with cash flow. The Aspiration payment had to be claimed between 09:00 on 14th September 2020 and 23:59 on 9th October 2020 through the [MYS portal](#).

Any Aspiration payments claimed during the above time period were paid to contractors on 30th October 2020. The aspiration payment is optional for pharmacy contractors and not claiming it will not impact on the pharmacy contractor's ability to claim a payment for the PQS 2020/21 Part 2.

There is no requirement to have claimed for a previous PQS to claim an aspiration payment for PQS 2020/21 Part 2.

The maximum number of points for which a pharmacy could be paid an Aspiration payment is 70% of the number of points within the band they are placed in (note that the maximum number of points is different for Pharmacy PCN Leads and non PCN Leads). The value of the point for the aspiration payment is set at £48 (i.e. the minimum value of a point for the PQS 2020/21 Part 2).

The Aspiration payment will be initially reconciled with payment for the PQS 2020/21 Part 2 on 1 April 2021. Part VIIA of the Drug Tariff has worked examples demonstrating how these payments will be made.

## The PQS declaration (making a claim)

The main payment declaration for the PQS must be submitted online via the [MYS portal](#).

The NHS Business Services Authority (NHSBSA) [notified pharmacy contractors on 29th January 2021](#) that there would be a delay in opening the MYS portal for the PQS declarations. Instead of opening on Monday 1st February 2021, the declaration window would now open on **Thursday 4th February 2021**.

To ensure contractors have as much time as possible to submit their claims, PSNC and NHS England and NHS Improvement have agreed that the PQS declaration window will be extended and will now close on **Monday 1st March 2021 at 23:59**. The timing of the PQS payment will not be affected by this change; contractors claiming for a PQS Part 2 payment will still receive their payment on 1st April 2021.

Contractors are advised to complete their submissions early in the declaration window to ensure that they meet the specified declaration timescales.

[For support completing your PQS Part 2 declaration please see our PSNC Briefing](#)

[See the wording of the PQS declaration questions on the NHSBSA website](#) (Word document)

**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.**

**Once a contractor has completed and submitted their online declaration via MYS it cannot be altered or returned to the contractor for amendment and re-submission, even if the declaration is made prior to the declaration window closing.**

On 22nd December 2020, it was [announced](#) that while the PQS Part 2 declaration will still take place between the times detailed above, contractors would have some flexibility in relation to completing some of the work.

[Read more about the PQS completion flexibilities agreed](#)

The evidence of meeting the requirements of each domain should be retained for two years as it may be required for post-payment verification purposes.

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## Frequently Asked Questions

### Background and general

#### Q. Do I have to participate in the PQS?

No. The scheme is voluntary – contractors do not need to engage with it.

**Q. Which pharmacies are eligible to take part in the PQS?**

All pharmacies on the pharmaceutical list in England (i.e. excluding Local Pharmaceutical Services (LPS) contracts) are eligible to take part in the PQS, including pharmacies that are part of the Pharmacy Access Scheme (PhAS) and distance selling pharmacies.

**Q. Are distance selling pharmacies eligible to take part in the PQS?**

Yes.

**Q. Are pharmacies that qualify for the Pharmacy Access Scheme (PhAS) eligible to take part in the PQS?**

Yes.

**Q. Are pharmacies that hold local pharmaceutical services (LPS) contracts with NHS England and NHS Improvement (NHSE&I) eligible to take part in the PQS?**

No. Pharmacies that hold LPS contracts with NHSE&I are not eligible to take part in the PQS. However, where LPS contracts mirror the contractual arrangements of those of the national contractual framework, NHSE&I may make local payments that are equivalent to the PQS. LPS contractors who are unsure if they would be eligible for such a local payment should contact their local NHSE&I team for advice.

**Q. Will there be a PQS in 2021/22?**

Yes, as part of the five-year deal (2019/20 to 2023/24) agreed between PSNC, the Department of Health and Social Care and NHSE&I, the PQS will continue for the next five years (until at least 2023/24).

**Q. How much funding has been allocated to the 2020/21 PQS?**

The PQS for 2020/21 has funding of £75 million split across the Part 1 and Part 2 schemes (£18.75m in Part 1 and £56.25m in Part 2).

**Q. Has NHS England and NHS Improvement published guidance on the 2020/21 PQS?**

Yes, and it can be downloaded from the [NHS England website](#).

**Q. On the day of declaration are all pharmacy staff required to have completed the appropriate e-learning for a domain, or is this deadline now extended to 30th June 2021?**

Contractors wanting to declare against a domain that has any training requirements will still need to make their PQS Part 2 2020/21 declaration as planned in February 2021. However, contractors will have until 30th June 2021 to ensure their teams have completed the activity and collated the evidence to demonstrate that they are compliant with the required levels of training associated with the domains they declare for.

**Q. How will this extension work for new starters?**

Guidance regarding new starters, or those recently returning to work in the pharmacy is already specified in the PQS guidance. While the guidance is for an action plan to be in place and training to have been completed within 30 days of declaration, the same flexibility for training (i.e. extension to 30th June 2021 to collate the evidence) will apply to the requirements. New starters joining after the point of declaration would not be included in the staffing contingent at the declaration and for whom evidence may be required for any Post Payment Verification (PPV).

**Q. Is it possible to complete the PQS declaration as a bulk submission for multiple pharmacies?**

No. PQS declarations must be submitted as an individual pharmacy submission. There is no facility to submit a bulk declaration on behalf of multiple pharmacies.

**Aspiration payment**

FAQs on the Manage Your Service (MYS) application can be found on our [MYS webpage](#).

**Q. How do I claim the Aspiration payment?**

Contractors can claim for an Aspiration payment on the [NHS Business Services Authority \(NHSBSA\) Manage Your Service \(MYS\) application](#) between **09:00 on 14th September 2020 and 23:59 on 9th October 2020**.

There is no requirement to have claimed for a previous PQS to claim an aspiration payment for PQS 2020/21 Part 2. Once contractors have reviewed the requirements of the PQS 2020/21 Part 2, they will need to decide which domains they intend to meet at the February 2021 declaration period, when they make their Aspiration declaration.

**Q. Do I have to have met the Gateway criterion (completing the Part 1 PQS scheme) before I can make a claim for an Aspiration payment?**

No, however, contractors will need to have met the Gateway criterion on the day of their PQS declaration.

**Q. I have recently bought a pharmacy; am I eligible to claim an Aspiration payment?**

Yes, if you are able to do so between **09:00 on 14th September 2020 and 23:59 on 9th October 2020**.

**Q. What happens to any unclaimed money for Aspiration payments?**

Aspiration payments will be paid out of the £56.25m funding assigned to the Part 2 PQS. Therefore, there will not be any unclaimed money as the money left 'in the pot' after contractors have been paid their Aspiration payments, will be used to pay contractors their PQS payments.

**Q. Do I have to claim an Aspiration payment?**

No, the Aspiration payment is optional. If contractors do not want to claim it, it will not impact on the contractor's ability to claim a PQS payment in February 2021.

**Q. What happens if I do not meet all the domains that I have aspired to meet (when claiming my Aspiration payment) when I make my PQS declaration during the declaration period?**

Where pharmacies have been paid an Aspiration payment which exceeds their final declared total, they must pay back monies for domains which have subsequently not been achieved; this will be deducted automatically by the NHSBSA. Receiving an Aspiration payment is conditional on a contractor's agreement to this arrangement.

**Q. When will I be paid my Aspiration payment once I have claimed it?**

Contractors will be paid their Aspiration payment on 30th October 2020.

**Q. What happens if I claimed an Aspiration payment, but I have since ceased trading?**

Prior to the commencement of the declaration period, the NHSBSA will check on a monthly basis whether contractors who received an Aspiration payment have ceased trading. Where that is the case, the NHSBSA will recover the Aspiration payment at the next earliest opportunity, in line with the normal monthly payment cycle to contractors.

**Q. Will the aspiration payment include a payment for the points that will be earned as the PCN lead?**

No, the aspiration payment will be for 70% of the number of points that the contractor aspires to achieve within the band in which the contractor is placed but does not include the extra payment that is earned for being the PN lead. This will be paid in full to contractors who claim for this in the end of year declaration.

**General FAQs on the domains/quality criteria****Q. How will my PQS payment be affected if I have not achieved all of the quality criteria in a domain?**

If you have not achieved all the quality criteria in a domain, you will not be able to claim payment for that domain. For example, if you do not meet the three criteria in the Prevention domain, you will not be eligible to claim payment for that domain.

**Q. Do I need to meet all domains to be eligible for a PQS payment?**

No. Each domain has an allocated number of points, based on the pharmacy's prescription volume. While you must meet each criterion in a domain to achieve the points for that domain, you do not need to achieve all the domains to receive a PQS payment.

**Q. Is each domain worth the same amount of points/payment?**

The points assigned to each domain vary, as set out in the Drug Tariff.

**CPPE risk management**

**Q. Who is a pharmacy professional?**

Pharmacy professionals are pharmacists and pharmacy technicians.

**Q. The risk management quality criterion states that, on the day of the declaration, 80% of all pharmacy professionals are to have completed the CPPE Risk Management training and assessment; does this include locums?**

Yes. This includes locums, so contractors should encourage temporary staff, such as locum pharmacists, to undertake the training and e-assessment.

**Q. Are pre-registration students covered by the description 'pharmacy professional', in regards to the CPPE risk management training?**

No. It is, however, sensible for pre-registration students to undertake risk management training.

**Q. Are part-time staff included in the risk management quality criterion, i.e. do part-time pharmacy professionals need to complete the CPPE risk management training and e-assessment?**

Yes. This quality criterion applies to all pharmacy professionals working at the pharmacy on the day of the declaration. The number of hours a member of staff is employed for is not relevant for this quality criterion.

**Q. I completed the CPPE risk management training and assessment a while ago. Do I need to complete the training and e-assessment again?**

If you previously completed the CPPE learning and e-assessment on Risk management between 1st April 2018 and 31st March 2020, this does not need to be repeated in 2020/21.

**Q. If I fail the CPPE risk management e-assessment, can I attempt it again straight away?**

No. In order to allow you time to revisit the learning materials, you will be locked out of retaking the assessment for 20 hours. If you have been locked out in error, please contact CPPE on 0161 778 4000 or [info@cppe.ac.uk](mailto:info@cppe.ac.uk)

**CPPE sepsis**

As detailed in the Drug Tariff, this requirement only applies to pharmacy contractors that did not complete the risk review as part of the Risk management and safety domain for the 2019/20 PQS.

**Q. Who is a pharmacy professional?**

Pharmacy professionals are pharmacists and pharmacy technicians.

**Q. The sepsis quality criterion states that, on the day of the declaration, 80% of all pharmacy professionals to complete CPPE sepsis online training and assessment; does this include locums?**

Yes. This includes locums, so contractors should encourage temporary staff, such as locum pharmacists, to undertake the training and e-assessment.

**Q. Are pre-registration students covered by the description ‘pharmacy professional’, in regards to the CPPE sepsis training?**

No. It is, however, sensible for pre-registration students to undertake sepsis training.

**Q. Are part-time staff included in the sepsis quality criterion i.e. do part-time pharmacy professionals need to complete the CPPE sepsis training and e-assessment?**

Yes. This quality criterion applies to all pharmacy professionals working at the pharmacy. The number of hours a member of staff is employed for is not relevant for this quality criterion.

**Q. Do I need to watch all six videos on sepsis as some of these do not appear relevant to community pharmacy?**

Yes. Watching all six videos will enable you to pass the sepsis e-assessment, which is required for meeting this quality criterion.

**Q. Are there any resources available to assist me with sharing my learning with my patient-facing staff to ensure they understand alert symptoms for suspected sepsis?**

CPPE has a [sepsis page](#) on their site which includes resources (such as the NICE pathway for sepsis recognition) which can be used to assist in ensuring patient-facing staff understand alert symptoms to ensure referral of suspected sepsis to a pharmacist. The [UK Sepsis Trust](#) also have e-learning, workshops and other training opportunities.

**Q. If I fail the CPPE sepsis e-assessment, can I attempt it again straight away?**

No. In order to allow you time to revisit the learning materials, you will be locked out of retaking the assessment for 20 hours. If you have been locked out in error, please contact CPPE on 0161 778 4000 or [info@cppe.ac.uk](mailto:info@cppe.ac.uk)

### Risk review

**Q. Does the risk review need to be submitted to NHS England and NHS Improvement?**

No. The risk review does not need to be submitted routinely to NHS England and NHS Improvement, but contractors should ensure that a copy of the report is kept in the pharmacy.

**Q. Does the risk review need to be completed by the pharmacy team or can our head office team complete it?**

The report needs to be completed by the pharmacy team at the pharmacy premises for a risk in that pharmacy; however, different strategies can be used to manage risk and the Superintendent Pharmacist may be involved in determining any organisational-level risk minimisation strategies.

### Sugar sweetened beverages

**Q. My pharmacy shares a building with another business which sells Sugar Sweetened Beverages. Does this mean I won't meet the SSB quality criterion?**

The SSB quality criterion only applies to the pharmacy premises therefore it will be dependent on what is classed as pharmacy premises within the building. If, for example, the other business is not located on the registered pharmacy premises, then this will not affect your ability to meet this quality criterion.

**Q. If my pharmacy doesn't sell any beverages can I still meet the SSB quality criterion?**

Yes. If no beverages are sold from the pharmacy (registered pharmacy premises) then the pharmacy will automatically meet this quality criterion.

### Primary Care Networks

**Q. Does the Pharmacy PCN Lead need to be a pharmacist?**

No, however due to the likely clinical focus of the potential collaboration within PCNs between community pharmacies and general practices, a pharmacist or pharmacy technician may be best placed to act in that capacity.

**Q. Could the LPC appoint an LPC representative as the Pharmacy PCN Lead for a PCN?**

Contractors, not LPCs, must appoint the Pharmacy PCN Lead. All contractors in the PCN that wish to engage in the process should be able to nominate themselves or one of their employees to stand to be the Pharmacy PCN Lead. Contractors will then decide who should be appointed as the Pharmacy PCN Lead. This may be an LPC member, but there should be no assumption that an LPC member is a default lead.

**Q. What happens if we do not have any suitable or willing candidates to be the Pharmacy PCN Lead?**

If a Pharmacy PCN Lead cannot be identified, contractors in the PCN area will not be able to claim payment for either of the PQS domains.

**Q. Can one-person represent and act on behalf of a multiple contractor when discussing the appointment of a Pharmacy PCN Lead, casting a vote or engaging in the discussions on the two PQS domains?**

Yes.

**Q. Can there be more than one Pharmacy PCN Lead for a PCN?**

From a PQS perspective, there can only be one Lead for the PCN. This is to ensure there is a single community pharmacy point of contact for the PCN leaders. It would be possible to appoint a deputy Lead to share some of the work, but they would not be eligible for a PQS payment.

**Q. If a local meeting of contractors is being organised to appoint a Pharmacy PCN Lead and a contractor within the PCN is not able to attend the meeting, can they still be involved in the collaborative working and choosing the lead?**

Yes. If a contractor is not able to attend a meeting or send a representative, this should not exclude them from ongoing collaborative working between pharmacies within the PCN. The LPC could provide an update to the contractor following the meeting.

If a vote is to be taken at the meeting on the appointment of a Pharmacy PCN Lead, the contractor could give another individual their proxy for the vote or where the candidates for selection are known in advance of the meeting, the LPC could be sent the votes of any contractors not able to attend the meeting in advance.

**Q. Can an individual be a Pharmacy PCN Lead for more than one PCN?**

The role of Pharmacy PCN Lead is likely to take time to undertake on a regular basis and this workload needs to be considered by anybody putting themselves forward for appointment. Due to the local focus of PCNs, PSNC believes that, wherever possible, it is appropriate that the Pharmacy PCN Lead works within a community pharmacy in the PCN area on a regular basis, providing services to patients. Considering both these factors, it is technically possible that an individual working across multiple pharmacies in two PCNs could be a Pharmacy PCN Lead, however it is unlikely to be a practical option in most cases.

**Q. What is the minimum number of contractors that are allowed in a PCN?**

There is not a minimum number of contractors allowed in a PCN; however, as each PCN will cover an average population of 30,000-50,000, it is likely that there will be a number of pharmacies in each PCN.

**Q. How can I find out how to contact my PCN?**

If a contractor wants to contact their PCN, they should contact the Pharmacy PCN Lead who will represent all contractors within a PCN, and therefore be able to communicate directly with the PCN on the contractor's behalf. If they do not know who the Pharmacy PCN Lead is, or a Pharmacy PCN Lead has not yet been appointed, the contractor should contact their LPC.

**Q. If a pharmacy is within the geographical area of multiple PCNs, can they claim multiple PQS payments for the two PCN domains, for engagement with multiple PCNs?**

No. A pharmacy in this situation would need to determine a primary PCN within which it would collaborate with other contractors, in line with the PQS requirements. The pharmacy may wish to keep in touch with the pharmacy leads within other PCNs where the flow of patients/scripts means they have a clear relationship with the PCN.

**Q. Where a Pharmacy PCN Lead leaves the role before the point a PQS declaration is made, can a declaration still be made by the pharmacy the lead was based at, as if the Pharmacy PCN Lead was still based at that pharmacy?**

If a Pharmacy PCN Lead is no longer able to perform the role of the Lead, but has completed all the required engagement activity, has produced the required community pharmacy plans and has provided these to both the PCN Clinical Director and to contractors aligned with the PCN to support the requirements of Domains 4 and 5 of the Pharmacy Quality Scheme (PQS) 2020/21 Part 2, then the pharmacy that the Lead was based at will still be able to make their declaration as if the Lead was still in post.

Contractors in the PCN will also need to complete their declarations with the name of the original Pharmacy PCN Lead. The departing Pharmacy PCN Lead or the pharmacy contractor will need to inform the LPC of their departure from the role, as well as all the aligned contractors in that PCN. The Lead must also confirm to the LPC that all the above required activity has also been completed. The LPC may want to ensure all contractors aligned to the PCN affected have the correct Pharmacy PCN Lead name and pharmacy details for the declaration.

However, if the requirements of the PQS PCN domains have not yet been met by the departing Pharmacy PCN Lead, then a new Lead will need to be appointed and the pharmacy that the new Lead is based in will be the pharmacy that declares as the PCN Lead. Should both leads have partially contributed to the domains being completed, the two contractors could agree a private arrangement to share the PCN Lead funding in a manner which reflected the split of work undertaken.

**Q. Our Pharmacy PCN Lead has resigned or left the role; are we still allowed to make declarations against the PQS PCN domains?**

Where a Pharmacy PCN Lead resigns or leaves the role, but the required activities had been completed before they resigned or left the role, the contractor will still be able to make their declaration as the PCN Lead.

Contractors aligned to the PCN are also able to declare against the PCN domains where they were involved and contributed to the PCN domains and have met the requirements of the domains.

**Q. Can the contractor discussion required to fulfil part of Domain 5 – Business Continuity Planning be carried out via email or WhatsApp?**

No. This domain requires a discussion that is facilitated. The need was to understand the high-level business continuity plans (BCP) of participating contractors and that would not be possible via an email or contractor survey alone. Given that funding is attached to the domain and that this is a key criterion within the domain, the discussion does need to occur between contractors. An email chain or WhatsApp exchange does not constitute a discussion for the purposes of this domain, nor does it allow for the intention which is to share, learn and therefore develop a collated document that further supports BCPs more fully and considers how best to support local requirements in the event of a closure. **No other option other than a discussion between contractors in the PCN area and the Lead will be considered by NHSE&I.** This discussion can occur virtually using a meetings platform such as Zoom or MS Teams etc.

**Q. To satisfy the requirement of participation in contractor discussion, can the pharmacy call or email the Pharmacy PCN Lead to discuss their high level Business Continuity Plan on a 1-2-1 basis prior to declaration if the PCN lead has not arranged a PCN wide discussion?**

Where this activity has not yet commenced or has started, but not concluded, NHSE&I have agreed that the collation of the evidence to demonstrate that contractors and Leads are compliant with the requirements can be extended until 30th June 2021 **provided the contractor discussion has been undertaken before the end of the declaration period**. The contractors participating in this work must confirm that they will actively participate in any additional work required to meet the requirements of the domain after their declaration has been made. The Pharmacy PCN Lead's PQS declaration will include the ODS codes of the participating contractors; this cannot be amended once it has been submitted.

A 1-2-1 discussion with the Pharmacy PCN Lead would only be appropriate if a contractor could not make the planned event and they were following up promptly after the event, but before the point at which the Lead is making their declaration.

Where activity has been completed by the Lead and shared with the PCN, the LPC, NHSE&I and contractors in the PCN, any contractors who did not participate or follow up before this, will not be able to declare as having met the domain. It is the responsibility of the contractor who was unable to attend the planned event to follow up with the Lead promptly after the planned event.

In line with the requirement of the domain, any 1-2-1 follow up with the Pharmacy PCN Lead by a contractor who missed the planned event must be as a verbal discussion, it cannot be an email exchange.

**Q. Where a Pharmacy PCN Lead has not managed to get meetings in place with contractors before the end of the declaration period, how will this impact contractors aligned to that PCN?**

If the activities required by the domain do not occur, then contractors aligned with that PCN cannot declare against that domain. The contractors who elected their Pharmacy PCN Lead need to hold them to account to undertake the activity and support meeting the requirements of the domain(s).

If there are problems with the ways of working in the PCN or a lack of activity by a Lead, the assistance of the LPC could be sought. The two PCN domains require collaboration with the Pharmacy PCN Lead, between contractors aligned with the PCN and with the PCN. This collaboration therefore requires active management within the group of contractors. This potentially has implications moving forwards as NHSE&I have been clear in their commitment to developing integrated community-based health care via PCNs.

**Q. Can Pharmacy PCN leads still be recruited to assist with completion of PQS PCN activity by 30th June 2021?**

Pharmacy PCN Leads can continue to be recruited where gaps occur, however domain 4 activity can only occur until 31st of January 2021. Domain 5 activity would need to have been substantively undertaken, including the contractor meeting, to meet the requirements of the domain before the end of the declaration period. The collation of information and preparation of the required report can occur up to 30th June 2021.

**Q. If a PCN Clinical Director or their agreed lead does not engage with the Pharmacy PCN Lead, does this mean that contractors aligned to the PCN cannot declare against that domain?**

No. If a lead other than the PCN Clinical Director has been assigned to work with community pharmacy and that individual is not engaging with the Pharmacy PCN Lead, then in the first instance, and with LPC support, the Clinical Director's support should be sought.

If the PCN Clinical Director is not engaging with the Pharmacy PCN Lead and the Lead has made best endeavours to make contact and progress the requirements of the PQS domains with the Clinical Director, as long as all other aspects of the domain have been undertaken, a claim for the domain could be made by the lead and any

participating contractors. The Lead would need to retain evidence to demonstrate the attempts they made to make contact and engage with the Clinical Director (e.g. email trails).

### Pharmacy payment bands

**Q. If I opened a new pharmacy during the 2019/20 year; how is my annual prescription volume calculated to assign my pharmacy banding for PQS?**

If a pharmacy opened part way through the 2019/20 year and therefore does not have a full year of dispensing history, the NHSBSA will calculate the pharmacy's total prescription volume by multiplying the average number of prescriptions dispensed per month during the months the pharmacy was open in 2019/20 by 12. This will then be used to assign the pharmacy to a band for PQS.

**Q. If I purchased a pharmacy during the 2019/20 year and the ODS code changed, how is my annual prescription volume calculated to assign my pharmacy banding for PQS?**

If a pharmacy was purchased during the 2019/20 year and a new ODS code was assigned, the change in ownership, for the purpose of the PQS banding only, is not treated as a new contractor. The annual prescription volume will therefore be the sum of the prescription volumes for both the original and the new ODS codes during 2019/20.

**Q. Are referred-back items included in the annual prescription volume figure?**

The referred-back items in January, February and March 2020 are included in the calculation of the annual prescription volume.

**Q. If my prescription count was abated due to a delay in submission in any month in the 2019/20 year, will this be taken into account when calculating my annual prescription volume?**

Yes, the NHSBSA will have taken this into account as part of their calculations for your annual prescription volume.

**Q. What banding will I be assigned if my pharmacy opened during the 2020/21 year?**

Contractors, who opened after 31 March 2020, will be placed in band 2 for PQS 2020/21 Part 2.

**Q. I own a pharmacy that is eligible for the 2020/21 Pharmacy Access Scheme (PhAS); will that affect my banding?**

Pharmacies that are eligible for the 2020/21 Pharmacy Access Scheme (PhAS), are automatically placed in band 4 if according to their prescription volume they would have been in band 1 to 3. PhAS pharmacies which are in band 5 and 6 according to their prescription volume will be paid according to these bands.

**Q. If I purchased a pharmacy during the 2020/21 year and the ODS code changed, how is my annual prescription volume calculated to assign my pharmacy banding for PQS?**

If a pharmacy was purchased during the 2020/21 year and a new ODS code was assigned, the change in ownership, for the purpose of the PQS banding only, is not treated as a new contractor. The annual prescription volume will therefore be the sum of the prescription volumes for the original ODS during 2019/20 and this figure will then be assigned to the new ODS code for this pharmacy.

**Q. What should I do if I am not happy with the banding my pharmacy has been assigned?**

The bandings are based on the NHSBSA's payment data for 2019/20. Any questions regarding the calculation of the bands can be sent to the NHSBSA Provider Assurance team at [nhsbsa.pharmacysupport@nhs.net](mailto:nhsbsa.pharmacysupport@nhs.net)

### Claiming payment for the Pharmacy Quality Scheme

FAQs on the Manage Your Service (MYS) application can be found on our [MYS webpage](#).

**Q. Do I need to make a declaration if my pharmacy does not meet the Gateway criterion for the Part 2 scheme?**

No, contractors are only required to make a declaration if they intend to claim payment for the Part 2 scheme. If contractors do not meet the Gateway criterion they would not then be eligible to claim a Part 2 scheme payment, therefore there is no requirement to make a declaration.

**Q. Who will decide if a contractor meets the gateway criterion and domains at the review point?**

The Part 2 scheme MYS declaration will only be able to be completed if the system can verify that the contractor has completed and claimed for the Part 1 scheme, which is the Gateway criterion for the Part 2 scheme. The contractor will complete the declaration; therefore, it is for the contractor to decide if they have met some or all of the quality domains.

**Q. When can I make a declaration for a PQS payment?**

The window for claiming a PQS payment on MYS is between **09:00 on Thursday 4th February and Monday 1st March at 11.59pm**. It is important not to miss this deadline as you will not be able to claim a PQS payment if you do.

**Q. What should I do if I have already completed my PQS declaration, but the PCN Pharmacy Lead has now changed to a different individual?**

Your declaration of the name of the PCN Pharmacy Lead was correct at the time of declaration and made in good faith, so the change in the Lead will not affect the pharmacy's PQS payment. To avoid the NHSBSA having to check with you about the name of the Pharmacy Lead when they undertake the validation of that data, you can email the NHSBSA ([nhsbsa.pharmacysupport@nhs.net](mailto:nhsbsa.pharmacysupport@nhs.net)) to highlight the change in the Pharmacy Lead.

Where possible, it would also be appropriate for the previous Pharmacy Lead to email the NHSBSA to let them know that they are no longer the Lead.

**Q. What should I do if I have made a mistake in my PQS declaration and have claimed for a criterion that I did not achieve?**

Email the NHSBSA ([nhsbsa.pharmacysupport@nhs.net](mailto:nhsbsa.pharmacysupport@nhs.net)) to let them know about the incorrectly claimed PQS criterion, so this can be amended in the MYS data before payments are calculated.

**Q. What should I do if I have made a mistake in entering some of the data related to the various domains I have undertaken as part of the PQS?**

Incorrect data can be highlighted by emailing the NHSBSA ([nhsbsa.pharmacysupport@nhs.net](mailto:nhsbsa.pharmacysupport@nhs.net)) to let them know and provide the correct data. It won't be possible for your claim to be amended if you have not correctly claimed for a criterion, but it may be possible for the data to be amended in due course, to ensure the overall data reflects the activity that pharmacies undertook.

**Q. When will I be paid my PQS payment?**

Contractors who met the Gateway criterion plus at least one domain and submitted their claim within the February declaration window will be paid their PQS payment on 1st April 2021.

**Q. Do I need to enter any information into MYS to demonstrate I have completed my declared PQS 2020/21 Part 2 domain criteria and collated the appropriate evidence to demonstrate meeting the requirements by 30th June 2021?**

No. Where contractors had already made a declaration for a domain, but had not yet completed the work related to domains 1, 2, 3 and 5, then contractors have until 30th June 2021 to meet the requirements of the domains and collate their evidence to support this. There are no further requirements to enter any additional information onto MYS and contractors cannot make any additional declarations for any domains that they did not declare for during the declaration period.

**Q. I entered a 'zero' value when I made my declaration on MYS for the Weight Management criteria in the Prevention Domain. Having now completed the activity, do I need to enter my updated data onto MYS?**

No. Where data was submitted for the Weight Management criteria in the Prevention Domain and contractor recorded a 'zero' value in each of the two reporting sections as they had not yet undertaken the 4-week data collection activity, the NHSBSA may contact them by email, via their NHSmail shared account, to seek updated data on this activity.

**Q. How long should I retain PQS paperwork/records for post-payment verification (PPV) purposed?**

PSNC recommends that PQS paperwork/records are retained for three years following the submission of the PQS declaration for PPV purposes. Contractors may need to retain paperwork and records for longer periods for reasons other than PPV.