



Pharmacy Quality Payments

Quality Criteria Guidance

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1 Executive summary

This document sets out the requirements in order to participate in the Community Pharmacy Quality Payments Scheme (worth up to £75 million). The Quality Payments Scheme will reward community pharmacies for delivering quality criteria in all three of the quality dimensions: Clinical Effectiveness, Patient Safety and Patient Experience.

The amount of quality payments a contractor receives will depend on how many of the quality criteria the contractor achieves. Contractors must also have passed the four gateway criteria (providing a specified advanced service, providing the Electronic Prescription Service, using NHSmail, and having an up-to-date NHS Choices profile) before receiving any quality payments. Quality criteria include a safety report, safeguarding training, publishing patient satisfaction survey results, gaining Healthy Living Pharmacy level 1 status, increasing access to the Summary Care Record, ensuring the information NHS 111 have about the pharmacy is accurate, identifying “at risk” asthma patients and referring them for an asthma review and patient facing staff becoming Dementia Friends. The eight quality criteria have been weighted based on an assessment of the challenge of achievement and the benefit to patients from such achievement with each criterion being allocated a number of ‘points’.

There will be two review dates during the year, at which quality payments can be claimed:

- 28 April 2017; and
- 24 November 2017.

The total number of points that each contractor can qualify for over the two reviews is 100. However, three of the quality criteria (which account for 45 of the available points) only need to be achieved once, and therefore can only be claimed once over the two review dates (at either review point).

NHS England published the [Pharmacy Quality Payments Gateway Criteria Guidance](#)¹ on 23 December 2016, providing information for contractors on meeting the four gateway criteria in order to be eligible to claim quality payments.

The purpose of this guidance is to provide information to contractors on how to claim quality payments, provide further clarification on gateway criteria and to provide information for contractors to help them demonstrate that they meet any of the eight quality payment criteria.

¹ <https://www.england.nhs.uk/commissioning/primary-care-comm/pharmacy/manual/pqp/>

2 Background

Building on the Five Year Forward View the NHS is introducing changes to the community pharmacy contractual arrangements to develop a more clinically focussed community pharmacy service that is better integrated with other parts of primary care.

A Community Pharmacy Quality Payments Scheme has been introduced which forms part of the Community Pharmacy Contractual Framework (CPCF) from 1 December 2016 until 31 March 2018. Up to £75 million will be paid to community pharmacies for meeting a number of quality criteria. The Quality Payments Scheme will reward community pharmacies for delivering quality criteria in all three of the quality dimensions: Clinical Effectiveness, Patient Safety and Patient Experience.

Details of the Quality Payments Scheme have been provided in Part VII of the [Drug Tariff Quality Payment Scheme \(England\)](#)². Payment will depend on how many of the quality criteria the pharmacy achieves. The criteria have been weighted based on an assessment of the challenge of achievement and the benefit to patients from such achievement. It should be noted that minor amendments to the Drug Tariff with respect to Quality Payments take effect from 1 March 2017. Those changes are reflected in this guidance

For a pharmacy to become eligible for any payment under the Quality Payments Scheme it must first meet four gateway criteria - see the [Pharmacy Quality Payments Gateway Criteria Guidance](#)¹ published on 23 December 2016, which should be read in conjunction with this document.

The purpose of this guidance is to provide information to contractors on how to claim quality payments, provide further clarification on gateway criteria and to provide information for contractors to help them demonstrate that they meet any of the eight quality criteria.

3 Claiming quality payments

To claim for quality payments, pharmacies will need to complete an online declaration, during the periods that declarations are available on the NHS Business Services Authority (NHS BSA) website, which can be found [here](#)³.

² <http://www.nhsbsa.nhs.uk/PrescriptionServices/924.aspx>

³ www.nhsbsa.nhs.uk/QualityPaymentscheme

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The website will open for declarations:

For review Point One (28 April 2017) from **Monday 10 April 2017 at 09:00** and will close on **Friday 12 May 2017 at 23:59**

For review Point Two (24 November 2017) from **Monday 13 November 2017 at 09:00** and will close on **Friday 8 December 2017 at 23:59**

Please note that claims for quality payments will not be able to be made outside of these dates due to the NHS BSA's payment deadlines.

Where pharmacies have changed ownership during the data submission period, the contract holder on the day of the review is responsible for completing the declaration.

The declaration form is based on an online tool that has been used successfully by the NHS BSA to collate information such as Community Pharmacy Assurance Framework (CPAF) information on behalf of NHS England. The NHS BSA will provide additional support via WebEx sessions for contractors to support them to complete the declaration. Details of the WebEx sessions can be found [here](#)³. Contractors can use this facility to start entering data as soon as the system goes live on 10 April 2017 for the first review point and on 13 November 2017 for the second review point. The submission must be made before the closure of the declaration form at 23:59 on 12 May 2017 for the first review point and at 23:59 on 8 December 2017 for the second review point.

Important: *Once a contractor has submitted their online declaration it cannot then be altered. The contractor is responsible for the information included in the submitted declaration. It is therefore imperative that contractors check their declaration thoroughly before submitting their declaration.*

Once the declaration has been submitted the contractor will receive an email from the NHS BSA confirming that the declaration has been successfully submitted and confirming the details that have been declared. This email should be retained by the pharmacy as proof that the declaration was submitted and the date of submission. The email will show how contractors have responded to each of the gateway and quality criteria.

The declaration will require the contractor to confirm that all the gateway criteria have been met before the contractor is then able to access the more detailed questions for the quality criteria. Please note the contractor will not receive any payment for

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meeting the gateway criteria themselves; these must be met before a contractor becomes eligible to claim a quality payment.

4 Payment

There are two review dates during the year at which quality payments can be claimed: 28 April 2017 and 24 November 2017 (please note, declarations do not need to be made on this date but they must be made during the declaration periods stated on the previous page). The maximum number of points each pharmacy can achieve following the submission of the two declarations is 100. For the April 2017 and November 2017 declarations, each point successfully achieved will be initially paid at £64 per point.

Payment will be made at the end of June 2017 for the first review point (as part of the April 2017 submission payment) and at the start of February 2018 for the second review point (as part of the November 2017 submission payment). If the total funding available (£75m) has not been paid to contractors after the second review point, remaining funds up to a total of an additional £64 per point will be redistributed as a reconciliation payment.

This payment will be distributed according to the total value of points claimed per contractor in the two declarations. The value of the reconciliation payment will be determined after the November 2017 declaration and will not exceed an additional £64 per point (£128 in total per point). Contractors will not need to claim this payment and it will be paid automatically at the end of May 2018 (with the March 2018 payment).

4.1 Validation of Claims

Validation of the declarations submitted by contractors will be carried out using nationally and locally available information. Contractors who appear not to have met the criteria in relation to their declarations may be required to provide further evidence to NHS England local teams or to the NHS BSA as requested for post payment verification. If a contractor fails to meet the gateway criteria they are not eligible for any quality payments for that review period despite meeting any quality criteria.

5 Evaluation

This is the first time a scheme that financially rewards actions which represent quality has been introduced into the CPCF. In order to determine the impact of the quality payments scheme and to inform future development of the CPCF, NHS England will be evaluating the scheme. One element of this evaluation is to include some

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questions when pharmacies are completing their declaration. Declaration questions and evaluation questions will be clearly identified. Declaration questions are mandatory. We would encourage every contractor to complete the evaluation questions to support future developments in payments for quality. The scope of the evaluation is being considered alongside introduction of the scheme and you may wish to contribute to this evaluation further at a later date.

6 Gateway Criteria

To qualify for payments, pharmacies will have to meet four gateway criteria:

- I. the contractor must be offering at the pharmacy Medicines Use Reviews (MURs) or the New Medicine Service (NMS); or must be registered for the NHS Urgent Medicine Supply Advanced Service (NUMSAS) Pilot; and
- II. the NHS Choices entry for the pharmacy must be up to date; and
- III. pharmacy staff at the pharmacy must be able to send and receive NHSmail (Note: For the April 2017 review, evidence of application for an NHSmail account by 1 February 2017 will be acceptable); and
- IV. the pharmacy contractor must be able to demonstrate ongoing use of the Electronic Prescription Service (EPS) at the pharmacy premises.

The [Pharmacy Quality Payments Gateway Criteria Guidance](#)¹ published on 23 December 2016 provides further information about meeting the gateway criteria and should be read in conjunction with this document.

6.1 Advanced Services

Pharmacies must be offering either MURs, NMS or be registered for NUMSAS on the day of each review (i.e. 28 April 2017 and 24 November 2017). Pharmacies will be required to declare through the NHS BSA online declaration page which of these services they are offering or are registered for.

6.2 NHS Choices

Pharmacies are required to edit or validate their opening times, services and facilities information within their NHS Choices profile listing to meet the gateway criterion.

For the first review point, contractors must edit and/or validate their NHS Choices entry between 00:00 on 7 February 2017 and 23:59 on 28 April 2017.
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For the second review point, contractors must edit and/or validate their NHS Choices entry between 00:00 on 11 September 2017 and 23:59 on 24 November 2017.
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Pharmacies that do not currently have profile editing rights can apply [here](#)⁴. As we are expecting a large volume of applications there may be a delay in processing your application. With this in mind, it is recommended that you register as soon as possible to enable you to meet the first review date. One web editor account per pharmacy will be assigned. Existing web editors, who have lost their password, can get their passwords [here](#)⁵.

Community pharmacies that are not listed on NHS Choices should contact their NHS England local team. NHS Choices profiles are set up following authorisation from local teams. Making local teams aware that a profile has not been set up will then initiate this process.

An Application Programming Interface (API) is available to assist contractors with multiple pharmacies in updating their NHS Choices profiles; see section 3.2.3 of the [Pharmacy Quality Payments Gateway Criteria Guidance](#)¹ for further information. You may wish to consider this option if you wish to automate the process of entering the information to update NHS Choices profiles for multiple pharmacy premises. Email the NHS Choices service desk (nhschoicesservicedesk@nhs.net) to register your interest including "Organisation API" in the subject line.

A user guide for managing NHS Choices profiles to support the Quality Payments Scheme is available on the [NHS Choices website](#)⁶.

Pharmacies must update or validate their list of services which is displayed in the 'services' section of their profile.

Services are classified into the following three sections:

Pharmacy Services	Advanced services and other services which are useful for patients to know about. Please note that there is no listing for essential services in the first review period. For the second review period, essential services will be included but auto-populated onto each provider profile.
Pharmacy (NHS) Services	Services commissioned by NHS England, Local Authorities and Clinical Commissioning Groups (CCGs)
Pharmacy (Non-NHS) Services	Patient-funded services

⁴ <https://www.nhs.uk/web-editor>

⁵ <https://www.nhs.uk/Personalisation/ResetPassword.aspx>

⁶ <http://www.nhs.uk/aboutNHSChoices/professionals/Pages/manage-profiles-faq.aspx>

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Contractors making declarations to the NHS BSA that they are offering either the NMS or MURs under the advanced service gateway criterion must ensure that the service is visible on their NHS Choices profile on the relevant review date.

Contractors declaring that they are offering either the NMS or MUR service at the first review point must have the service visible in the services section of their NHS Choices profile on 28 April 2017. Contractors declaring that they are offering either the NMS or MUR service at the second review point must have the service visible in the services section of their NHS Choices profile on 24 November 2017.

Contractors will be required to declare, through the NHS BSA online declaration page, that their NHS Choices profile has been edited and/or validated within the time frames set out above.

6.2.1 Distance Selling Pharmacies

Distance selling pharmacies (DSPs) do not, currently, have full NHS Choices entries. An [A-Z list](#)⁷ of “internet pharmacies” is available on NHS Choices. DSPs can currently list their name, web address (if available), telephone number and whether they provide the EPS.

In order to meet the gateway criteria for the first review point on 28 April 2017, DSPs will need to:

- a) check their NHS Choices profile;
- b) email the NHS Choices service desk (nhschoicesservicedesk@nhs.net) including “distance selling pharmacy” in the subject line confirming that the current information is correct; or providing the correct information where it is not; and
- c) provide the additional information listed in Table 1 in their email to the service desk, to allow NHS Choices to engage with DSPs to assess the opportunities for developing the profiles for these pharmacies further to support patients in making informed choices about services.

For the first review point, DSPs will need to send their email to the NHS Choices service desk between 00:00 on the 7 February 2017 and 23:59 on the 28 April 2017.

DSPs not listed on NHS Choices should email the NHS Choices service desk (nhschoicesservicedesk@nhs.net) including “No DSP profile” in the subject line and declare that they do not have a profile on NHS Choices and also supply the information in Table 1.

⁷ <http://www.nhs.uk/Service-Search/pharmacies/internetpharmacies>

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Table 1 – a summary of the requirements for DSPs for the 28 April 2017 review point.

NHS Choices Public Information	Action Required
NHS ODS Code	Provide information
Pharmacy trading name	Confirm current information is accurate/provide if current information is inaccurate or missing or if no profile exists
Internet website (url)	Confirm current information is accurate/provide if current information is inaccurate or missing or if no profile exists
Phone number	Confirm current information is accurate/provide if current information is inaccurate or missing or if no profile exists
Premises address	Provide information
Pharmacy contact email address	Provide information
Provision of EPS	Confirm information held by NHS Choices is accurate/provide if current information is inaccurate or if no profile exists
NHS Choices Internal Information	Action Required
Contact details: name, email and phone number for a contact who will support further development of the pharmacy's NHS Choices profile.	Provide information <ul style="list-style-type: none"> • Name • Contact (work) email address • Contact (work) phone number

Between 28 April and 1 August 2017, NHS Choices will engage with DSPs, using the information supplied in Table 1, to understand the list of services and other information that could be displayed on the NHS Choices website.

By 1 October 2017, NHS Choices will issue a survey to collect additional profile information for each DSP that has provided information to the NHS Choices service desk. This information will be added to DSPs' profiles in the future.

In order to meet the gateway criteria for the second review point on 24 November 2017, DSPs will need to complete the survey, which will be sent to the email address supplied by the contractor during the first review period, and return the completed form to the NHS Choices service desk including "DSP survey" in the subject line of the email. This will need to be received by NHS Choices by 23.59 on 24 November 2017

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Any DSP that wishes to claim a quality payment at the second review point, which did not claim this quality criteria at the first review point, will need to supply the information listed in Table 1, and request a copy of this survey from the NHS Choices service desk (nhschoicesservicedesk@nhs.net) including ‘DSP survey’ in the subject line by 11 September 2017.

For the first review point DSPs will be required to declare that an email has been sent to the NHS Choices service desk confirming/amending their details within the timeframes set out above through the NHS BSA online declaration page.

For the second review point DSPs will be required to declare that the DSP survey has been sent to the NHS Choices service desk within the timeframes set out above through the NHS BSA online declaration page.

6.3 NHSmail

To meet this gateway criterion, the pharmacy’s staff must be able to send and receive NHSmail. For the April 2017 review point, evidence of application for an NHSmail account by 1 February 2017 is acceptable.

Pharmacies will be required to provide, through the NHS BSA online declaration page, the details of the NHSmail email address (this could be a shared account or an individual account of a regular member of staff) or, for the April review point, declare that they have applied for an NHSmail account by 1 February 2017.

6.4 Electronic Prescription Service

In order to meet this gateway criterion, the contractor must be able to demonstrate ongoing use of EPS at the pharmacy premises as set out in the [Pharmacy Quality Payments Gateway Criteria Guidance](#)¹, (EPS release 2 enabled, ongoing setting of patient nominations and appropriate endorsement of EPS Release 2 scripts).

Contractors will be required to declare via the NHS BSA online declaration page that they meet this criterion.

7 Quality Criteria

Table 2 sets out the quality criteria, the frequency with which the criteria need to be demonstrated and the number of points allocated to each of the criteria. We have provided further guidance regarding each criterion in the sections which follow.

Table 2

Domain	Criteria	Number of review points at which it can be claimed	Points at any one review point	Total points over the two review points
Patient Safety	Written safety report at premises level available for inspection at review point, 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.	One	20	20
Patient Safety	On the day of the review 80% of registered pharmacy professionals working at the pharmacy have achieved level 2 safeguarding status for children and vulnerable adults in the last two years.	Two	5	10
Patient Experience	On the day of the review, the results of the Community Pharmacy Patient Questionnaire from the last 12 months is publicly available on the pharmacy's NHS Choices page or for distance selling pharmacies it is displayed on their website and the NHS Choices service desk has been notified as per this NHS England guidance document, "Pharmacy Quality Payments – Quality Criteria Guidance".(see sections 6.2.1 and 7.3.3)	One	5	5
Public health	On the day of the review, the pharmacy is a Healthy Living Pharmacy level 1(self-assessment).	One	20	20
Digital	On the day of the first review, the pharmacy can demonstrate a total	Two	5	10

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Domain	Criteria	Number of review points at which it can be claimed	Points at any one review point	Total points over the two review points
	increase in access to Summary Care Records (from Monday 27 June 2016 to Sunday 27 November 2016 compared to Monday 28 November 2016 to Sunday 30 April 2017); and on the day of the second review, the pharmacy can demonstrate a total increase in access to Summary Care Records (from Monday 3 October 2016 to Sunday 30 April 2017 compared to Monday 1 May 2017 to Sunday 26 November 2017).			
Digital	On the day of the review, the pharmacy's NHS 111 Directory of Services entry is up to date.	Two	2.5	5
Clinical Effectiveness	On the day of the review, the pharmacy can show evidence of asthma patients, for whom more than 6 short acting bronchodilator inhalers were dispensed without any corticosteroid inhaler within a 6 month period, are referred to an appropriate health care professional for an asthma review.	Two	10	20
Workforce	On the day of the review, 80% of all pharmacy staff working in patient facing roles are trained 'Dementia Friends'	Two	5	10
			Total number of points across the two reviews	100

7.1 Written Patient Safety Report

Patient Safety
Written safety report at premises level available for inspection at review point, 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.

This quality criterion is claimable only once (at either review point) and is worth 20 points.

The written safety report should be specific to each individual pharmacy and should be a summary that reflects the events taking place in that pharmacy. Contractors are encouraged to work with other pharmacies to share their learning.

7.1.1 Aim/Rationale

The aim of this criterion is to foster a culture of learning and continuous improvement in every pharmacy with regard to patient safety. It is based on the following principles that have been developed in collaboration with community pharmacy Medication Safety Officers (MSOs) and stakeholders to support the production of the written patient safety report. These are complementary to the principles of incident reporting which can be found [here](#)⁸.

1. Incidents to be considered in the report should include errors or near misses that involve medication that have caused patient harm or had the potential to do so. Errors picked up early in the dispensing process or documentation errors would therefore not be included.
2. The aim of a pharmacy written patient-safety report is to recognise and support development of a safety culture. In particular, the report should demonstrate continuous improvement through reviewing and reflecting on errors.
3. Where errors occur, a proportional response to changes and safety measures should be taken. Contractors should take care that in focusing on one area for improvement, they are not neglecting others.
4. Where human intervention is involved, the potential for error exists. Using systems and processes to support staff to make the correct decision or take the right action improves safety. Care should be taken in developing these processes so that they are user friendly, otherwise they risk not being followed correctly, increasing the risk of error.

⁸ <http://pharmacyvoice.com/resource/patient-safety-incident-reporting-principles/>

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5. The best barriers to error are the simplest and often rely on physical measures.

Error occurs when a complex set of circumstances converge and make it possible. Understanding the relationships between circumstances requires the gathering of information, followed by analysis and reflection. This is why it is important that contractors review errors and share their learning.

Community pharmacies are already required to record patient safety incidents in an incident log. Reporting these to the National Reporting and Learning Service (NRLS) is a professional responsibility as described in the [Professional standards for the reporting, learning, sharing, taking action and review of incidents](#)⁹. Contractors can report these using an e-form (available [here](#)¹⁰) or use other systems that meet the required standards.

7.1.2 Reporting

In order to meet this quality criterion, contractors should:

- collate incidents and near misses from an ongoing log;
- analyse these and look for patterns;
- reflect on the learning from these;
- take actions to minimise future risk from repeated errors; and
- share their learning (both locally and nationally).

This should then be documented in a written patient safety report. The report must also include evidence of specific actions taken by the pharmacy in response to local errors and national patient safety alerts issued by the [Central Alerting System](#)¹¹.

You can find out more about Patient Safety Alerts on the [NHS England](#)¹² and [NHS Improvement](#)¹³ websites.

Contractors may wish to use the template in Annex 1 to collate and review patient safety incidents each month. Contractors can then use the outputs of these forms to complete their annual written patient safety report. Annex 2 provides a template to create this report for contractors to use should they choose. The report does not need to be routinely submitted to NHS England but contractors should ensure that a copy of the report is kept in the pharmacy.

⁹ <http://www.rpharms.com/support-pdfs/rslar-standards-nov-2016.pdf>

¹⁰ <http://www.nrls.npsa.nhs.uk/report-a-patient-safety-incident/>

¹¹ <https://www.cas.dh.gov.uk/Home.aspx>

¹² <https://www.england.nhs.uk/patientsafety/psa/>

¹³ <https://improvement.nhs.uk/resources/patient-safety-alerts/>

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There are a number of different ways that contractors can share learning locally. This might take the form of a meeting with local general practices to share learning from incidents or near misses, sharing learning with other local pharmacies, a Local Pharmaceutical Committee (LPC), Local Professional Network (LPN) or Local Practice Forum (LPF) event, or sharing via a newsletter.

Further support for individual community pharmacies to meet this quality criterion will be made available via NHS Improvement through the network of community pharmacy MSOs.

Contractors will be required to declare via the NHS BSA online declaration page that they meet this criterion.

7.2 Safeguarding

Patient Safety
On the day of the review 80% of registered pharmacy professionals working at the pharmacy have achieved level 2 safeguarding status for children and vulnerable adults in the last two years.

This quality criterion is claimable at both review points and is worth five points at each review point, ten points in total.

7.2.1 Aim/Rationale

The aim of this quality criterion is to ensure that all pharmacy professionals are fully aware of their role in safeguarding vulnerable adults and children and that they are confident in what to look out for and what action to take should safeguarding concerns arise.

While the target for achievement of this criterion is set at 80% of registered pharmacy professionals, best practice is that all staff should undergo safeguarding training. Non-registered pharmacy staff may wish to consider undertaking level 1 training (which is available as online training from the Centre for Pharmacy Postgraduate Education (CPPE)).

7.2.2 Reporting

This requirement covers all registered pharmacy professionals (pharmacists and pharmacy technicians) working in the pharmacy including locums (this excludes pre-registration graduates, although it is good practice that they are trained in safeguarding). Each registered pharmacy professional working in the pharmacy on the day of the review (i.e. 28 April 2017 or 24 November 2017) count as one, regardless of how many hours they have worked.

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For example, a pharmacy with five registered pharmacy professionals working in the pharmacy on 28 April 2017 will need to ensure that at least four of them have completed a level 2 safeguarding course and have the certification to demonstrate this.

Training must have been completed within two years of the review date, so for the first review date on 28 April 2017 this means the period 29 April 2015 to 28 April 2017 and for the second review date on 24 November 2017 this means from 25 November 2015 to 24 November 2017.

Level 2 safeguarding training is available to all pharmacists and pharmacy technicians registered with the General Pharmaceutical Council (GPhC) via the [CPPE](https://www.cppe.ac.uk/)¹⁴. Pharmacists and pharmacy technicians must register (free of charge) on the CPPE website in order to complete the training.

Once the training and associated e-assessment has been completed, a certificate of completion is stored by CPPE in the personal record for each learner. Pharmacists and pharmacy technicians can download the certificate to provide evidence of completion. For staff who completed their training with CPPE previously, certificates of completion can also be found in their personal record.

Level 2 safeguarding training may also be available (or have been previously provided) via local training sessions organised by CCGs, NHS England, local authorities or other providers, including in-house training. Staff should retain proof that they have completed the training (such as a certificate of completion). Where no suitable evidence is provided, staff could complete the CPPE e-assessment in order to obtain evidence of having acquired the necessary knowledge to meet the level 2 requirements. Contractors should ensure that evidence of this training is kept within the pharmacy.

Staff who have completed the previous version of the CPPE e-learning (or learning via another route), before 29 April 2015 for the first review, or before 25 November 2015 for the second review, will need to successfully complete an assessment to obtain evidence that their knowledge is up to date. This could be the CPPE e-assessment and it may be necessary for them to undertake additional training in order to refresh their knowledge.

Contractors will be required to confirm that 80% of staff working on the review date have achieved the Level 2 safeguarding. This will be declared through the NHS BSA online declaration page.

¹⁴ <https://www.cppe.ac.uk/>

7.3 Community Pharmacy Patient Questionnaire available on the pharmacy's NHS Choices page

Patient Experience

On the day of the review, the results of the Community Pharmacy Patient Questionnaire from the last 12 months is publicly available on the pharmacy's NHS Choices page or for distance selling pharmacies it is displayed on their website and the NHS Choices service desk has been notified as per the NHS England guidance document, "Pharmacy Quality Payments – Quality Criteria Guidance".

This quality criterion is claimable once (at either review point) and is worth five points.

7.3.1 Aim/Rationale

The Community Pharmacy Patient Questionnaire (CPPQ) allows patients to provide valuable feedback to community pharmacies on the services they provide. The aim of this quality criterion is to be open about the performance of the pharmacy, to publicise what it is doing well and what it is doing to improve in response to feedback from patients and the public.

In the longer-term, NHS Choices will be developed to allow for the CPPQ to be uploaded in a way that is more accessible to NHS Choices users and will ensure that the CPPQ information for each pharmacy looks the same and can be compared.

7.3.2 Reporting

In order to meet this quality criterion, the results of the CPPQ from the last 12 months must be uploaded to the pharmacy's NHS Choices profile by the contractor in a Portable Document Format (PDF) file format. This will be achieved by the contractor creating a news item within the overview section of the profile.

To do this, contractors must:

- a) add the text "Community Pharmacy Patient Questionnaire 2016/17" in the Title of the news item;
- b) upload a PDF titled "CPPQ";
- c) add "Pharmacy Patient Questionnaire" as the document title; and
- d) add "1" in the Display order field.

The PDF file must be uploaded as a news item, in the overview section of the profile with the heading CPPQ. Please note that if the naming conventions are not followed as outlined, the pharmacy will not appear on the report, provided by NHS Choices to NHS England, validating that the pharmacy meets this quality criterion.

In order that the CPPQ is presented in a way that NHS Choices users can easily understand and interpret, the following introductory text must be inserted by the

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contractor into the 'description text' field of the news item so that it will appear before the questionnaire report:

Every year we undertake an annual patient survey to enable our patients to provide valuable feedback on the services that we provide. The survey, undertaken by all community pharmacies in England, is called the Community Pharmacy Patient Questionnaire. The report of our survey results allows us to identify the areas where we are performing most strongly, the areas for improvement and the actions required to address issues raised by respondents. Our results for 2016/17 are provided here.

A user guide on uploading the CPPQ onto a NHS Choices profile is available [here](#)¹⁵.

A standard template has been developed to collate and analyse the responses received in the CPPQ, and then use the data to populate a report containing the required information to report the results of the CPPQ which is available [here](#)¹⁶. The reporting section of the template which may be uploaded as a PDF onto the NHS Choices website; as described above, is included in this guidance in Annex 3.

Contractors will be required to declare through the NHS BSA online declaration page that they have uploaded their 2016/2017 CPPQ report to their NHS Choices profile.

7.3.3 Distance Selling Pharmacies

DSPs may display the results of their latest CPPQ on their website. This should be the same website that is listed in their NHS Choices entry (see section 6.3). Once a DSP has published their latest CPPQ results on their website to qualify for the Quality Payments Scheme, they must notify the NHS Choices service desk (nhschoicesservicedesk@nhs.net) including "distance selling pharmacy" in the subject line and provide a link to the publication.

DSPs will be required to declare through the NHS BSA online declaration page that they have uploaded their 2016/2017 CPPQ report onto their website which is accessible via NHS Choices.

7.4 Healthy Living Pharmacy (HLP), Level 1

Public Health
On the day of the review, the pharmacy is a Healthy Living Pharmacy level 1 (self-assessment).

¹⁵ <http://www.nhs.uk/aboutNHSChoices/professionals/Pages/manage-profiles-faq.aspx>

¹⁶ <http://psnc.org.uk/contract-it/essential-service-clinical-governance/cppq/>

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This quality criterion is claimable only once (at either review point) and is worth 20 points.

7.4.1 Aim/Rationale

The aim of this quality criterion is to maximise the role of the pharmacy in prevention of ill health, reduction of disease burden, reduction of health inequalities and in support of health and wellbeing. The Healthy Living Pharmacy (HLP) concept is designed to develop (in respect of health and wellbeing services):

- the community pharmacy workforce;
- community pharmacy engagement with the general public (including “Making Every Contact Count”);
- community pharmacy engagement with local stakeholders such as local authorities, voluntary organisations and other health and social care professionals; and
- the environment in which health and wellbeing services are delivered.

7.4.2 Reporting

In order to meet this quality criterion, the pharmacy must on the day of the review be meeting the requirements of a level 1 HLP as defined by Public Health England (PHE)¹⁷ or have been accredited as an HLP locally between 1 December 2014 and 28 April 2017.

This may be demonstrated in one of the following ways:

- an entry in the Royal Society for Public Health (RSPH) [online register](#)¹⁸ as a profession-led self-assessed HLP level 1 that has **not** been previously accredited; or
- a copy of the signed and dated documentation that demonstrates that between 1 December 2014 and 28 April 2017 the pharmacy was accredited as a HLP level 1 locally. Pharmacies that have been accredited between 1 December 2014 and 28 April 2017, do not need to go through the profession-led self-assessment process led by PHE to qualify for the quality payment and therefore do not need to register with the RSPH registry; or
- a copy of the signed and dated documentation that demonstrates that the pharmacy was accredited as a HLP level 1 prior to 1 December 2014 **and** that the contractor has completed the profession led self-assessment and are meeting the requirements of a level 1 HLP as defined by [PHE](#)¹⁷ on the day of the review, without the pharmacy being listed on the RSPH registry.

¹⁷ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/538638/HLP-quality-criteria-and-self-assessment-process.pdf

¹⁸ <https://www.rsph.org.uk/our-services/registration-healthy-living-pharmacies-level1/assessment-of-compliance.html>

7.4.3 Pharmacies wishing to become Healthy Living Pharmacies for the first time

Please note that registration with the RSPH registry has been commissioned by PHE and is only open to those pharmacies that have undertaken the profession led self-assessment process and have not been previously accredited as an HLP. This registry is a pilot and is open to a limited number of pharmacies for a limited period of time. Pharmacies wishing to meet this criterion should access the registry [here](#)¹⁸.

Further information for pharmacies who self-assess themselves as meeting the requirements of a level 1 HLP as defined by [PHE](#)¹⁹ after 28 April 2017 will be published [here](#)¹.

7.5 Summary Care Record

Digital
On the day of the first review, the pharmacy can demonstrate a total increase in access to Summary Care Records (from Monday 27 June 2016 to Sunday 27 November 2016 compared to Monday 28 November 2016 to Sunday 30 April 2017); and on the day of the second review, the pharmacy can demonstrate a total increase in access to Summary Care Records (from Monday 3 October 2016 to Sunday 30 April 2017 compared to Monday 1 May 2017 to Sunday 26 November 2017).

This quality criterion can be claimed at both review points and is worth five points at each review point, ten points in total.

7.5.1 Aim/Rationale

The aim of this quality criterion is to encourage pharmacies to access information about the patient to support clinical decision-making. Summary Care Records (SCRs) should be accessed as part of daily practice when required to support professional decision making. Examples of use in practice include resolving prescription queries, advising patients on suitable medication, providing emergency supplies and when carrying out medication reviews.

7.5.2 Reporting

To claim for this quality criterion at either review point, the pharmacy must have access to the SCR and must have accessed the SCR on at least one more occasion in period 2 compared to period 1.

¹⁹ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/538638/HLP-quality-criteria-and-self-assessment-process.pdf

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It is noted that NHS Digital report the number of times a pharmacy has accessed the SCR in full weeks (Monday to Sunday), therefore NHS England has agreed with NHS Digital that a Quality Payments SCR Viewing calculator will be provided. This will show the number of times the pharmacy has viewed the SCR in period 1 and period 2 (as defined in Table 3). NHS England will accept an increase from period 1 to period 2 shown in the NHS Digital calculator available [here](#)²⁰ as evidence of meeting this quality criterion.

Table 3 – Periods for reviewing access to SCR in relation to the reviews

For 28 April 2017 review point	Period 1 is Monday 27 June 2016 to Sunday 27 November 2016	Period 2 is Monday 28 November 2016 to Sunday 30 April 2017
For 24 November 2017 review point	Period 1 is Monday 3 October 2016 to Sunday 30 April 2017	Period 2 is Monday 1 May 2017 to Sunday 26 November 2017

This information will be updated weekly on Thursdays (with the previous week's viewing figures).

Contractors will be required to confirm via the NHS BSA online declaration page that their use of the SCR has increased from period 1 to period 2 as defined above.

7.6 Directory of Services

Digital
On the day of the review, the pharmacy's NHS 111 Directory of Services entry is up to date.

This quality criterion may be claimed at both review points and is worth two and a half points, five points in total.

7.6.1 Aim/Rationale

For NHS 111 to refer patients appropriately to community pharmacies it is critical that they have access to accurate information about pharmacies, their location, opening hours, and services provided. The aim of this quality criterion is to enable pharmacies, for the first time, to view their NHS 111 Directory of Services (DoS) demographic profile and to provide corrections to that information where necessary. This is so that patients are always given the correct information when they dial NHS 111 for help.

²⁰ <https://digital.nhs.uk/summary-care-records/community-pharmacy/statistics-progress>

7.6.2 Types of DoS profiles

An individual pharmacy's DoS entry could be made up of one, two or three different DoS profiles, depending on the different services that each pharmacy provides.

Each DoS profile sits in one of four service types on the database:

- A. Pharmacist
- B. Pharmacist – Extended Hours
- C. Pharmacist Enhanced Service
- D. Pharmacist Urgent Prescription

Every NHS pharmacy will have one profile for its main service provision sitting in either A or B, depending on the extent of its full opening hours (core and supplementary).

Pharmacies delivering additional services (e.g. minor ailments service, NUMSAS) will have extra profiles in C and/or D.

All DoS profiles that make up an individual pharmacy's DoS entry need to be checked to qualify for the quality payment.

7.6.3 Reporting

The pharmacy must confirm that the NHS 111 DoS entry for the pharmacy is up to date on the day of the review.

The following demographic information will need to be confirmed:

- ODS code;
- full address details (including postcode);
- normal opening hours;
- bank holiday opening hours until the next review date (i.e. 1 May 2017 (Early May bank holiday), 29 May 2017 (Spring bank holiday) and 28 August 2017 (Summer bank holiday) for the April 2017 review point and 25 December 2017 (Christmas Day) 26 December 2017 (Boxing Day), 1 January 2018 (New Year's Day), 30 March 2018 (Good Friday) and 2 April 2018 (Easter Monday) for the November 2017 review point);
- contact telephone number;
- public-facing website (if available); and
- contact email address for non-patient identifiable data (if available) (this is likely to be different to your NHSmail address if delivering NUMSAS).

The process for checking the DoS entry and requesting any appropriate changes for the first review period of the quality payments is summarised below:

- in March 2017 the pharmacy profile details held on the DoS will be published on the NHS England website [here](#)¹;

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- the contractor will be able to find their DoS profile by entering their NHS ODS code (F code) or postcode to find the profile(s) that relate to their pharmacy;
- the contractor will need to review the DoS profile(s) for that pharmacy entry; and
- the contractor will then be required to confirm or amend their DoS details to ensure that they are current and accurate for the review date. This can be achieved by completing the online form [here](#)¹.

The contractor will need to confirm that they have checked and, if appropriate, requested appropriate changes to their DoS entry on the NHS BSA online declaration.

Following the April 2017 review point the updated DoS entries will be published [here](#)¹ so that all pharmacies are able to review their updated DoS entries ahead of the second review date.

The process for reviewing the DoS entry for the November review date is subject to change and further guidance will be issued when this process is finalised [here](#)¹.

7.6.4 Future access to DoS profiles

In the future, it is the intention that contractors may access their live NHS 111 DoS entry directly via one (or more) of the following method(s) facilitated by their Regional DoS team or pharmacy system supplier:

- mobile search tool such as the NHS 111 Mobile DoS and MiDoS;
- specific login to the DoS database to view and request changes; and
- look-up of DoS entry details using the ODS code within a pharmacy system.

Further information about which direct access methods have been enabled in your part of the country will be made available [here](#)¹.

The contractor must evidence that the DoS entry is up to date by maintaining a record of how and when they have accessed their information, and provided notification of any changes.

Contractors will be required to confirm via the NHS BSA online declaration page that the pharmacy's DoS profile is up to date.

7.7 Referral for asthma review

Clinical effectiveness
On the day of the review, the pharmacy can show evidence of asthma patients, for whom more than 6 short acting bronchodilator inhalers were dispensed without any corticosteroid inhaler within a 6 month period, are referred to an appropriate health care professional for an asthma review.

This quality criterion can be claimed at both review points and is worth ten points at each point, 20 points in total.

7.7.1 Aim/Rationale

The aim of this quality criterion is for community pharmacy to contribute to reducing preventable deaths from asthma through surveillance of patients' use of inhalers. The quality payment encourages contractors to routinely carry out surveillance of patients' use of inhalers ensuring patients are given appropriate advice and are referred for an asthma review when this is indicated.

The [National Review of Asthma Deaths](#) (NRAD)²¹ made a number of recommendations to improve the care of people with asthma. This included:

- people with asthma should have a structured review by a healthcare professional with specialist training in asthma, at least annually; and
- all asthma patients who have been prescribed more than 12 short-acting reliever (bronchodilator) inhalers in the previous 12 months should be invited for urgent review of their asthma control, with the aim of improving their asthma through education and change of treatment if required.

Pharmacy professionals are in an ideal position to detect the under and over usage of inhalers by asthma patients through surveillance of patients' use of inhalers over a fixed period. These interventions may already be commonplace in pharmacies but this quality payment seeks to ensure this vital information is used to trigger an asthma review as recommended by the NRAD report.

Further information on the importance of surveillance of patients' use of asthma inhalers is included in Annex 4.

7.7.2 Reporting

Contractors will be required to declare that they have identified any asthma patients receiving more than six short acting bronchodilator (SABA) inhalers within a six month period without any corticosteroid inhalers being dispensed and they have

²¹ <https://www.rcplondon.ac.uk/projects/national-review-asthma-deaths>

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referred them to an appropriate health care professional. Contractors should retain evidence that this has been carried out in the pharmacy.

Where no patients are identified for referral, the contractor will still be eligible for payment as long as they can evidence that they have been working to identify suitable patients and that they have a process in place for referral should they identify someone. If a patient does not wish to attend for an asthma review the pharmacist should discuss with the patient the risks of uncontrolled asthma and the benefits of preventative treatment and attending an asthma review. The pharmacy team should support the person to achieve the best asthma control possible. In this case the patient should not be continually referred for review.

The surveillance required focuses on the use of SABA inhalers and could be a combination of one or more of the following:

- monitoring the number of SABA inhalers dispensed in a rolling 6-month period through the pharmacy patient medication records (PMR) or through routine or opportunistic access to SCR;
- monitoring patient emergency supply requests for SABA inhalers;
- monitoring out of hours or urgent prescriptions for SABA inhalers;
- monitoring emergency supply requests through the NUMSAS service;
- monitoring repeat prescription requests for SABA inhalers;
- monitoring the number of SABA inhaler dispensed as part of a MUR or NMS; and
- monitoring non-collection of prescriptions for steroid inhalers.

It is up to a pharmacy how they choose to engage and implement regular surveillance of patients' use of inhalers into their processes and procedures but at a minimum, historical dispensing of SABA and steroid inhalers for patients should be assessed at every point a SABA inhaler prescription is presented for dispensing for the treatment of asthma, without a prescription for a steroid inhaler also being presented at the same time. These tasks could be undertaken by any appropriately trained staff within the pharmacy team.

The contractor will normally be referring the patient to their general practice. The health care professional to whom the patient is referred should be a professional who has undertaken specialist training in asthma. This may be the patient's GP, GP practice based respiratory nurse specialist or "asthma nurse".

7.8 Dementia Friends

Workforce
On the day of the review, 80% of all pharmacy staff working in patient facing roles are trained 'Dementia Friends'.

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This quality criterion can be claimed at both review points. It is worth five points at each review point, ten points in total.

7.8.1 Aim/Rationale

The aim of this quality criterion is to help patient-facing pharmacy staff to learn a little more about what it is like to live with dementia and small ways we can all help people living with dementia and their carers. They can commit to turning that understanding into action in their day-to-day role in the pharmacy. These small actions by patient-facing pharmacy staff throughout the whole of England will make a huge difference to the lives of those living with dementia.

7.8.2 Reporting

Pharmacy staff with a patient-facing role should include all registered pharmacy professionals, all pre-registration graduates, everyone working in the dispensary, all medicines counter assistants and all delivery drivers (it also includes locums). Contractors may also have other staff that can be identified as having patient-facing roles. Although it is not required for the quality payment, NHS England would encourage all pharmacy staff to become Dementia Friends.

In order to calculate the total number of staff working in patient-facing roles in the pharmacy on the day of the review (i.e. 28 April 2017 and 24 November 2017), each full or part-time member of staff working in roles listed above counts as one.

For example, if on 28 April 2017 the following staff are working at the pharmacy:

- One locum pharmacist - 1
- One pharmacy technician - 1
- Two full-time delivery drivers - 2
- Two part-time medicines counter assistants – 2

In this example, the total number of patient facing staff working on the day of the review is six. Therefore at least five of those staff must have become Dementia Friends in order to meet the quality requirement.

There are a number of ways that pharmacy staff can become Dementia Friends. They may attend an information session run by a Dementia Friends Champion. Some staff may already have become Dementia Friends by attending courses or completing the registration on the Dementia Friends website.

Where staff have not yet become Dementia Friends and are not attending an information session, they are encouraged to register following the process outlined in 7.8.3. Whilst staff may become Dementia Friends as individuals, they are encouraged to do so through the organisational route (as set out below) as the videos are more appropriate to patient facing roles.

7.8.3 How to register as a Dementia Friend

The first step for staff to become Dementia Friends is to register the pharmacy with the Dementia Friends initiative. One representative from each pharmacy should carry out the following steps:

Step 1: First, register your pharmacy on the Dementia Friends [website](#)²² (by clicking 'get your organisation involved') or by using this [link](#)²³;

- Step 2: Once you have registered, you will be sent a unique code by email within one week, which will allow you and your team access to a unique dashboard for your pharmacy. There, you can access the online Dementia Friends videos which demonstrate excellent examples of how someone in a patient facing role would help a person who may be living with dementia. The page can be accessed by clicking on 'Get involved' and then 'Organisations' on the Dementia Friends homepage;
- Step 3: To access the videos, click on 'Watch our videos for organisations' and enter:
 - your unique code (this code can be shared so team members can watch the videos at different times);
 - the number of people who are going to watch the videos; and
 - the postcode of where you are watching the videos.

Each member of staff should watch the introductory video and at least one of the four other videos available. Contractors should order badges for those who have become a Dementia Friend by emailing programmepartnerships@alzheimers.org.uk with the following information:

- the code that the pharmacy was given upon registration;
- the total number of staff in the pharmacy who have become a Dementia Friend; and
- the address the badges should be sent to.

Individuals (such as locums) who have not yet become a Dementia Friend can register as a Dementia Friend through the organisation route.

To register through the 'organisation route' individuals can:

- while working in a pharmacy who have already registered on the Dementia Friends website, ask to use their unique code, and then follow the above process; or

²² www.dementiafriends.org.uk

²³ www.dementiafriends.org.uk/register-partner-admin

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- register as an organisation (follow the above process by using your name and the words 'Pharmacy Locum' e.g. 'Jane Smith Pharmacy Locum').

The alternative route is that LPCs or local CPPE Regional Tutors may be planning on holding a face-to-face Dementia Friends Information Sessions, so consider making contact with either of these organisations if you would like to attend a face-to-face session.

Contractors will be required to declare via the NHS BSA online declaration page that they meet this criterion. Contractors should keep evidence that staff have become Dementia Friends in the pharmacy. This could be a copy of the email sent to request badges.



Annex 1 – Monthly Patient Safety Report

Community Pharmacy Quality Payments Scheme

Monthly Patient Safety Report template

Pharmacy name (& branch number, if applicable)		Month and Year		Date of report	
Pharmacy team members who participated in preparing this report (initials)		Report completed by			

Monthly summary of patient safety incidents and activity at this pharmacy (enter numbers in the table below)

Prescribing incidents		Near Misses		Dispensing incidents		Other patient safety activity*	
-----------------------	--	-------------	--	----------------------	--	--------------------------------	--

*(e.g. response to medicines recalls, national patient safety alerts)

1) Describe the key learning points that have made the most significant improvements to your team’s professional practice.

2) List the actions the team has taken because of the key learning points (listed in 1).

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3) Describe how you have shared the key learning points (listed in 1).

4) What patient safety improvements have occurred in the pharmacy because of the actions the team has taken (listed in 2)?

5) What has the team done in response to any relevant national patient safety alerts and drug recalls this month?

6) Reflecting on this report, what will be the team's patient safety priorities for the next month?

This report may contain confidential information - retain this report within the pharmacy.

Annex 2 – Annual Patient Safety Report Template

Community Pharmacy Quality Payments Scheme

Annual Patient Safety Report template



Pharmacy name (& branch number, if applicable)		ODS (F code)		Date of report	
Report completed by		Period covered by the report		to	
Pharmacy team members who participated in preparing this report (initials)					

Summary of patient safety incidents and activity at this pharmacy (enter numbers in the table below)

Year														
Month	Apr	May	June	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total	
Prescribing incidents														
Near misses														
Dispensing incidents														
Other patient safety activity*														

*(e.g. response to medicines recalls, national patient safety alerts)

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1) Describe the key learning points that have made the most significant improvements to your team's professional practice.

-
-
-

2) List the actions the team has taken because of the key learning points (listed in 1).

-
-
-

3) Describe how you have shared the key learning points (listed in 1).

-
-
-

4) What patient safety improvements have occurred in the pharmacy because of the actions the team has taken (listed in 2)?

-
-
-

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5) What has the team done in response to any relevant national patient safety alerts and drug recalls within the last 12 months?

6) Reflecting on this report, what will be the team's patient safety priorities for the next 12 months?

-
-
-

This report may contain confidential information – keep within the pharmacy

Annex 3 – CPPQ Report Template

Owner of Pharmacy:

Address of Pharmacy:

Date Patient survey completed:

Top areas of performance

Question	% of respondents satisfied with service

Areas in greatest need for improvement

Question	% of respondents dissatisfied with service	Action taken or planned (including timescale)

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Pharmacy response to respondent's additional comments

Areas within control of pharmacy	Areas outside control of pharmacy

Age range of respondents						
16-19	20-24	25-34	35-44	45-54	55-64	65+
%:	%:	%:	%:	%:	%:	%:

Profile of respondents		
This is the pharmacy that the respondent chooses to visit if possible	This is one of several pharmacies that the respondent uses	This pharmacy was just convenient on the day for the respondent
%:	%:	%:

Annex 4 – Asthma: Surveillance of inhaler use

National Review of Asthma Deaths

The National Review of Asthma Deaths (NRAD), published in 2014, made a number of recommendations to prevent future deaths from asthma, some of which are:

- all patients should be provided with a personal asthma action plan (PAAP), which can help them to identify if their asthma is worsening and tell them how and when to seek help. (Patients with a PAAP were four times less likely to die from an asthma attack. 77% of patients had no record of having a PAAP);
- people with asthma should have a structured review by a health care professional with specialist training in asthma, at least annually;
- all asthma patients who have been prescribed more than 12 short-acting reliever inhalers in the previous 12 months should be invited for urgent review of their asthma control;
- an assessment of inhaler technique to ensure effectiveness should be routinely undertaken and formally documented at annual review, and checked by the pharmacist when a new device is dispensed;
- non-adherence to preventer inhaled corticosteroids is associated with increased risk of poor asthma control and should be continually monitored.

The NRAD report highlighted the importance of surveillance of inhaler use as an effective and easy to implement indicator of asthma control. It is highly supportive of the role of the pharmacist in asthma management.

Source <https://www.rcplondon.ac.uk/projects/national-review-asthma-deaths>

Emergency Supplies

There are numerous opportunities to review the number of SABA inhalers used in the previous six months in the pharmacy as discussed in section 7.7. Of note are patient emergency supply requests, out of hours/urgent prescriptions and supplies through NUMSAS for patients with asthma. All these scenarios should be highlighted to the GP practice/prescriber as their very requirement may already indicate poor asthma control.

Surveillance of SABA inhaler use could be a vital additional piece of information to gather. Pharmacists are in a unique situation to perform this additional task and promptly refer the patient for an asthma review as recommended by the NRAD report.

Opportunities for additional services in the pharmacy

Patients identified under this quality payment criterion for onward referral to a health care professional may also be applicable for referral into other pharmacy services:

- MUR (respiratory disease target group) and NMS, including an assessment of inhaler technique;
- Flu vaccination services – people with asthma are a defined patient cohort for vaccination; and
- Stop smoking services.

Personalised Asthma Action Plans

Based upon the recommendations of the NRAD report, patients with asthma should also be asked if they have a PAAP. Examples of PAAP can be seen on the Asthma UK [website](#)²⁴.

Pharmacists are in an influential position to highlight the importance of a PAAP to patients and to refer patients who do not have one to their GP practice. The [London asthma management audit](#)²⁵ conducted by pharmacies highlighted that 52% of the 9,500 children covered by the audit did not have a plan to help manage their asthma.

Asthma can be an unpredictable long-term condition, so something as simple as asking if a patient has a PAAP and referring patients for a review of their treatment when over usage of SABA inhalers is identified could save lives.

When making a referral to a patient's GP practice, the more information that can be provided to indicate the need for an asthma review the better. It should never be assumed that surveillance of inhaler use is always being undertaken prior to prescribing of these medicines.

²⁴ <https://www.asthma.org.uk/advice/manage-your-asthma/action-plan/>

²⁵ <https://www.myhealth.london.nhs.uk/sites/default/files/HLP%20Asthma%20public%20health%20campaign%20results.pdf>