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Pharmacy Quality Scheme

Guidance 2020/21

Contents

1. Introduction

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

The CPCF for 2019/20 to 2023/24 recognised the success of the previous Quality Payments Scheme (QPS) and announced that it would continue for the next five years under a new name, the Pharmacy Quality Scheme (PQS).

NHS England and NHS Improvement, in collaboration with internal and external stakeholders, has developed the PQS for 2020/21. Details of the PQS for 2020/21 have been provided in Part VIIA[1] of the Drug Tariff. This document replaces guidance issued for all previous schemes and provides further detail for contractors regarding how they demonstrate compliance with the scheme requirements.

The PQS was postponed during the peak of the COVID-19 pandemic. Pharmacy teams have had to adjust to new ways of working and implement health and safety measures for both their organisations and the public.

PQS 2020/21 Part 1 – Essential Criteria Checklist recognises the work many pharmacy contractors have completed as a result of COVID-19 to ensure a safer environment for all staff and people who visit the pharmacy. It is an Essential Criteria Checklist which includes a list of actions that must all be completed by any contractor wishing to claim a payment for the PQS 2020/21 Part 1 Essential Criteria Checklist. The full details of the checklist can be found in the Drug Tariff determination in the Part VIIA section on the NHSBSA website here.[2] Completing the requirements of PQS 2020/21 Part 1 and making a declaration by 29 January 2021 is a prerequisite to claiming for PQS 2020/21 Part 2. The requirements for PQS 2020/21 Part 2 can be found in Part VIIA of the Drug Tariff here.

Moving forwards, the PQS has been developed to incentivise quality improvement in areas that support the COVID-19 response by including criteria that improve patient safety and outcomes, for example, by improving infection prevention and control activities and by supporting weight management.

Contractors participating in the PQS 2020/21 Part 2 will need to declare their performance against the quality domains on a day of their choosing during the

[1] https://www.nhsbsa.nhs.uk/sites/default/files/2020-08/Drug%20Tariff%20Part%20VIIA%20Pharmacy%20Quality%20Scheme%2028082020.pdf
[2] https://www.nhsbsa.nhs.uk/pharmacy-quality-scheme-202021

declaration window between 09:00 on 1 February 2021 and 23:59 on 26 February 2021.

Each domain has a designated maximum number of points. For the PQS 2020/21 Part 2, the maximum number of points for each domain will be dependent on a new banding system based on the participating contractor's total prescription item volume between April 2019 and March 2020 (according to the NHSBSA's payment data). This will better reflect the workload of meeting the requirements of the PQS 2020/21 Part 2 for different contractors.

The PQS 2020/21, includes an aspiration payment, which will be made to contractors to support cash flow. The maximum number of points for which a pharmacy can be paid an aspiration payment is 70% of the number of points, within the band in which they are placed, that they plan to achieve in the PQS 2020/21 Part 2. The aspiration payment is optional for pharmacy contractors and not claiming it will not impact on the pharmacy contractor's ability to claim payment for the PQS 2020/21 Part 2. For further information, refer to the 8.1.2 Aspiration payment of this guidance.

The total funding for PQS 2020/21 is £75 million. The funding for PQS 2020/21 Part 2 will be £56.25 million plus any unclaimed funding from the £18.75 million attributed to PQS 2020/21 Part 1 Essential Criteria Checklist. The funding will be divided between qualifying pharmacies based on the number of points they have achieved up to a maximum £96 per point. Each point will have a minimum value of £48, based on all pharmacy contractors achieving maximum points. Payments will be made to eligible contractors depending on the band they are placed in and how many domains they have declared they are meeting. Further details on the payment structure can be found in section 8. Payments and declarations of this guidance.

It is recommended that contractors thoroughly familiarise themselves with this guidance document if they are considering taking part in the PQS 2020/21 Part 2.

Previous quality scheme guidance can be requested by contacting ENGLAND.CommunityPharmacy@nhs.net.

2. Gateway criteria

The PQS 2020/21 consists of two parts. PQS 2020/21 Part 1 Essential Criteria Checklist must be completed, and a declaration made on the NHSBSA Manage Your Service (MYS) application by 23:59 on 29 January 2021. The details are set out below in Table 1 as the PQS 2020/21 'Part 1 Essential Criteria Checklist'[3], which focuses solely on activities that support the response to COVID-19, including COVID-19 risk assessments and putting in place appropriate mitigations for all members of staff.

A contractor must complete and declare the completion of all of the criteria of Part 1 to receive a payment for this and to be eligible for PQS 2020/21 Part 2.

Table 1: PQS 2020/21 Part 1 Essential Criteria Checklist

Pharmacy contractors must note that all the below hyperlinks are current at the time of publishing this guidance and are advised to check for the most current version.
1a) The contractor has conducted a COVID-19 infection control risk assessment for the pharmacy premises and where risks have been identified, has implemented mitigating actions, e.g. use of physical barriers such as above head height protective screens, where possible and appropriate. 1b) The contractor has made reasonable adjustments to maximise social distancing in accordance with the latest government guidance on Get a free NHS test today to check if you have coronavirus[4].
2) The contractor has updated the pharmacy Standard Operating Procedures (SOPs) or related guidance, where appropriate, to minimise the risk of transmission of SARS-CoV-2, having considered the guidance within the latest NHSE&I COVID-19 Pharmacy SOP[5]. All staff have been briefed on changes relevant to their role in the pharmacy and a record of this is maintained.
3a) The contractor has appropriate and up to date COVID-19 posters, warnings and information displayed so they are visible at entry points to the pharmacy premises. 3b) For Distance Selling Pharmacies, there are appropriate and up to date COVID-19 public information and advice displayed prominently on their website.
4) Members of staff have been informed of risk factors for poorer outcomes of COVID-19 such as gender, age, Black, Asian or minority ethnic (BAME) background and comorbidities. Individual COVID-19 risk assessments have been offered to all members of staff. Where the staff members accepted the offer, the contractor has conducted an individual risk assessment for each member of staff and put in place any appropriate mitigations. A record of this is maintained.
5) The contractor has a process in place to advise and refer staff with symptoms of

[3] https://www.nhsbsa.nhs.uk/pharmacy-quality-scheme-202021
[4] https://www.gov.uk/get-coronavirus-test
[5] https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/Novel-coronavirus-COVID-19-standard-operating-procedure-Community-Pharmacy-v2-published-22-March-2020.pdf

COVID-19 for testing in accordance with Essential workers: get a test today to check if you have coronavirus government guidance[6].
6a) The contractor has available facilities and resources (e.g. alcohol hand rub) to support staff to conduct hand hygiene procedures frequently, to reduce the transmission risk of SARS-CoV-2 and support infection control. 6b) The contractor has posters displayed in relevant areas to promote best hand hygiene practice, for example: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/886217/Best_practice_hand_wash.pdf 6c) The contractor has posters displayed in relevant areas to promote best practice use of hand rub for example: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/886216/Best_practice_hand_rub.pdf
7) The contractor has reviewed and adopted, as a minimum, the PPE recommendations[7] for their staff working in the pharmacy.
8) The contractor has reviewed and, as appropriate, updated business continuity plans for the COVID-19 pandemic including Emergency Business Continuity Planning for any potential closure(s), identifying one or more local pharmacies, which can support and provide pharmaceutical services to their patients, whilst the pharmacy is closed.
9) The contractor has identified an area of the pharmacy where symptomatic patients could be isolated if they are unable to leave the premises, eg if an ambulance is required, and can follow the process outlined in the latest COVID-19 Pharmacy SOP (including decontamination of the area after the symptomatic patient has left).
10) The contractor has reviewed examples of good practice during the pandemic and has adopted them as considered appropriate for the individual pharmacy. These include examples collated by the General Pharmaceutical Council: https://inspections.pharmacyregulation.org/knowledge-hub
11) The contractor and registered staff working at the pharmacy have read relevant COVID-19 guidance on the GPhC website[8] and a record of this is maintained.

Contractors are reminded that making a declaration on the MYS application for completion of PQS 2020/21 Part 1 Essential Criteria Checklist by 29 January 2021 will not earn a PQS payment for PQS 2020/21 Part 2, as these payments are also subject to the payment conditions relating to the domains, which are made up of quality criteria set out in section 3. Quality criteria.

[6] https://www.gov.uk/apply-coronavirus-test-essential-workers
[7] https://www.gov.uk/government/publications/personal-protective-equipment-ppe-illustrated-guide-for-community-and-social-care-settings
[8] https://www.pharmacyregulation.org/contact-us/coronavirus-latest-updates

3. Quality criteria

PQS 2020/21 Part 2 contains 5 domains. Table 2 shows the allocation of points per domain based on band 4 (as the majority of contractors dispense at this prescription volume.) To view the allocation of points for the other bands, please see Table 4: Maximum number of points per domain **for each band**. Contractors must declare that all the criteria for each domain have been completed using the MYS portal to achieve the allocated points for each domain.

Table 2: Quality domains and criteria

Domain	Quality criteria	Points based on band 4* non-PCN lead	Points based on band 4* PCN lead
Domain: infection prevention and control and antimicrobial stewardship	4.1 Infection prevention and control	25	25
	4.2 Antimicrobial stewardship		
5. Domain: Prevention	5.1 Suicide awareness and action plan	40	40
	5.2 Sugar sweetened beverages (SSB)		
	5.3 Weight management		
Domain: Risk management	6.1 Risk management	10	10
7. Domain: Primary Care Network (PCN) prevention	7.1 Influenza vaccination service	15	30
7.2 Primary Care Network (PCN) business continuity discussions	7.2 Primary Care Network (PCN) business continuity discussions	10	25
Total (non-PCN lead)		**100**	
Total (PCN lead)			**130**

4. Domain: infection prevention and control and antimicrobial stewardship

In 2016, NHS England launched the world's largest healthcare incentive scheme[9] for hospitals, family doctors and other health service providers to prevent the growing problem of antibiotic resistance. Launched against the backdrop of the International Patient Safety Conference, funding was available to hospitals and other providers that reduced the inappropriate use of antibiotics.

Antibiotic resistance[10] 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.

The World Health Organization (WHO) has estimated that antimicrobial-resistant infections currently claim at least 50,000 lives each year across Europe and the USA. A review[11] found that unless action is taken then there could be 10 million worldwide deaths each year attributable to antimicrobial resistance in coming decades.

To minimise the transmission of the SARS-CoV2 virus as well as all healthcare associated infections, several measures need to be adopted. These include the use of non-pharmaceutical interventions, such as social distancing, as well as following ongoing, consistent implementation of Public Health England's infection prevention and control guidance.

* 'Antimicrobial' includes all anti-infective therapies (antiviral, antifungal, antibacterial and antiparasitic medicines), and all formulations (oral, parenteral and topical agents).

[9] https://www.england.nhs.uk/2016/03/antibiotic-overusage/

[10] https://www.england.nhs.uk/2016/03/antibiotic-overusage/

[11] https://amr-review.org/sites/default/files/AMR%20Review%20Paper%20-%20Tackling%20a%20crisis%20for%20the%20health%20and%20wealth%20of%20nations_1.pdf

4.1 Infection prevention and control

4.1.1 Aim

This criterion aims to reduce the risk of transmission of the SARS-CoV2 virus in community pharmacies and potential harm caused by the COVID-19 pandemic by ensuring quality improvement in infection prevention and control (IPC) practices.

4.1.2 Rationale

The global impact of the COVID-19 pandemic[12] has been profound and the public threat it represents is the most serious seen in a respiratory virus since the 1918 H1N1 influenza pandemic. In the absence of a COVID-19 vaccine, non-pharmaceutical interventions[13], including IPC measures, are even more imperative. These are aimed at reducing the transmission rate of the virus. Infection prevention and control forms part of a two-strategy approach to:

- mitigate, which focuses on slowing the spread and reducing the peak of epidemic spread and consequent healthcare demand
- suppression, which aims to reverse epidemic growth[14].

All staff have a responsibility to follow IPC procedures all of the time. Employers have a responsibility under the Health and Safety at Work Act 1974 to protect employees and employees have a corresponding obligation to make full and proper use of any control measures, including personal protective equipment (PPE), provided by their employer. Wherever they work in the healthcare community, staff must follow appropriate national and local guidelines/policies and safe systems of care. Healthcare-associated infections are often preventable[15]. Hand hygiene[16] is essential to reduce the transmission of infection in health and other care settings. Regularly practising good hand hygiene will protect your health and reduce the risk of spreading infection. Education about infection prevention and control should always cover the techniques of hand decontamination[17].

This 'Infection Prevention and Control' quality criterion builds on the requirements of the PQS 2020/21 Part 1 Essential Criteria Checklist which includes actions such as

[12] https://www.imperial.ac.uk/media/imperial-college/medicine/sph/ide/gida-fellowships/Imperial-College-COVID19-NPI-modelling-16-03-2020.pdf
[13] https://www.imperial.ac.uk/media/imperial-college/medicine/sph/ide/gida-fellowships/Imperial-College-COVID19-NPI-modelling-16-03-2020.pdf
[14] https://www.imperial.ac.uk/media/imperial-college/medicine/sph/ide/gida-fellowships/Imperial-College-COVID19-NPI-modelling-16-03-2020.pdf
[15] https://www.nice.org.uk/guidance/qs61
[16] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/910885/COVID-19_Infection_prevention_and_control_guidance_FINAL_PDF_20082020.pdf
[17] https://www.nice.org.uk/guidance/qs61/chapter/Quality-statement-6-Educating-people-about-infection-prevention-and-control

promotion of best hand hygiene practices[18] and best practice use of hand rub[19], PPE recommendations and use.[20] It is also important to make reasonable adjustments to maximise social distancing in accordance with the latest government guidance on COVID-19 secure workplaces: Working safely during coronavirus[21].

4.1.3 Quality criteria

On the day of the declaration, 100% of 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' on the Health Education England e-Learning for Healthcare website.

In addition, on the day of the declaration, all registered pharmacy professionals must have satisfactorily completed the 'HEE Infection Prevention and Control Level 2 e-learning and assessment' on the Health Education England e-Learning for Healthcare website.

Registered pharmacy professionals include pharmacists, provisionally registered pharmacists, pharmacy technicians and locum pharmacists. It is good practice to include pre-registration pharmacists in this group.

An electronic certificate of completion of the training will be provided following the completion of the assessment. Contractors must keep a copy of the certificate for each member of staff as evidence that the training has been completed. This training must have been successfully completed between 1 January 2020 and the day of the PQS 2020/21 Part 2 declaration.

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.

[18] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/886217/Best_practice_hand_wash.pdf
[19] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/886216/Best_practice_hand_rub.pdf
[20] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/879108/T3_poster_Recommended_PPE_for_ambulance_staff_paramedics_transport_pharmacy.pdf
[21] https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19

On the day of the PQS 2020/21 Part 2 declaration, the contractor must have for each staff member, excluding those staff for whom there is a training plan in place as described above, at premises level, a copy of the personalised certificate provided upon completion of the training and assessment, as evidence that all members of staff have completed the training.

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.

4.1.4 Reporting

The following must be submitted to NHS England and NHS Improvement on the Manage Your Service (MYS) application when making the PQS 2020/21 Part 2 declaration:

- 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
- a declaration that they have completed the team review.

4.2 Antimicrobial stewardship

4.2.1 Aim

This criterion aims to reduce the potential harm caused by antimicrobial resistance (AMR) through the promotion of Antimicrobial Stewardship (AMS) activity in community pharmacy.

4.2.2 Rationale

Promotion of AMS in community pharmacy aligns with the UK's antimicrobial resistance (AMR) National Action Plan[22]. This has been designed to ensure progress towards a 20-year vision, in which resistance is effectively contained and controlled.

This work builds on the UK 5 Year Antimicrobial Resistance Strategy 2013 to 2018 [23] to improve the knowledge and understanding of AMR by incorporating AMR awareness, responsible prescribing, dispensing and administration practice, as well as effective prevention, management and control of infection in undergraduate and postgraduate curricula for human medicine, nursing, pharmacy, dentistry and other professionals.

This criterion promotes professional education, training and public engagement to support behaviour change[24] and is the first initiative of this size and scale for community pharmacy. Regardless of setting or scope of practice, all healthcare professionals, including those working in community pharmacy[25], should work together to use their expertise to contribute to tackling AMR in a more coordinated manner. The intention is that this PQS criterion will be developed over subsequent years to promote AMS activities, whilst aligning and building on other initiatives such as Keep Antibiotics Working[26] and Help Us Help You[27] campaigns to ensure community pharmacy are fully part of the NHS approach to tackle this global issue.

Antimicrobial resistant infections[28] globally are already estimated to cause 700,000 deaths annually, and without successful stewardship this is predicted to reach 10

[22] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/784894/UK_AMR_5_year_national_action_plan.pdf
[23] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/244058/20130902_UK_5_year_AMR_strategy.pdf
[24] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/784894/UK_AMR_5_year_national_action_plan.pdf
[25] https://www.pharmaceutical-journal.com/research/review-article/pharmacys-role-in-antimicrobial-resistance-and-stewardship/20204885.article?firstPass=false
[26] https://campaignresources.phe.gov.uk/resources/campaigns/58-keep-antibiotics-working/Overview
[27] https://campaignresources.phe.gov.uk/resources/campaigns/81-help-us-help-you
[28] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/784894/UK_AMR_5_year_national_action_plan.pdf

million by 2050. In England, 70% of antibiotics prescriptions are prescribed by General Practice[29]. Up to 23% of primary care prescriptions[30] in 2013-15 were reported as likely to be inappropriate. Primary care prescribing of antibiotics has reduced by 5.6 million prescriptions in the five years 2015-2019, a 15% reduction in use. In particular, broad spectrum antibiotic use[31], which should be reserved for serious infections, has reduced by 31%. However, the National Institute for Health and Clinical Excellence[32] has identified a 2.5-fold variation in antibiotic prescribing per patient across clinical commissioning groups, suggesting further opportunities for improvement exist.

AMS[33] refers to "an organisational or healthcare system-wide approach to promoting and monitoring judicious use of antimicrobials to preserve their future effectiveness".

The aims[34] of AMS include preventing infections, reducing unnecessary prescriptions, prescribing the shortest effective duration, and increasing the proportion of prescriptions being for narrow spectrum antibiotics.

AMS[35] must be a multi-faceted, multi-sector and multi-stakeholder approach to tackle the global threat of AMR. Therefore, a whole team approach within community pharmacy needs to be adopted where each member of the community pharmacy team knows how they can contribute to AMS in order to prevent AMR.

4.2.3 Quality criteria

On the day of the declaration, all patient-facing pharmacy staff that provide advice on medicines or health care must have satisfactorily completed the 'PHE Antimicrobial Stewardship for Community Pharmacy e-learning and e-assessment' on the Health Education England e-Learning for Healthcare website.

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

An electronic certificate of completion of training will be provided following the completion of the assessment. Contractors must keep a copy of the certificate for each member of staff as evidence that the training has been completed.

Where new staff who have recently joined the pharmacy or staff returning from long

[29] https://bmjopen.bmj.com/content/9/7/e023989
[30] https://academic.oup.com/jac/article/73/suppl_2/ii36/4841818?searchresult=1
[31] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/843129/English_Surveillance_Programme_for_Antimicrobial_Utilisation_and_Resistance_2019.pdf
[32] https://www.nice.org.uk/media/default/about/what-we-do/into-practice/measuring-uptake/niceimpact-antimicrobial-resistance.pdf
[33] https://www.nice.org.uk/guidance/ng15/chapter/1-Recommendations#terms-used-in-this-guideline
[34] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3031442/
[35] https://www.who.int/activities/fostering-international-cooperation-on-antimicrobial-resistance

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.

On the day of the declaration, the contractor must have for each staff member present, excluding those staff for whom there is a training plan in place as described above, at premises level, a copy of the personalised certificate provided upon completion of the training, as evidence that all members of staff have completed the training.

In addition, 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 demonstrably 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 influenza vaccination. All patient facing staff that provide health advice, should also become antibiotic guardians, if they have not already done so, and have an awareness of the local antibiotic formulary.

There must be documented evidence, at the pharmacy, that the actions within the plan have been implemented by the day of the declaration.

4.2.4 Reporting

The following must be submitted to NHS England and NHS Improvement on the MYS application:

- 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.

5. Domain: Prevention

Community pharmacies are uniquely placed to deliver public health engagement due to their access, location and informal environment with 95% of the population within 20 minute's walk[36] of their local pharmacy. Community pharmacy is a socially inclusive healthcare service, providing a convenient and less formal environment for people who cannot easily access or do not choose to access other kinds of health service[37].

All community pharmacy contractors in England will have to meet the requirements of a Level 1 Healthy Living Pharmacy (HLP) as detailed in the Community Pharmacy Contractual Framework five-year deal: year 2 (2020 to 2021) guidance[38]; agreed between PSNC, NHS England and NHS Improvement and the Department of Health and Social Care (DHSC). This reflects the priority attached to public health and prevention work.

One of the main principles of HLP is that all members of the pharmacy team proactively offer advice to their customers/patients and make relevant brief health advice or interventions. This principle equally applies to the provision of advice on mental health as well as physical health. New HLP requirements will be introduced from 1 Jan 2021.

Public Health England (PHE) published a set of infographics[39] in July 2016 to illustrate the role of HLPs in the health and care system.

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.

Good mental health[40] is an asset and is also linked to good physical health – both of which support positive social and economic outcomes for individuals and society. Mental health disorders account for almost a quarter of the total burden of ill health in the UK. Poor mental health is strongly associated with social and economic

[36] https://www.local.gov.uk/community-pharmacy-offer-improving-publics-health
[37] https://psnc.org.uk/psncs-work/about-community-pharmacy/
[38] https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024/year-2-detail
[39] https://www.gov.uk/government/publications/healthy-living-pharmacy-level-1-quality-criteria
[40] https://www.health.org.uk/news-and-comment/blogs/emerging-evidence-on-covid-19s-impact-on-mental-health-and-health?gclid=EAIaIQobChMI0YD_2_Or6wIV2O3tCh1W4QnBEAAYASAAEgIEY_D_BwE

circumstances, including living in poverty[41], low-quality work[42], unemployment[43] and housing costs[44]. There is also a well-documented burden of mental health disorders following disasters, including evidence from previous viral outbreaks. This suggests that COVID-19, and the response to the pandemic, could have a significant impact on the nation's mental health through increased exposure to stressors. Exacerbating this, there has been a loss of coping mechanisms for many, and reduced access to mental health treatment.

For support with completing the criteria within the prevention domain, contractors may wish to revisit or explore the Making Every Contact Count (MECC)[45] online training that pharmacy teams may have completed as part of becoming HLPs.

MECC is an approach to behaviour change that utilises the millions of day to day interactions that organisations and people have with other people, to encourage changes in behaviour that have a positive effect on the health and wellbeing of individuals, communities and populations.

[41] https://www.centreformentalhealth.org.uk/sites/default/files/2018-09/newcentury.pdf
[42] https://www.health.org.uk/publications/long-reads/the-quality-of-work-and-what-it-means-for-health
[43] https://academic.oup.com/ije/article/47/1/47/4079898
[44] https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on
[45] https://www.makingeverycontactcount.co.uk/

5.1 Suicide awareness and action plan

5.1.1 Aim

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

5.1.2 Rationale

Suicide can affect anyone. Although mental illness is a risk factor for suicide, 72% of people who go on to take their life do so having had no contact with mental health services[46] in the preceding year. 47%[47] of people who go on to take their lives had a consultation with a GP in the month before death. Suicide and suicide attempts can have far reaching and enduring effects on individuals, the people close to them and their communities.

Suicide is the leading cause of death[48] for females between ages 5-34 and males between ages 5-49. However, males and females aged 45 to 49 years have the highest age-specific suicide rate. Suicide is the leading cause of death for new mothers[49] during the first year after pregnancy.

Pharmacy teams have a unique and vital position to engage people at risk of suicide, with significant potential to effect support. The second most prevalent suicide method among patients was self-poisoning[50] and the main source (where known) of these medications were obtained by prescription[51].

In the 'Guidance for the public on the mental health and wellbeing aspects of coronavirus (COVID-19)'[52], PHE raise that people may be feeling low, worried or anxious during this time as a result of the impact of COVID-19 and emphasise the

[46] https://www.hqip.org.uk/wp-content/uploads/2018/10/Ref-69-Mental-Health-CORP-annual-report-v0.4.pdf
[47] https://www.hqip.org.uk/resource/national-confidential-inquiry-into-suicide-and-safety-annual-report-2018/#.XdzpU6q7JPZ
[48] https://www.gov.uk/government/publications/health-profile-for-england/chapter-2-major-causes-of-death-and-how-they-have-changed
[49] https://www.npeu.ox.ac.uk/mbrrace-uk/reports
[50] https://www.hqip.org.uk/resource/national-confidential-inquiry-into-suicide-and-safety-annual-report-2018/#.Xdzqnaq7JPZ
[51] https://www.hqip.org.uk/resource/national-confidential-inquiry-into-suicide-and-safety-annual-report-2018/#.Xdzqnaq7JPZ
[52] https://www.gov.uk/government/publications/covid-19-guidance-for-the-public-on-mental-health-and-wellbeing/guidance-for-the-public-on-the-mental-health-and-wellbeing-aspects-of-coronavirus-covid-19

importance of looking after mental health and wellbeing during the COVID-19 outbreak.

Pharmacy staff are not routinely offered any form of suicide awareness training. Community pharmacy teams are, however, ideally placed to help offer timely initial support and appropriate signposting to people who may be experiencing suicidal feelings.

Reducing suicides over the next decade remains an NHS priority as outlined in the NHS Long Term Plan[53].The Zero Suicide Alliance training on suicide awareness gives detail on many factors which are linked to suicide, along with examples of practice which has shown to be effective in addressing those issues. Further advice on how to support someone who is experiencing suicidal feelings can be found on the Mind website[54].

5.1.3 Quality criteria

On the day of the declaration, all patient-facing staff* working at the pharmacy must have completed the Zero Suicide Alliance (ZSA) training[55], available on the Zero Suicide alliance website[56]:

An electronic certificate of completion of the training will be provided to pharmacy staff. Contractors must keep a copy of the certificate for each member of staff as evidence that the training has been completed.

Pharmacy staff with a patient-facing role includes 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.

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 by the day of the declaration, the pharmacy contractor can count them as having completed the training, if the pharmacy contractor has a training plan in place to ensure they complete the training within 30 days of the day of the declaration (unless the staff member falls under the exemption outlined in the footnote). This training plan and

*Staff members, who have been affected by suicide and do not wish to undertake the ZSA training, are exempt from completing it. Contractors must record the number of staff at the pharmacy who have not undertaken the training under this exemption. This will need to be dealt with sensitively.

[53] https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf

[54] https://www.mind.org.uk/information-support/helping-someone-else/supporting-someone-who-feels-suicidal/how-to-help/#.XqYqAqq7KUk

[55] https://www.zerosuicidealliance.com/training

[56] https://www.zerosuicidealliance.com/training/pharmacy-quality-standard-training?utm_source=pharmacy&utm_campaign=quality_standard

demonstrable evidence of completion of training, within 30 days of the day of the declaration, must be retained at the pharmacy to demonstrate they are meeting this quality criterion.

Once all members of the team, who do not fall under the exemption outlined in the footnote, have completed the training, a suicide prevention action plan should be prepared 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 people who require support. Where a contractor already has a suicide prevention action plan in place created prior to this year's PQS, it should be reviewed to ensure that any information provided to patients remains up to date. Any changes to the plan that had been made as a result of the training and activities undertaken as part of this year's PQS must be documented and retained as evidence of having met the declaration.

5.1.4 Reporting

The following must be submitted to NHS England and NHS Improvement on the MYS application:

- 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
- a declaration they have completed, or updated, a team action plan.

5.2 Sugar sweetened beverages (SSB)

5.2.1 Aim

This criterion aims to support community pharmacies in creating an environment conducive to healthy living and to align with the NHS standard contract requirements in helping both their staff and the public avoid sugar sweetened beverages. This quality criterion builds on the training on Children's oral health[57], which was introduced, in the 2018/19 QPS, to support National Smile Month and supports the aims of the weight management criterion in this scheme.

5.2.2 Rationale

Soft drinks (excluding fruit juice) are one of the largest sources of sugar intake in adults and the largest single source of sugar for children 11 to 18 years of age, providing 29% of their daily sugar intake[58]. Sugar consumption is also one of the main causes of tooth decay in children, with tooth extractions now the leading reason for hospital admissions for children aged five to 14 years of age. In 2013, one-third of five-year olds and almost half of eight-year olds had decay in their milk teeth, with tooth decay also found in 34% and 46% of 12- and 15-year olds respectively. In addition, sugar consumption is linked with obesity and its consequences alone cost the NHS £5.1bn per year.[59]

According to the WHO[60], drinks containing high levels of free sugars are a major source of unnecessary calories in people's diets, particularly in children and young adults. Although it is recognised that energy drinks and high sugar drinks can be of benefit to certain patient groups, i.e. people with diabetes (to treat episodes of hypoglycaemia) it is suggested that there is a reduction in the provision of SSBs to increase the range of healthier, low-energy alternatives available.

For the definition of SSBs and added sugar, refer to the NHS Standard 2020/21 General Conditions[61]. Further information on which items are liable for the soft drinks industry levy is available in the guidance provided on the GOV.UK Soft Drinks Industry Levy page[62].

[57] https://www.cppe.ac.uk/gateway/oralhealth
[58] https://www.england.nhs.uk/wp-content/uploads/2017/04/sugar-action-doc.pdf
[59] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/470179/Sugar_reduction_The_evidence_for_action.pdf
[60] https://www.who.int/en/news-room/detail/11-10-2016-who-urges-global-action-to-curtail-consumption-and-health-impacts-of-sugary-drinks
[61] https://www.england.nhs.uk/publication/full-length-nhs-standard-contract-2020-21-particulars-service-conditions-general-conditions/
[62] https://www.gov.uk/guidance/check-if-your-drink-is-liable-for-the-soft-drinks-industry-levy

5.2.3 Quality criteria

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.

For the definition of added sugar see NHS Standard Contract 2020/21 General Conditions (Full Length) in the following link:

https://www.england.nhs.uk/publication/full-length-nhs-standard-contract-2020-21-particulars-service-conditions-general-conditions/

5.2.4 Reporting

The following must be submitted to us on the MYS application:

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

Suggested forms of evidence can include, but are not limited to, pharmacy planograms that show intended stock levels, sales data held by pharmacy contractors and/or till receipts.

Where pharmacy contractors are part of a larger retail store (eg a supermarket), they should have discussions with the supermarket within which they are based in to explore arrangements so that the pharmacy is not routinely required to sell SSBs through their tills.

5.3 Weight management

5.3.1 Aim

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.

5.3.2 Rationale

Global obesity rates have tripled since 1975, and the UK ranks among the worst in Europe.[63] Obesity and poor diet are linked with diabetes, high blood pressure, high cholesterol and increased risk of respiratory, musculoskeletal and liver disease. People with obesity are also at increased risk of certain cancers, including being three times more likely to develop colon cancer[64].

In addition, new evidence[65] from studies in the UK and around the world provide evidence about excess weight and its association with COVID-19.The severity of the COVID-19[66] disease shows a positive correlation with obesity, with observational studies indicating that BMI values were significantly increased in patients with poorer outcomes and non-survivors of the disease. People living with severe obesity (BMI ≥40kg/m2) are deemed to be more clinically vulnerable[67] to poorer COVID-19 outcomes.

Nearly two-thirds of adults (63%) in England were classed as being overweight (a BMI of over 25) or obese (a BMI of over 30) in 2015[68].In England, the proportion who were categorised as obese increased from 13.2% of men in 1993 to 26.9% in 2015 and from 16.4% of women in 1993 to 26.8% in 2015. The rate of increase has slowed down since 2001, although the trend is still upwards[69].

In 2015 to 2016, 19.8%[70] of children aged 10 to 11 were obese and a further 14.3% were overweight. Of children aged 4 to 5, 9.3% were obese and another 12.8% were

[63] https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf
[64] https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf
[65] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/903770/PHE_insight_Excess_weight_and_COVID-19.pdf
[66] https://onlinelibrary.wiley.com/doi/epdf/10.1111/obr.13083
[67] https://www.gov.uk/government/publications/staying-alert-and-safe-social-distancing/staying-alert-and-safe-social-distancing-after-4-july#clinically-vulnerable-people
[68] https://www.gov.uk/government/publications/health-matters-obesity-and-the-food-environment/health-matters-obesity-and-the-food-environment--2
[69] https://www.gov.uk/government/publications/health-matters-obesity-and-the-food-environment/health-matters-obesity-and-the-food-environment--2
[70] https://www.gov.uk/government/publications/health-matters-obesity-and-the-food-environment/health-matters-obesity-and-the-food-environment--2

overweight. This means a third of children aged 10 to 11 and over a fifth of those aged 4 to 5 were overweight or obese. So nearly a third of children aged two to 15 are overweight or obese and younger generations are becoming obese at earlier ages and staying obese for longer[71].

In the 2015 Department of Health White Paper, Healthy Lives, Healthy People: our strategy for public health in England[72], the Government recognised that community pharmacies are a valuable and trusted resource which can be utilised to effectively improve health and wellbeing and reduce health inequalities. The Government has pledged to halve childhood obesity[73] and significantly reduce the gap in obesity between children from the most and least deprived areas by 2030.

Research has shown that brief, opportunistic interventions delivered in primary care can result in a five-fold increase[74] 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. Contractors may also wish to visit the PHE website[75] for resources on the major new campaign encouraging millions to lose weight and cut their COVID-19 risk. Other resources include the Change4Life[76] website for information on how to lead a healthy lifestyle.

5.3.3 Quality criteria

On the day of the declaration, 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', on the Health Education England e-Learning for Healthcare website: https://www.e-lfh.org.uk/programmes/all-our-health/, to gain a broader understanding of the causes and effects of obesity.

An activity report can be generated from the e-learning for health user account on completion of the PHE All Our Health: bitesize training and assessments on Adult Obesity and Childhood training. Contractors must keep a copy of the activity report for all non-registered patient-facing pharmacy staff as certificate evidence that the training has been completed.

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[71] https://www.gov.uk/government/publications/health-matters-obesity-and-the-food-environment/health-matters-obesity-and-the-food-environment--2
[72] https://www.gov.uk/government/publications/healthy-lives-healthy-people-our-strategy-for-public-health-in-england
[73] https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf
[74] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/620405/weight_management_toolkit_Let_s_talk_about_weight.pdf
[75] https://www.gov.uk/government/news/major-new-campaign-encourages-millions-to-lose-weight-and-cut-covid-19-risk
[76] https://www.nhs.uk/change4life

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

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.

On the day of the declaration, 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'[77] and assessment[78], available on the CPPE website[79].

An electronic certificate of completion of the training will be provided to pharmacy staff following the completion of both sets of assessments, i.e. for registered and non-registered staff. Contractors must keep a copy of the certificate for each member of staff as evidence that the training has been completed.

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 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.

Pharmacy teams are also required to complete 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 oneyou[80] website and NHS change4life[81] website. Other useful websites include NHS startthenhsweightlossplan[82] and NHS better health weight loss app[83]. The UK Chief Medical Officers' guidelines[84]

[77] https://www.cppe.ac.uk/programmes/l/weightman-e-01
[78] https://www.cppe.ac.uk/programmes/l/weightmane-a-06/
[79] https://www.cppe.ac.uk/services/pharmacy-quality-scheme
[80] https://www.nhs.uk/oneyou/
[81] https://www.nhs.uk/change4life
[82] https://www.nhs.uk/live-well/healthy-weight/start-the-nhs-weight-loss-plan/
[83] https://www.nhs.uk/better-health/
[84] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/832868/uk-chief-medical-officers-physical-activity-guidelines.pdf

on physical activity provides global evidence for different age groups, covering the volume, duration, frequency and type of physical activity required across the life course to achieve health benefits.

If a person who would like support with managing 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[85] 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 and the implications of the measurements for the person's health and wellbeing. 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. Appropriate advice should also be given to patients who are underweight and NHS guidance can be found here[86]. The above advice could be provided in the pharmacy or via remote means, such as video consultations, where that is appropriate for the individual.

Pharmacies must ensure equipment used to measure height, weight and waist circumference for patients within the pharmacy are accurate and fit for purpose in line with the GPhC standards[87].

Pharmacy teams must proactively discuss the benefits of maintaining a healthy weight with people. Pharmacy teams are encouraged to review the PHE Let's Talk About Weight infographic[88] and the PHE 'Let's talk about weight: a step-by-step guide to brief interventions with adults for health and care professionals'[89] guidance for support with initiating and managing conversations with people about weight management.

5.3.4 Reporting

The following must be submitted to us on the MYS application:

[85] https://www.nhs.uk/live-well/healthy-weight/bmi-calculator/
[86] https://www.nhs.uk/live-well/healthy-weight/advice-for-underweight-adults/
[87] https://www.pharmacyregulation.org/sites/default/files/document/standards_for_registered_pharmacies_june_2018_0.pdf
[88] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/675028/LTAW_Final_Infographic_Oct_2017_adults.pdf
[89] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/620405/weight_management_toolkit_Let_s_talk_about_weight.pdf

- 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 four 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.

6. Domain: Risk management

Significant progress has been made to date on developing the safety culture of community pharmacy since the inception of the QPS in 2016. This work has been supported by the Community Pharmacy Patient Safety Group[90] (CP PSG). Previous quality schemes have facilitated a more structured approach to the development and improvement of the safety culture in many pharmacies through reflection on safety reports and risk reviews that identify, assess and mitigate risk with a recent focus on work to identify and support patients with suspected sepsis, as well as look-alike, sound-alike (LASA) dispensing errors and near misses.

The Risk Management domain links to the NHS priorities to continuously improve patient safety as outlined in the Patient Safety Strategy[91] and supports contractors to build and reflect on the work undertaken in previous years.

The requirement to manage the risk of missing red flag symptoms during over the counter (OTC) consultations is new for 2020/21 and is particularly important during the pandemic when pharmacy teams may see patients with symptoms who are avoiding visiting a GP or hospital.

6.1 Risk management

6.1.1 Aim

This criterion aims 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.

6.1.2 Rationale

Managing risk is an important part of the General Pharmaceutical Council's (GPhC) standards for pharmacy professionals[92]. The standards state, that people receive safe and effective care when pharmacy professionals assess the risks in the care they provide and do everything they can to keep these risks as low as possible.

The CPPE training (required to complete this domain) will help to support pharmacy professionals in more effectively identifying the steps that they can take to reduce risk associated with their practice.

[90] https://pharmacysafety.org/
[91] https://improvement.nhs.uk/documents/5472/190708_Patient_Safety_Strategy_for_website_v4.pdf
[92] https://www.pharmacyregulation.org/sites/default/files/standards_for_pharmacy_professionals_may_2017_0.pdf

Proactive risk management within community pharmacies can help to ensure safer systems that provide the right care, as intended, every time; a priority that has been outlined in the NHS Patient Safety Strategy[93].

Around 1.6 million people[94] visit a pharmacy in England every day. Pharmacy teams offer OTC support for a number of minor health concerns[95] including acute sore throat, conjunctivitis, coughs, colds and nasal congestion. Pharmacists specifically must be able to assess the clinical needs of patients, including the identification of red flags (which are detailed in the NICE Clinical Knowledge Summaries[96]). The whole pharmacy team also play an important role in ensuring patients receive safe, appropriate and timely care during the provision of OTC consultations, including as part of the Community Pharmacist Consultation Service (CPCS) advanced service as well as escalating concerning symptoms to an appropriate healthcare professional.

Pharmacy teams may wish to explore the CPPE training on common clinical conditions and minor ailments[97] or the PSNC minor illness resource hub[98] for further information.

The new risk review for 2020/21 seeks to ensure that the whole pharmacy team are confident in identifying red flag symptoms during the provision of OTC consultations, to ensure high quality and safe advice is provided, including appropriate referral of patients. This builds on the previous review of the risk of missing sepsis and is particularly important as people asking for advice may have avoided booking general practice appointments during the COVID-19 pandemic.

6.1.3 Quality criteria

CPPE Risk management training and e-assessment

On the day of the declaration, 80% of all registered pharmacy professionals working at the pharmacy must have satisfactorily completed the 'CPPE risk management training[99] and e-assessment'[100], available on the CPPE website[101].

Registered pharmacy professionals include pharmacists, provisionally registered pharmacists, pharmacy technicians and locum pharmacists.

[93] https://improvement.nhs.uk/documents/5472/190708_Patient_Safety_Strategy_for_website_v4.pdf
[94] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/228858/7341.pdf
[95] https://www.england.nhs.uk/wp-content/uploads/2018/08/1a-over-the-counter-leaflet-v1.pdf
[96] https://cks.nice.org.uk/#?char=A
[97] https://www.cppe.ac.uk/programmes/l/respmin-p-03/
[98] https://psnc.org.uk/the-healthcare-landscape/the-pharmacy-integration-fund-phif/minor-illnesses-resource-hub/
[99] https://www.cppe.ac.uk/programmes/l/riskman-g-02
[100] https://www.cppe.ac.uk/programmes/l/riskmang-a-03/
[101] https://www.cppe.ac.uk/services/pharmacy-quality-scheme

If the training and assessment were satisfactorily completed between 1 April 2018 and 31 March 2020, this does not need to be repeated in 2020/21.

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 they 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.

An electronic certificate of completion of the training will be provided to pharmacy staff following the completion of the assessment. Contractors must keep a copy of the certificate for each member of staff as evidence that the training has been completed.

Training, risk review and mitigations for risk of missing sepsis

Contractors who did not claim for the risk management domain in the PQS 2019/20

Pharmacy contractors that did not complete the risk review for the risk of missing sepsis as part of the risk management and safety domain for the 2019/20 PQS who wish to claim for the risk management domain as part of the PQS 2020/21 must ensure that on the day of the declaration, 80% of all registered pharmacy professionals working in the pharmacy have satisfactorily completed the CPPE sepsis online training[102] and assessment[103]. They 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. Pharmacy teams must demonstrably ensure all patient-facing staff have understood alert symptoms to ensure referral of suspected sepsis to a pharmacist.

The CPPE sepsis online training consists of six short case studies on the topic of sepsis. Each case is in a different setting, but all are relevant to pharmacy practice.

Please note, pharmacy professionals are required to complete all of the following six case studies which can be accessed via the CPPE sepsis gateway page[104].

- Sepsis 1: Early recognition of Sepsis – Community Setting
- Sepsis 2: Early recognition of Sepsis – Hospital Setting

[102] https://www.cppe.ac.uk/gateway/sepsis
[103] https://www.cppe.ac.uk/programmes/l/sepsis-a-02/
[104] https://www.cppe.ac.uk/gateway/sepsis

- Sepsis 3: Early recognition of Sepsis – General Practice Setting
- Sepsis 4: Early recognition of Sepsis – Children
- Sepsis 5: Early recognition of Sepsis – Pregnancy
- Sepsis 6: Early recognition of Sepsis – Care Home Setting

Following the completion of the case studies, the CPPE e-assessment must be successfully completed to meet this quality criterion. This requirement covers the registered pharmacy professionals working at the pharmacy on the day of the declaration.

Where new staff who have recently joined the pharmacy or staff returning from long term leave, for example maternity leave, have not undertaken the CPPE sepsis online 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 the 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.

On the day of the declaration, contractors who did not complete a risk review as part of the 2019/20 PQS, must have available, at premises level, a new risk review, which should include the risk of missing sepsis identification as a new risk as part of the review and contractors must record demonstrable risk minimisation actions that have been undertaken to mitigate the risk. It is recommended that pharmacy professionals complete the CPPE Sepsis training prior to completing the risk review on sepsis. Contractors may wish to use the risk review templates (Annex 2).

Contractors who did complete the risk management domain in the 2019/2020 PQS

On the day of the declaration, contractors who did complete a risk review as part of the 2019/20 PQS must complete an update of the previous risk review (i.e. updated since the last review period of February 2020). This updated review must include a recorded reflection on the risk of missing sepsis identification and the demonstrable risk minimisation actions that the pharmacy team has been taking and any subsequent actions identified as a result of the reflection. Contractors may wish to use the risk review templates in Annex 1.

Further information to support the assessment and scoring for a Risk Review for sepsis is available in Annex 3 and on pages 23-24 of the CPPE risk management guide.

New review of risks of missing red flag symptoms and mitigations to prevent this.

On the day of the declaration, all contractors must have completed a new risk review on 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.

6.1.4 Reporting

Contractors who completed a risk review as part of the risk management and safety domain for the 2019/20 PQS must submit the following to us on the MYS application:

- 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
- 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 2019/20 PQS must submit the following to us on the MYS application:

- 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.

7. Domain: Primary Care Network (PCN) prevention

Primary Care Networks (PCNs) are a key part of the NHS Long Term Plan[105], with general practices being a part of a network, typically covering 30,000-50,000 patients. The networks have expanded neighbourhood teams which will comprise a range of staff such as GPs, pharmacists, district nurses, community geriatricians, dementia workers and Allied Health Professionals such as physiotherapists and podiatrists/chiropodists, joined by social care and the voluntary sector.

The networks will provide the structure and funding for services to be developed locally, in response to the needs of the patients they serve. 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[106].

DHSC, PHE and, NHS England and NHS Improvement jointly publish annual letters to provide further information on the national flu immunisation programme. For the 2020/21 flu season the second letter[107] (issued in August 2020) notes that the impact of COVID-19 on the NHS and social care has been visible to all, and during the 2020/21 flu season we may also be faced with co-circulation of COVID-19.

Those most at risk from flu are also likely to be most vulnerable to COVID-19. So, flu vaccination is one of the most effective interventions the NHS has to reduce pressure on the health and social care system this winter.

7.1 Influenza vaccination service

7.1.1 Aim

The aim of this domain is 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.

[105] https://www.longtermplan.nhs.uk/
[106] https://www.gov.uk/government/publications/national-flu-immunisation-programme-plan
[107] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/907149/Letter_annualflu_2020_to_2021_update.pdf

7.1.2 Rationale

For most healthy people, influenza (flu) is an unpleasant but usually self-limiting disease. However, older people, pregnant women and those with underlying diseases are at increased risk of severe illness if they catch it.

Flu is a key factor in NHS resilience. It impacts on those who become ill, the NHS services that provide direct care as a result, and on the wider health and social care system. The annual immunisation programme helps to reduce unplanned hospital admissions and pressure on accident and emergency departments. It is a critical element of the systemwide approach for delivering robust and resilient health and care services during winter and this year is more important than ever due to the potential co-circulation of COVID-19.

During the seasonal flu vaccination campaign period, community pharmacy staff identify people eligible for flu vaccination and encourage them to be vaccinated. The community pharmacy service covers eligible patients aged 18 years and older as specified in the Service specification - Community pharmacy seasonal influenza vaccination advanced service document[108], which is informed by the NHS England and NHS Improvement, PHE and DHSC annual Flu Plan[109].

As outlined in the 2020/21 Directed Enhanced Service Specification for flu[110], GP practices should provide the seasonal flu vaccination to all eligible patients registered at the GP practice, unless contraindicated.

Flu vaccination uptake for the 65 years and over age group is very close to the WHO target uptake rate of 75% or more[111]. Cumulative influenza vaccine uptake in GP registered patients in England from 1 September 2019 to 29 February 2020 was 72.4% for patients aged 65 years and over, compared to 72.0% from 1 September 2018 to 28 February 2019[112].

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, we want to facilitate a collaborative approach in a PCN leading to an increase in uptake of flu vaccinations in the eligible population.

[108] https://www.england.nhs.uk/publication/community-pharmacy-seasonal-influenza-vaccine-service/
[109] https://www.gov.uk/government/collections/annual-flu-programme
[110] https://www.england.nhs.uk/publication/directed-enhanced-service-specification-seasonal-influenza-and-pneumococcal-polysaccharide-vaccination-programme-2020-21/
[111] https://www.england.nhs.uk/wp-content/uploads/2019/03/annual-national-flu-programme-2019-to-2020-1.pdf
[112] https://www.gov.uk/government/statistics/seasonal-flu-vaccine-uptake-in-gp-patients-monthly-data-2019-to-2020

The 2019/20 PQS incentivised community pharmacies in a PCN to agree a collaborative approach to engaging with their PCN with a Pharmacy PCN Lead establishing a single channel of communication with the PCN Clinical Director.

This year, an identified Pharmacy PCN Lead should develop this engagement with their PCN further and work closely with the key members of staff of the other pharmacies in the PCN and broader local system to discuss, understand and be able to describe how community pharmacies will support and deliver local improvement programmes for flu delivery, aligned to national priorities.

The Pharmacy PCN Lead will need to engage with the PCN Clinical Director and other relevant local stakeholders to agree how community pharmacies in the PCN will collaborate with general practices to support and deliver these local improvement programmes.

7.1.3 Quality criteria

In 2020/21, but prior to the day of the declaration, the contractor must have engaged with the Pharmacy Primary Care Network Lead (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:

- engage with all the community pharmacies in the PCN that wish to be involved, to agree how they will 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 will collaborate with general practices.

On the day of the declaration, the pharmacy contractor must have demonstrably contributed to the PCN achieving 70.1% or above for flu vaccination to patients aged 65 and over. This can be evidenced by the number of vaccines they have administered to eligible patients between 1 September 2020 and 31 January 2021, with this number being one or greater. Points will be allocated in accordance with a sliding linear scale starting from 70.1% up to a maximum allocation of points on achievement of 77.0% or above for the 6 bands. For more detail please see the table below:

Primary Care Network prevention domain – point allocation to bands 1 to 6 depending on the sliding scale for increase in the uptake of flu vaccination to patients aged 65 and over.

	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 wish to claim for this domain must declare on the day of the declaration that they have 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 1 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. Pharmacy contractors should be aware that if their PCN wishes to challenge the data underpinning the point allocation, they will be able to do so. However, this will delay the reconciliation payment.

7.1.4 Reporting

The following must be submitted to us on the MYS application by the non-Pharmacy PCN Lead contractor:

- a declaration that the contractor has 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 31 March 2021, vaccinated by the contractor between 1st September 2020 and 31st January 2021;
- the name of the PCN* to which they have aligned;
- the appointed Pharmacy PCN* Lead for the PCN*; and
- the pharmacy name and ODS code for the Pharmacy PCN* lead.

The following must be submitted to us on the MYS application by the contractor where the Pharmacy PCN Lead is based:

- A declaration that the Pharmacy PCN** lead has engaged with the PCN Clinical Director to agree how community pharmacies in the PCN* will collaborate 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 31 March 2021, vaccinated by the contractor between 1st September 2020 and 31st January 2021;
- the ODS codes of the pharmacies who have engaged in the process for increasing the uptake of flu vaccination to patients aged 65 and over.
- a declaration that they are the appointed Pharmacy Lead for that PCN**;
- the name of the PCN*; and
- a declaration that the Pharmacy PCN** lead has notified the LPC in which the PCN* lies that they are the appointed pharmacy Lead for the named PCN*.

* Where a PCN has disbanded and the pharmacy is no longer able to realign with another PCN, the pharmacy should collaboratively work with the other pharmacies in the disbanded PCN area as agreed with the NHS England and NHS Improvement regional team for that area. In order to receive payment this needs to be agreed in advance of the declaration with the regional team in conjunction with the LPC.
** For pharmacies in a disbanded PCN area this will be the pharmacy lead for the area, agreed with the NHS England and NHS Improvement contract manager for that area.

7.2 Primary Care Network (PCN) business continuity discussions

7.2.1 Aim

The aim of this domain is 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. The secondary aims are for pharmacy teams to share best practice and to further develop relationships across their PCN.

7.2.2 Rationale

In the context of COVID-19, effective business continuity planning is more important than ever. In PQS 2020/21 Part 1 Essential Criteria Checklist, contractors are required to have reviewed and, as appropriate, updated business continuity plans for the COVID-19 pandemic. This includes Emergency Business Continuity Planning for any potential closure(s), identifying one or more local pharmacies which can support and provide pharmaceutical services for patients whilst their normal pharmacy is closed.

This domain in PQS 2020/21 Part 2 builds on the business continuity work by recognising the impact that the temporary closure of an individual pharmacy or general practice can 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.

Adverse impact of a temporary closure on patients' care can be mitigated by effective planning in advance of such as situation. The impact on other contractors and general practices in the PCN can be mitigated by ensuring appropriate information in business continuity plans and key contact details to use in an emergency being shared in advance across the PCN.

7.2.3 Quality criteria

This criterion recognises the impact that the temporary closure of an individual pharmacy or general practice can 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.

Any adverse impact of such a temporary closure on patients, other contractors and general practices in the PCN can be mitigated by ensuring appropriate information on business continuity plans, and key contact details to use in an emergency, are shared

in advance across the PCN. The aim of this criterion is to facilitate a coordinated response through liaison with other contractors and general practices, as appropriate, when a temporary closure occurs, whilst recognising that the responsibility to enact a business continuity plan remains with the individual contractor.

On the day of the declaration, 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.
- 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.
- 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.

On the day of the declaration, 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.

7.2.4 Reporting

The following must be submitted to us on the MYS application by the non-Pharmacy PCN Lead contractor:

- a declaration that they have participated in a group business continuity discussion with the Pharmacy PCN** Lead and other contractors in the PCN and any actions identified have 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.

The following must be submitted to NHS England and NHS Improvement on the MYS application by the contractor where the Pharmacy PCN Lead is based:

- a declaration that they have facilitated the organisation of the group business continuity discussion, for all contractors in the PCN who wish to take part in the business continuity discussions;
- a declaration that they have participated in the above group business continuity discussion with other contractors in the PCN* and any actions identified have been demonstrably completed by the day of the declaration;
- the ODS codes of the pharmacies who have taken part in your business continuity discussion.
- a declaration that they are the appointed Pharmacy Lead** for that PCN*;
- the name of the PCN*; and
- a declaration that the Pharmacy PCN** lead has notified the LPC in which the PCN* lies that they are the appointed pharmacy Lead for the named PCN*.

* Where a PCN has disbanded and the pharmacy is no longer able to realign with another PCN, the pharmacy should collaboratively work with the other pharmacies in the disbanded PCN area as agreed with the NHS England and NHS Improvement regional team for that area. In order to receive payment this needs to be agreed in advance of the declaration with the regional team in conjunction with the LPC.
** For pharmacies in a disbanded PCN area this will be the pharmacy lead for the area, agreed with the NHS England and NHS Improvement contract manager for that area.

8. Payments and declarations

Pharmacy contractors who have evidence demonstrating that they met all of the for PQS 2020/21 Part 1 Essential Criteria Checklist, and successfully declared as such via the MYS portal by 29 January 2021, can make a declaration for the PQS 2020/21 Part 2. The declaration must be claimed between 09:00 on 1 February 2021 and 23:59 on 26 February 2021 through the NHSBSA's MYS application[113].

Pharmacies on the pharmaceutical list in England can take part in the PQS and earn a payment for meeting the scheme requirements. This does not include Local Pharmaceutical Services (LPS) contracts. However, we may make local payments that are equivalent to the PQS where LPS contracts mirror the contractual arrangements of those of the CPCF. These payments would also need to be claimed via the NHSBSA MYS PQS payment declaration. LPS contractors who wish to take part in an equivalent to the PQS but are unsure if they would be eligible, should contact their local NHS England and NHS Improvement team for advice. Contact details for local teams are available on the NHS England website[114].

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

Contractors who are new to the list, either as new pharmacies or as new owners of existing listed pharmacies must ensure that, when they make their declaration, they are able to demonstrate how the contractor meets the terms of both PQS 2020/21 Part 1 and 2 on the day they make their declaration. The contractor must have evidence of how they have met the requirements of the PQS and cannot use the evidence of a previous or different contractor. If there has been a change of ownership of a pharmacy that results in a change of ODS code, the new contractor would not be able to use the evidence of the previous contractor. A contractor would need to be able to demonstrate how they had undertaken all the work to meet PQS requirements themselves since the change of ownership to meet the PQS requirements.

[113] https://services.nhsbsa.nhs.uk/nhs-prescription-services-submissions/login
[114] https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-contract-teams/

For example, a contractor taking over a pharmacy (or opening a pharmacy) would need to have evidence demonstrating how they, the contractor with the ODS code on the declaration, has:

- completed all elements of PQS 2020/21 Part 1 Essential Criteria Checklist
- completed the declaration on the MYS application that all criteria of PQS 2020/21 Part 1 Essential Criteria Checklist have been completed
- met the requirements of PQS 2020/21 Part 2

A contractor that has not made a declaration of meeting the requirements of PQS 2020/21 Part 1: Essential Criteria Checklist will not be eligible for PQS 2020/21 Part 2. Where a pharmacy has changed ownership after the declaration for PQS 2020/21 Part 1 has already been made, but before a declaration for PQS 2020/21 Part 2 has been made and they have had a change of ODS code, then the new contractor will need to make a new PQS 2020/21 Part 1 declaration. A contractor in this situation will have until 29 January 2021 to make this declaration for PQS 2020/21 Part 1.

For PQS 2020/21 Part 1, Pharmacy contractors must claim payment by the 5th of the month following completion of all of the requirements of the checklist through the Manage Your Service (MYS) application to receive the payment as per the usual schedule of payments (for example claims put between 13 September 2020 and 5 October 2020, will be paid on 30 October 2020). Table 3 below illustrate the payment schedule for PQS 2020/21 Part 1.

Table 3: Payment Schedule for PQS 2020/21 Part 1

Claim dates	Payment Date
6 September 2020 to 5 October 2020	30 October 2020
6 October 2020 to 5 November 2020	01 December 2020
6 November 2020 to 5 December 2020	31 December 2020
6 December 2020 to 5 January 2020	01 February 2021
6 January 2020 to 29 January 2020	01 March 2021

Claims for payment for Part 1 will be accepted until 29 January 2021 (closes at 23:59). Contractors must have evidence to demonstrate that they meet all of the criteria for PQS 2020/21 Part 1 before they make the claim.

For PQS 2020/21 Part 2, contractors will be paid as part of the overall payment made by the NHSBSA to contractors on 1 April 2021.

8.1 Pharmacy Payment Bands

The introduction of payment bands is new for PQS 2020/21 Part 2.

For PQS 2020/21 Part 2 the maximum number of points for each domain will be dependent on a banding system based on the participating contractor's total

prescription item volume between April 2019 and March 2020 according to the NHSBSA's payment data. This will better reflect the workload of meeting the requirements of the PQS for different contractors; acknowledging varying workloads.

The bandings system is shown in Table 1. The maximum number of points that a pharmacy can qualify for is dependent on:

- their total prescription volume between April 2019 and March 2020*/**/***; and
- whether the contractor is claiming for the PCN Lead.

* Contractors, who opened part way through 2019/20, will have their total prescription volume determined as the average number of prescriptions dispensed per month during the months, they were open in 2019/20 multiplied by 12. Please note that for the purpose of the PQS banding only, change in ownership is not treated as a new contractor.

** Contractors, who opened after 31 March 2020, will be placed in band 2 for PQS 2020/21. Please note that, for the purpose of the PQS banding only, change in ownership is not treated as a new contractor.

***Pharmacies, who 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 placed in band 1 to 3. Note that PhAS pharmacies which are in band 5 and 6 according to their prescription volume will be paid according to these bands.

Table 4: Maximum number of points per domain for each band

Band	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6
Annual Items	**0-1,200**	**1,201-30,000**	**30,001-60,000**	**60,001-150,000**	**150,001-230,000**	**230,001 +**
Infection Prevention and Control & Antimicrobial Stewardship	1.25	8.75	18.75	25	37.5	43.75
Prevention	2	14	30	40	60	70
Risk Management	0.5	3.5	7.5	10	15	17.5
Primary Care Network (PCN) Prevention	0.75	5.25	11.25	15	22.5	26.25
Primary Care Network (PCN) Prevention – Pharmacy Lead	15.75	20.25	26.25	30	37.5	41.25
Primary Care Network Business Continuity	0.5	3.5	7.5	10	15	17.5
Primary Care Network (PCN) Business Continuity – Pharmacy PCN Lead	15.5	18.5	22.5	25	30	32.5
Total (non-PCN lead)	**5**	**35**	**75**	**100**	**150**	**175**
Total (Pharmacy PCN Lead)	**35**	**65**	**105**	**130**	**180**	**205**

Confirmation of which band a pharmacy has been put into will be published by the NHSBSA, on their PQS webpage[115], in September 2020 to support contractors in making their aspiration payment declaration should they choose to make one.

Most pharmacies will be in Band 4. This band is for pharmacies which dispensed an average prescription volume between 60,001-150,000 annually in the 2019/20 financial year. A pharmacy within this band can achieve a maximum number of 100 points if they are a non-PCN lead pharmacy and 130 points if they are Pharmacy PCN Lead, as highlighted in Table 3.

The work expected to be completed to meet the requirements of each domain is reflected in the points weighting of the domains.

Contractors claiming for Pharmacy PCN Leads continue to have a higher maximum number of points that they can achieve compared to contractors that are non-

[115] https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/pharmaceutical/dispensing-contractors-information-0

Pharmacy PCN Leads. This reflects the greater level of engagement and work that is expected of this lead role and the points allocated have been trebled to 30 points for 2020/21.

As PCN flu vaccination rates will not be available before the declaration, contractors claiming the PCN Prevention domain, should claim the maximum number of points for this domain (note – the maximum number of points is dependent on the band the contractor is in) in the February 2021 declaration period.

A further reconciliation will take place on 1 June 2021 (aligned to a payment date for the PQS 2021/22 aspiration payment) when final data on the increase to the uptake of flu vaccination to patients aged 65 and over in each PCN (PCN Prevention domain) will become available. See section 7.1 Influenza vaccination service.

Where two pharmacies have consolidated, in accordance with Regulation 29A, since 1 April 2019, the item volume for the continuing pharmacy will be used to consider the PQS bandings. The item volume for the closing pharmacy will not be attributed to the continuing pharmacy. This is not the same as a change in ownership situation.

The total funding for PQS 2020/21 is £75 million. The funding for PQS 2020/21 Part 2 will be £56.25 million plus any unclaimed funding from the £18.75 million attributed to PQS 2020/21 Part 1. The funding will be divided between qualifying pharmacies based on the number of points they have achieved up to a maximum £96 per point. Each point will have a minimum value of £48, based on all pharmacy contractors achieving maximum points. Payments will be made to eligible contractors depending on; the band they are placed in, how many domains they have declared they are meeting and whether they are claiming for the Pharmacy PCN Lead activity.

If there are any unclaimed points for the Pharmacy PCN Lead, the unclaimed sum will be equally distributed amongst all pharmacy contractors who are eligible for the PQS payment. This will be achieved through an additional uplift to the value per point.

8.1.2 Aspiration payment

The aspiration payment must be claimed between 09:00 on 14 September 2020 and 23:59 on 9 October 2020 through the NHSBSA's MYS application[116].

There will be a single declaration in February 2021 for the PQS 2020/21 Part 2 however, the aspiration payment is optional for pharmacy contractors and not

[116] https://services.nhsbsa.nhs.uk/nhs-prescription-services-submissions/login

claiming it will not impact on the pharmacy contractor's ability to claim payment for the PQS 2020/21 Part 2.

The aspiration payment for each domain, is paid to the contractor on the understanding that the contractor will have made a declaration that they have completed PQS 2020/21 Part 1: Essential Criteria by 23:59 on 29 January 2020. If a contractor fails to complete and declare meeting the PQS 2020/21 Part 1: Essential Criteria, they would not be eligible for the PQS 2020/21 Part 2, and the subsequent aspiration payment. If an aspiration payment is claimed but the contractor then fails to submit their declaration of meeting the PQS 2020/21 Part 1: Essential Criteria before the 29 January then the aspiration payment will be reclaimed.

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.

Pharmacy contractors will need to make a declaration to the NHSBSA using MYS and indicate which domains they intend to achieve before the end of the declaration period (between 09:00 on 14 September 2020 and 23:59 on 9 October 2020). Further information can be found in 8.2.1 Manage Your Service.

The maximum number of points for which a pharmacy can be paid an aspiration payment is 70% of the number of points within 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 paid to contractors on 30th October 2020.

The aspiration payment will be initially reconciled with payment for the PQS 2020/21 Part 2 on 1 April 2021.

Part VIIA[117] of the Drug Tariff for PQS has worked examples of how the aspiration payment will work in practice.

In making a declaration for an aspiration payment, contractors are thereby accepting that a reconciliation will take place; and that their final PQS payment

[117] https://www.nhsbsa.nhs.uk/sites/default/files/2020-08/Drug%20Tariff%20Part%20VIIA%20Pharmacy%20Quality%20Scheme%2028082020.pdf

will be adjusted to either recover an overpayment or to receive a further payment based on the declaration made in February 2021.

For contractors who have ceased trading between receiving an aspiration payment and the commencement of the declaration period in February 2021, or where there is a change of ownership during the course of 2020/21 which results in a new ODS code for the contractor and the previous contractor received an aspiration payment and does not make a declaration in February 2021, this aspiration payment will be recovered.

A new contractor cannot rely upon the PQS activities conducted by a previous contractor for PQS payment where a change of ownership has resulted in a new ODS code being issued for the contractor.

8.2 Declarations

8.2.1 Manage Your Service

The payment declarations for the aspiration payment and the PQS must be submitted online via the NHSBSA's MYS application[118].

Contractors who have not registered with MYS are advised to do so well ahead of the start of the relevant declaration period. The NHSBSA has developed The MYS registration guide[119] to assist with the sign up process.

Contractors who already have a registered MYS account can access the platform via the NHSBSA website[120].

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

Further support on MYS is available in the 'Frequently asked questions on MYS', which can be found on the PSNC website[121].

8.3 Declaration process

Contractors can make their aspiration and PQS declarations at any time during the specified declaration periods.

[118] https://services.nhsbsa.nhs.uk/nhs-prescription-services-submissions/login
[119] https://www.nhsbsa.nhs.uk/sites/default/files/2019-08/Manage%20Your%20Service%20Registration%20and%20Log-in%20Guide.docx
[120] NHSBSA's MYS application
[121] https://psnc.org.uk/services-commissioning/nhsbsa-manage-your-service-mys-application/

The aspiration payment must be claimed between 09:00 on 14 September 2020 and 23:59 on 9 October 2020; and the PQS must be claimed between 09:00 on 1 February 2021 and 23:59 on 26 February 2021.Further information on how to claim can be found in 8.1.2 Aspiration payment.

For the PQS 2020/21 Part 2 declaration, contractors will be required to confirm in their declaration that they have the evidence that they meet any quality criteria that they are claiming for on the day of their declaration. 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.

No PQS declaration submissions will be accepted after 23:59 on 26 February 2021. Contractors are advised to complete their submissions early in the declaration window to ensure that they meet the specified declaration timescales.

MYS allows a contractor to start their declaration and then return to it later should this be necessary. Where a declaration has been started but not submitted, it will not be eligible for payment.

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.

9. Validation of claims

NHS England and NHS Improvement has a duty to be assured that where contractors choose to take part in the PQS that they meet the requirements of the scheme and earn the payments claimed. We will continue to work with the NHSBSA Provider Assurance Team to undertake verification checks on all declarations. The verification checks include comparing the information provided by contractors in their declarations against the datasets available and evidence sources.

Contractors must have submitted a declaration that they have completed all of the criteria of PQS 2020/21 Part 1 to be eligible to take part in PQS 2020/21 Part 2. The declaration for PQS 2020/21 Part 2 will only be accessible to a contractor who has made a declaration of completing PQS 2020/21 Part 1 Essential Criteria Checklist (see section 2. Gateway criteria and section 8. Payments and declarations for specific requirements).

When contractors make their submission for PQS 2020/21 Part 1, contractors are making a declaration that they meet all the criteria in the PQS 2020/21 Part 1: Essential Criteria Checklist.

When contractors make their submission for PQS 2020/21 Part 2, contractors are making a declaration that they meet all of the quality criteria in each of the domains they are claiming for. It is the contractor's responsibility to be able provide evidence of meeting the scheme requirements and this may be required by the NHSBSA on our behalf for post-payment verification if a contractor's PQS declaration cannot be verified using other evidence sources.

In cases where we consider that a claim has been made for a PQS payment for which the contractor is not eligible, it will be treated as an overpayment. In such cases, contractors will be contacted by the NHSBSA and notified of the overpayment recovery process. Any overpayment recovery would not prejudice any action that we may also seek to take under its performance related sanctions and market exit powers under The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013[122].

9.1 Provider assurance

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

[122] https://www.legislation.gov.uk/uksi/2013/349/contents/made

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

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

It is essential that contractors experiencing any difficulty with collating evidence of meeting the scheme requirements or making the declarations for:

- PQS 2020/21 Part 1 Essential Criteria checklist
- The aspiration payment
- PQS 2020/21 Part 2

contact the NHSBSA Provider Assurance Team to make them aware of these difficulties at the time the difficulties occur. This will enable the NHSBSA to provide support to resolve the difficulty; or in the unlikely event of not being able to do so, to escalate the problem to us to resolve. This will not be possible after the declaration windows close and, if the declaration is not submitted, this will result in the payment not being made.

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

The Pharmaceutical Services Negotiating Committee (PSNC) has supported the production of this guidance. They have also developed a webpage[123] that provides further information, additional resources and frequently asked questions on PQS.

[123] https://psnc.org.uk/pqs

10. Annexes

Annex 1

Reflecting on your previous risk review

What actions did you take to minimise the risk?	
How did these actions affect the risk?	
Describe any further actions you need to take at premises level to minimise risk going forward.	

Completion of CPPE risk management training is recommended. It may help you complete this form.

The content of this form is derived from an assessment by the individual team members involved in identifying and reviewing the risk at a local level and is based upon their current skills, knowledge and experience. The views expressed may not represent the views of their employer and/or the profession.

Annex 2

Risk Review (complete if NOT declared in February 2020 Quality Criteria)

If using this template, <u>all columns</u> must be populated, and actions must be completed by agreed dates

Date risk identified	Description of Risk	Impact (Severity) Scale 1-5*	Likelihood (Probability) Scale 1-3*	Risk Rating†	Actions required	Person resp. (initials)	Date actions to be completed by	Date of next review

What actions did you take to minimise the risk?	
How did these actions affect the risk?	
Describe any further actions you need to take at premises level to minimise risk going forward.	

Completion of CPPE risk management training is recommended. It may help you complete this form.

The content of this form is derived from an assessment by the individual team members involved in identifying and reviewing the risk at a local level and is based upon their current skills, knowledge and experience. The views expressed may not represent the views of their employer and/or the profession.

Definitions

Further information to support the assessment and scoring for a Risk Review is available in the tables below and on pages 23-24 of the CPPE risk management guide

*** Impact / severity** score of 1 = low severity / negligible; 5 = high severity / death

Severity	**1**	**2**	**3**	**4**	**5**
Descriptor	**Negligible / no harm**	**Low harm**	**Moderate harm**	**Severe harm**	**Death**
Definition	Any unexpected or unintended incident that causes or could cause no or negligible harm	Any unexpected or unintended incident that causes or could cause minimal harm to one or more persons	Any unexpected or unintended incident that causes or could cause short term harm to one or more persons	Any unexpected or unintended incident that causes or could cause permanent or long-term damage to one or more persons	Any unintended or unexpected incident that causes or could cause the death of one or more persons

* **Likelihood / probability** score of 1 = low probability; 5 = high probability

Probability	**1**	**2**	**3**
Descriptor	**Possible**	**Probable**	**Likely**
Definition	Unlikely to occur (eg once per year) and/or has occurred once previously	Reasonable chance of occurring (eg occurring a few times per year)	More likely to occur than not (eg once per month to once per week)

† **Risk rating** generated by multiplying the severity and probability scores

10-15	**High risk**	Agree immediate actions; escalate risk within organisation (eg to Superintendent Pharmacist) if appropriate
5-9	**Medium risk**	Make improvements and complete actions within agreed timescale
1-4	**Low risk**	Continue to review and manage risk by routine procedure

Completion of CPPE risk management training is recommended. It may help you complete this form.

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Annex 3

Sepsis Risk Review

If using this template, <u>all columns</u> must be populated, and actions must be completed by agreed dates

Date risk identified	Description of Risk	Impact (Severity) Scale 1-5*	Likelihood (Probability) Scale 1-3*	Risk Rating†	Actions required	Person resp. (initials)	Date actions to be completed by	Date of next review
	For example, missing sepsis identification							

Completion of CPPE risk management training is recommended. It may help you complete this form.

The content of this form is derived from an assessment by the individual team members involved in identifying and reviewing the risk at a local level and is based upon their current skills, knowledge and experience. The views expressed may not represent the views of their employer and/or the profession.

Definitions

Further information to support the assessment and scoring for a Risk Review is available in the tables below and on pages 23-24 of the CPPE risk management guide

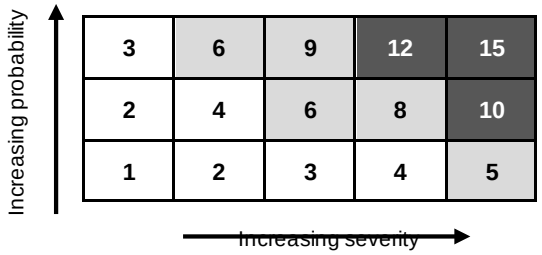
*** Impact / severity** score of 1 = low severity / negligible; 5 = high severity / death

Severity	**1**	**2**	**3**	**4**	**5**
Descriptor	**Negligible / no harm**	**Low harm**	**Moderate harm**	**Severe harm**	**Death**
Definition	Any unexpected or unintended incident that causes or could cause no or negligible harm	Any unexpected or unintended incident that causes or could cause minimal harm to one or more persons	Any unexpected or unintended incident that causes or could cause short term harm to one or more persons	Any unexpected or unintended incident that causes or could cause permanent or long-term damage to one or more persons	Any unintended or unexpected incident that causes or could cause the death of one or more persons

* **Likelihood / probability** score of 1 = low probability; 5 = high probability

Probability	**1**	**2**	**3**
Descriptor	**Possible**	**Probable**	**Likely**
Definition	Unlikely to occur (eg once per year) and/or has occurred once previously	Reasonable chance of occurring (eg occurring a few times per year)	More likely to occur than not (eg once per month to once per week)

† **Risk rating** generated by multiplying the severity and probability scores



10-15	**High risk**	Agree immediate actions; escalate risk within organisation (e.g. to Superintendent Pharmacist) if appropriate
5-9	**Medium risk**	Make improvements and complete actions within agreed timescale
1-4	**Low risk**	Continue to review and manage risk by routine procedure

Completion of CPPE risk management training is recommended. It may help you complete this form.

The content of this form is derived from an assessment by the individual team members involved in identifying and reviewing the risk at a local level and is based upon their current skills, knowledge and experience. The views expressed may not represent the views of their employer and/or the profession.