

---

**PHARMACY QUALITY SCHEME (ENGLAND)**


---

**Pharmacy Quality Scheme (PQS) 2021/2022**
**1. Gateway criteria.**

- 1.1 Subject to paragraph 3.2, to qualify for the Pharmacy Quality Scheme (PQS) 2021/22 payment, on the day of the declaration (which must be made between 09:00 on 31 January 2022 and 23:59 on 25 February 2022) pharmacy contractors will have to meet all of the gateway criteria in Table 1.
- 1.2 Meeting the gateway criteria will not, in and of itself, earn a PQS payment for the pharmacy contractor, as these payments are also subject to the payment conditions relating to the domains, which are made up of the quality criteria set out in section 2.

**Table 1. Gateway criteria**

| Gateway criteria name   | Gateway criteria description   |
|---|--|
| <b>Advanced services</b>  | New Medicine Service (NMS) – the contractor must have claimed payments for the completion of a minimum of 20 NMS between 1 April 2021 and 5 April 2022.  |
| <b>Safety report and demonstrable learnings from the CPPE LASA e-learning</b> | <p>On the day of the declaration, all registered pharmacy professionals working at the pharmacy must have satisfactorily completed the <u>CPPE reducing look-alike, sound-alike (LASA) errors e-learning</u><sup>1</sup> and passed the <u>e-assessment</u><sup>2</sup>.</p> <p>On the day of the declaration, pharmacies must have a new written safety report (new since February 2020 when this criterion was last included in PQS or covering the last two years if not previously claimed), at premises level, available for inspection from the day of the declaration covering analysis of incidents and incident patterns (taken from an ongoing log), evidence of sharing learning locally and nationally, and actions taken in response to national patient safety alerts.</p> <p>Demonstrable learnings from the CPPE LASA e-learning must be incorporated into the safety report. This must include a review of, and subsequent actions, where mitigation taken has failed to prevent a LASA incident or LASA near miss from occurring.</p> <p>Demonstrably, the pharmacy contractor actively identifies and manages the risks at premises level associated with the following LASA medicines combinations identified from the National Reporting and Learning System (NRLS) propranolol and prednisolone, amlodipine and amitriptyline, carbamazepine and carbimazole, rivaroxaban and rosuvastatin, atenolol and allopurinol.</p> <p>Demonstrably, the pharmacy contractor has put in place actions to prevent these risks, for example, physical separation, staff awareness raising, visual warnings, tags or labels on shelving, fatigue reduction strategies or enhanced checking procedures for these.</p> <p>There must be demonstrable evidence of all actions identified in the patient safety report having been implemented.</p> |

<sup>1</sup> <https://www.cppe.ac.uk/programmes//safetylasa-e-01/>

<sup>2</sup> <https://www.cppe.ac.uk/programmes//?t=safetyLASA-A-02&evid=>

---

---

**PHARMACY QUALITY SCHEME (ENGLAND)**


---

| Gateway criteria name | Gateway criteria description   |
|-----------------------|--|
|                       | <p>Demonstrably, the pharmacy contractor uploads any LASA incident reports to the NRLS or to the Learn from patient safety events (LFPSE) system and keeps a record for confirmation of this activity at the pharmacy premises or within any electronic reporting system used by the contractor. In the description of what happened in the NRLS or the LFPSE report, the contractor must include the text 'LASA' as an identifier to facilitate future national learning.</p> <p>Submission of information to NHS England and NHS Improvement should be reported on the Manage Your Service (MYS) application and should include:</p> <ul style="list-style-type: none"> <li>- the total number of registered pharmacy professionals (including pharmacists and pharmacy technicians) working at the pharmacy who have satisfactorily completed the <u>CPPE reducing look-alike, sound-alike errors (LASA) e-learning</u><sup>1</sup> training and passed the <u>e-assessment</u><sup>2</sup>;</li> <li>- a declaration that the contractor has a new written safety report (i.e., new since February 2020 when this criterion was last included in PQS or covering the last two years if not previously claimed) at premises level available for inspection from the day of the declaration, covering analysis of incidents and incident patterns (taken from an ongoing log), evidence of sharing learning locally and nationally, and actions taken in response to national patient safety alerts; and</li> <li>- a declaration that demonstrable learnings from the <u>CPPE reducing look-alike, sound-alike errors (LASA) e-learning</u><sup>1</sup> have been incorporated into the safety report.</li> </ul> |
| <b>Risk review</b>    | <p><b>On the day of the declaration (applies to ALL contractors):</b></p> <p>All registered pharmacy professionals working at the pharmacy must have satisfactorily completed the <u>CPPE risk management training</u><sup>3</sup> and passed the <u>e-assessment</u><sup>4</sup>.</p> <p>The contractor must have available, at premises level, a new risk review to include management to minimise the risk of transmission for COVID-19 as a new risk as part of the review. Contractors must record demonstrable risk minimisation actions that have been undertaken to mitigate this risk. These actions may include recommendations and best practice from the latest <u>Infection Prevention and Control (IPC) guidance</u><sup>5</sup> to protect staff, patients and members of the public in the pharmacy.</p> <p>All registered pharmacy professionals working at the pharmacy must have satisfactorily completed the <u>CPPE sepsis online training</u><sup>6</sup> and passed the <u>e-assessment</u><sup>7</sup>.</p> <p><b>AND</b></p> <p><b>For contractors who DID declare as having met the Risk management domain for the Pharmacy Quality Scheme 2020/21 (Part 2):</b></p>   |

<sup>3</sup> <https://www.cppe.ac.uk/programmes//riskman-g-02/>

<sup>4</sup> <https://www.cppe.ac.uk/programmes//?t=RiskManG-A-02&evid=49442>

<sup>5</sup> <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>

<sup>6</sup> <https://www.cppe.ac.uk/gateway/sepsis>

<sup>7</sup> <https://www.cppe.ac.uk/programmes//sepsis-a-02/>

---

## PHARMACY QUALITY SCHEME (ENGLAND)

| Gateway criteria name | Gateway criteria description   |
|-----------------------|--|
|                       | <p>On the day of the declaration, the contractor must have available, at premises level, an update of the previous risk review undertaken as part of the PQS 2020/21 (that is, updated since PQS 2020/21 Part 2). This update must include a recorded reflection on the identified risks and the risk minimisation actions that the pharmacy team has been taking and any subsequent actions identified must be demonstrably completed as a result of this reflection.</p> <p><b>OR</b></p> <p><b>For contractors who DID NOT declare as having met the Risk management domain for the Pharmacy Quality Scheme 2020/21 (Part 2):</b></p> <p>On the day of the declaration, the contractor must have available, at premises level, a new risk review for:</p> <ul style="list-style-type: none"> <li>- The risk of missing red flag symptoms during over the counter (OTC) consultations; and</li> <li>- The risk of missing sepsis identification.</li> </ul> <p>When making a declaration for this criterion, the following information must be reported on the MYS application:</p> <p><b>For all contractors:</b></p> <ul style="list-style-type: none"> <li>- the total number of registered pharmacy professionals working at the pharmacy who have satisfactorily completed the <u>CPPE risk management training</u><sup>3</sup> and passed the associated <u>e-assessment</u><sup>4</sup>.</li> <li>- a declaration that the pharmacy has available, at premises level, a new risk review undertaken as part of the PQS 2021/22 which includes: <ul style="list-style-type: none"> <li>- minimising the risk of transmission for COVID-19;</li> <li>- the risk minimisation actions that the pharmacy team has been taking; and</li> <li>- any subsequent actions identified and demonstrably completed as a result of this reflection.</li> </ul> </li> <li>- the total number of registered pharmacy professionals working at the pharmacy who have completed the <u>CPPE sepsis online training</u><sup>6</sup> and passed the associated <u>e-assessment</u><sup>7</sup>.</li> </ul> <p><b>AND</b></p> <p><b>For contractors who DID declare as having met the Risk management domain for the Pharmacy Quality Scheme 2020/21 (Part 2):</b></p> <ul style="list-style-type: none"> <li>- the pharmacy has available, on the day of the declaration at premises level, an update of the previous risk review undertaken as part of the PQS 2020/21 which includes the risk minimisation actions that the pharmacy team has been taking; and any subsequent actions identified and demonstrably completed as a result of these reflections for: <ul style="list-style-type: none"> <li>- the risk of missing red flag symptoms during OTC consultations; and</li> <li>- the risk of missing sepsis identification.</li> </ul> </li> </ul> |

**PHARMACY QUALITY SCHEME (ENGLAND)**

| Gateway criteria name | Gateway criteria description   |
|-----------------------|--|
|                       | <p><b>OR</b></p> <p><b>For contractors who DID NOT declare as having met the Risk management domain for the Pharmacy Quality Scheme 2020/21 (Part 2):</b></p> <ul style="list-style-type: none"> <li>- a declaration that the pharmacy has available, on the day of the declaration at premises level, a new risk review undertaken as part of the PQS 2021/22 which includes the risk minimisation actions that the pharmacy team has been taking; and any subsequent actions identified and demonstrably completed as a result of these reflections for:               <ul style="list-style-type: none"> <li>- the risk of missing red flag symptoms during OTC consultations; and</li> <li>- the risk of missing sepsis identification.</li> </ul> </li> </ul> |

1.3 In relation to training requirements listed within the Safety report and demonstrable learnings from the CPPE LASA e-learning and the Risk review gateway criteria, 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 satisfactorily 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 they are meeting this criterion.

**2. PQS 2021/22 domains**

2.1 Pharmacy contractors who have evidence demonstrating that they have met all of the gateway criteria on the day of the declaration (which must be made between 09:00 on 31 January 2022 and 23:59 on 25 February 2022) will receive a PQS payment, provided they have evidence demonstrating meeting one or more of the domains in Table 2 (please note, contractors must meet all of the quality criteria in each domain to be eligible for a PQS payment in respect of that domain). The overall level of the PQS payment will depend on how many of the domains the pharmacy contractor declares it meets.

**Table 2. Domains and quality criteria**

| Domain                            | Quality criteria   |
|-----------------------------------|--|
| Medicines safety and optimisation | <p><b>High risk medicines - anticoagulation audit</b></p> <p>The audit aims to minimise preventable harm from the high-risk medicines - oral anticoagulants, including direct-acting oral anticoagulants (DOACs)</p> <p>On the day of the declaration, contractors must have implemented, into their day-to-day practice, the findings and recommendations from the 2017 Specialist Pharmacy Service clinical audit on anticoagulants, which are included in the revised audit of anticoagulants.</p> <p>The pharmacy must then complete the revised audit within the PQS guidance found at: <a href="https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-quality-payments-scheme/pqs/">https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-quality-payments-scheme/pqs/</a>, including notifying the patient's GP where concerns are identified, sharing their anonymised data with NHS England and NHS Improvement, and incorporating any learning from the audit into future practice.</p> <p>The audit must be carried out over two weeks with a minimum of 15 patients or four weeks if 15 patients are not achieved within two weeks, and there must be a follow up of any patient that is referred to their prescriber to identify what actions were taken. Contractors must have completed the anticoagulant audit by the day of their declaration. The information that needs to be submitted to NHS England and NHS Improvement is included in the audit document and must be reported on the MYS application.</p> |

## PHARMACY QUALITY SCHEME (ENGLAND)

| Domain      | Quality criteria  |
|-------------|---|
| Respiratory | <p><b>Asthma/COPD</b></p> <p><b>Personalised asthma action plans and promoting spacer device use in children prescribed pressurised metered dose inhalers (pMDIs)</b></p> <p>On the day of the declaration, the pharmacy contractor must have evidence that they have ensured that:</p> <ul style="list-style-type: none"> <li>• all children aged 5 to 15 dispensed inhaled press and breathe pMDI for asthma have a spacer device, where appropriate, in line with NICE TA38; and</li> <li>• all patients, 5 years and above with asthma have a personalised asthma action plan.</li> </ul> <p>The pharmacy contractor must be able to show that pharmacy staff have referred patients with asthma to an appropriate healthcare professional where this is not the case.</p> <p>When making a declaration for this criterion, the following information must be reported on the MYS application:</p> <ul style="list-style-type: none"> <li>• the total number of children aged 5 to 15 that they have referred for a spacer device, where appropriate, in line with NICE TA38; and</li> <li>• the total number of patients 5 years and above with asthma that they have referred to have a personalised asthma action plan.</li> </ul> <p><b>Inhaler technique checks for patients prescribed a new inhaler with asthma or COPD during the COVID-19 pandemic</b></p> <p>On the day of the declaration, the pharmacy contractor must be able to evidence that pharmacy staff have identified patients with asthma or COPD, who were prescribed a new inhaler (i.e. for the first time or changed to a new inhaler device) between 1 April 2020 to 31 August 2021 but did not have their inhaler technique checked due to the COVID-19 pandemic, have since been offered an inhaler technique check as part of the catch-up NMS arrangements.</p> <p>All pharmacists working at the pharmacy, who are providing inhaler technique checks, as part of the catch-up NMS arrangements, must have satisfactorily completed the <a href="#">CPPE inhaler technique for health professionals: getting it right e-learning</a><sup>8</sup> or attended a CPPE face-to-face or online inhaler technique workshop and passed the <a href="#">e-assessment</a><sup>9</sup> (the e-assessment must be completed if you have completed the e-learning or attended the face-to-face/online workshop) before providing inhaler technique checks.</p> <p>Where appropriate, pharmacists can conduct remote inhaler technique checks, as part of the catch-up NMS arrangements, as described in the following paper: <a href="#">Taskforce for Lung Health position paper on optimising inhaler technique remotely</a><sup>10</sup>.</p> |

<sup>8</sup> <https://www.cppe.ac.uk/programmes//inhalers-e-02>

<sup>9</sup> <https://www.cppe.ac.uk/programmes//?t=Inhalers-A-08&evid=>

<sup>10</sup> [https://cdn.shopify.com/s/files/1/0221/4446/files/Position\\_paper\\_on\\_optimising\\_inhaler\\_technique\\_remotely\\_FINAL.pdf?v=1615466185&ga=2.18181175.1772335718.1625304849-1204043449.1621442803](https://cdn.shopify.com/s/files/1/0221/4446/files/Position_paper_on_optimising_inhaler_technique_remotely_FINAL.pdf?v=1615466185&ga=2.18181175.1772335718.1625304849-1204043449.1621442803)

## PHARMACY QUALITY SCHEME (ENGLAND)

| Domain | Quality criteria  |
|--------|---|
|        | <p>When making a declaration for this criterion, the following information must be reported on the MYS application:</p> <ul style="list-style-type: none"> <li>• the total number of pharmacists working at the pharmacy who have satisfactorily completed the <u>CPPE inhaler technique for health professionals: getting it right training</u><sup>8</sup> and passed the <u>e-assessment</u><sup>9</sup>;</li> <li>• the total number of pharmacists working at the pharmacy who have attended a CPPE face-to-face/online inhaler technique workshop and passed the <u>e-assessment</u><sup>9</sup>;</li> <li>• the total number of patients identified as having been prescribed an inhaler for the first time or changed to a new inhaler device between 1 April 2020 and 31 August 2021 who were asked if they have had an inhaler technique check during that time;</li> <li>• the total number of patients who answered no to the previous question and were offered a catch-up NMS, including an inhaler technique check;</li> <li>• the total number of patients who were subsequently provided with a face-to-face catch-up NMS, including an inhaler technique check;</li> <li>• the total number of patients who were subsequently provided with a remote catch-up NMS, including an inhaler technique check; and</li> <li>• the total number of patients who were referred to their prescriber due to issues identified during a catch-up NMS.</li> </ul> <p><b>Return of unwanted and used inhalers</b></p> <p>On the day of the declaration, all patient-facing pharmacy staff working at the pharmacy have been trained on the reasons why used, unwanted and expired inhalers should be returned to the pharmacy for safe disposal and the adverse effects on the environment when inhalers are disposed of in domestic waste.</p> <p>On the day of the declaration, the pharmacy must be able to evidence that they have spoken (a verbal conversation rather than written communication) with all patients, their carer or representatives, for whom they have dispensed an inhaler between 1 September 2021 to 31 January 2022, about the environmental benefits of them returning all unwanted and used inhaler devices to a community pharmacy for safe and environmentally friendly disposal. Discussions can be supplemented with other communication methods such as leaflets, emails and texts.</p> <p>When making a declaration for this criterion, the following information must be reported on the MYS application:</p> <ul style="list-style-type: none"> <li>• the total number of patient-facing pharmacy staff working at the pharmacy who have been trained on the reasons why used, unwanted and expired inhalers should be returned to the pharmacy for safe disposal and the adverse effects on the environment when inhalers are disposed of in domestic waste; and</li> <li>• the total number of conversations had with patients and/or their carer or representatives on the safe and environmentally friendly disposal of their inhaler.</li> </ul> |

## PHARMACY QUALITY SCHEME (ENGLAND)

| Domain  | Quality criteria   |        |        |        |        |        |        |        |   |        |        |        |        |        |        |
|---|--|--------|--------|--------|--------|--------|--------|--------|---|--------|--------|--------|--------|--------|--------|
| Digital   | <p><b>Remote consultation skills</b></p> <p>On the day of the declaration, all registered pharmacy professionals working at the pharmacy have satisfactorily completed the CPPE remote consultation skills e-learning<sup>11</sup> (please note there is no e-assessment for this e-learning). The contractor must, where relevant and not already undertaken, update their standard operating procedures (SOPs) in relation to the provision of remote consultations.</p> <p>When making a declaration for this criterion, the following information must be reported on the MYS application:</p> <ul style="list-style-type: none"> <li>the total number of registered pharmacy professionals working at the pharmacy who have satisfactorily completed the <u>CPPE remote consultation skills e-learning</u><sup>11</sup>.</li> </ul>   |        |        |        |        |        |        |        |   |        |        |        |        |        |        |
| Primary Care Networks   | <p><b>Influenza vaccination programme</b></p> <p>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 for the 2021/22 influenza season. All communications between the contractor and Pharmacy PCN Leads must be completed by 31 December 2021.</p> <p>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:</p> <ul style="list-style-type: none"> <li>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</li> <li>engage with the PCN Clinical Director to agree how community pharmacies in the PCN will collaborate with general practices.</li> </ul> <p>On the day of the declaration, the pharmacy contractor must have demonstrably contributed to the PCN achieving 80.1% or above for flu vaccination to patients aged 65 and over. This can be evidenced by the number of vaccines they have administered to all eligible patients (not just those aged 65 and over) between 1 September 2021 and 31 January 2022, under the community pharmacy seasonal influenza vaccination advanced service, with this number being 30 or greater.</p> <p>Points will be allocated in accordance with a sliding linear scale starting from 80.1% up to a maximum allocation of points on achievement of 86% or above for the 6 bands. For more detail, please see the table below:</p> <p>Primary Care Networks 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.</p> <table border="1"> <thead> <tr> <th></th> <th>Band 1</th> <th>Band 2</th> <th>Band 3</th> <th>Band 4</th> <th>Band 5</th> <th>Band 6</th> </tr> </thead> <tbody> <tr> <td>Point per 0.1 percentage point increase between 80.1% and 86%</td> <td>0.0083</td> <td>0.1111</td> <td>0.1389</td> <td>0.1667</td> <td>0.1944</td> <td>0.2222</td> </tr> </tbody> </table> |        | Band 1 | Band 2 | Band 3 | Band 4 | Band 5 | Band 6 | Point per 0.1 percentage point increase between 80.1% and 86% | 0.0083 | 0.1111 | 0.1389 | 0.1667 | 0.1944 | 0.2222 |
|   | Band 1   | Band 2 | Band 3 | Band 4 | Band 5 | Band 6 |        |        |   |        |        |        |        |        |        |
| Point per 0.1 percentage point increase between 80.1% and 86% | 0.0083   | 0.1111 | 0.1389 | 0.1667 | 0.1944 | 0.2222 |        |        |   |        |        |        |        |        |        |

<sup>11</sup> <https://www.cppe.ac.uk/programmes/consultrem-e-01>

## PHARMACY QUALITY SCHEME (ENGLAND)

| Domain | Quality criteria  |
|--------|---|
|        | <p>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 2022 when final data on the increase to the uptake of flu vaccination to patients aged 65 and over will be available. 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.</p> <p>When making a declaration for this criterion, the following must be submitted on the MYS application by the non-Pharmacy PCN Lead contractor:</p> <ul style="list-style-type: none"> <li>• 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;</li> <li>• the total number of eligible patients vaccinated by the contractor under the community pharmacy seasonal influenza vaccination advanced service between 1 September 2021 and 31 January 2022;</li> <li>• the name of the PCN* to which they have aligned;</li> <li>• the name of the appointed Pharmacy PCN* Lead for the PCN*; and</li> <li>• the pharmacy name and ODS code for the Pharmacy PCN* lead.</li> </ul> <p>When making a declaration for this criterion, the following must be submitted on the MYS application by the contractor where the Pharmacy PCN** Lead is based:</p> <ul style="list-style-type: none"> <li>• 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;</li> <li>• the total number of eligible patients vaccinated by the contractor under the community pharmacy seasonal influenza vaccination advanced service between 1 September 2021 and 31 January 2022;</li> <li>• 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;</li> <li>• a declaration that they are the appointed Pharmacy Lead for that PCN***;</li> <li>• the name of the PCN*; and</li> <li>• a declaration that the Pharmacy PCN*** lead has notified the Local Pharmaceutical Committee in which the PCN* lies that they are the appointed Pharmacy Lead for the named PCN*.</li> </ul> |



## PHARMACY QUALITY SCHEME (ENGLAND)

| Domain     | Quality criteria  |
|------------|---|
|            | <p>* 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 for this domain these arrangements must be agreed in advance of the declaration with the regional team in conjunction with the Local Pharmaceutical Committee.</p> <p>** Where a PCN Lead does not provide a flu vaccination service themselves they will only be entitled to claim for this domain the points related to the PCN leadership (i.e. 10 points for each band); and they will not be entitled to claim for contributing to the increase in uptake of flu vaccinations. For example, a band 4 PCN Lead, who does not provide the flu vaccination service, will only receive 10 points related to the PCN leadership and they will not be entitled to the max 10 points for contributing to the increase in uptake of flu vaccinations.</p> <p>*** 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.</p>   |
| Prevention | <p><b>Infection prevention and control and review of antimicrobial stewardship practice using the target antibiotic checklist</b></p> <p><b>On the day of the declaration (applies to ALL contractors):</b></p> <p>Contractors must have reviewed their current practice using the <a href="#">15.04.2021 TARGET Antibiotic Checklist version 2 (rcgp.org.uk)</a><sup>12</sup>, in order to provide tailored advice to patients and promote antibiotic awareness and stewardship.</p> <p>This review must be completed by the date of declaration and must be carried out over four weeks with a minimum of 25 patients; or up to eight weeks if the minimum number of patients are not achieved within four weeks. Contractors should make a record of the start and end date of the review as they will be required to enter this information into the MYS application when they make their declaration. There must be a follow up of any patient where the prescriber was contacted to identify what actions were taken.</p> <p>Using the <a href="#">15.04.2021 TARGET Antibiotic Checklist version 2 (rcgp.org.uk)</a><sup>12</sup>, appropriately trained staff must discuss the antibiotic prescribed with the patient or representative to help ensure safe and effective use. Attempts should be made for this discussion to occur with all patients to promote antimicrobial stewardship. It may be appropriate to speak to an identified patient representative, family member or member of care staff.</p> <p>If there is a potential risk of antibiotic related adverse effects (for example, change in allergy status) or concerns about the patient's therapy, the prescriber must be contacted to suggest a review is undertaken and the details of this intervention recorded in the pharmacy PMR. The pharmacy team should support the patient to reduce the risk of adverse effects arising from ongoing antibiotic therapy and optimise outcomes through education and advice as well as adopting principles of shared decision-making.</p> |

<sup>12</sup> <https://www.rcgp.org.uk/clinical-and-research/resources/toolkits/amr/target-antibiotics-toolkit/-/media/BA7DD55E1B8D4BABA14996B2DACE4077.ashx> . Any antibiotic checklist, which has been completed by pharmacy contractors before 1 November 2021, using the link provided in the September to October 2021 Drug Tariff will be accepted as part of the declaration for this criterion.

## PHARMACY QUALITY SCHEME (ENGLAND)

| Domain | Quality criteria  |
|--------|---|
|        | <p>The data from the checklists must be submitted <b>via the Public Health England (PHE) portal application</b> available here: <a href="https://snapsurvey.phe.org.uk/snapwebhost/s.asp?k=162825448921">https://snapsurvey.phe.org.uk/snapwebhost/s.asp?k=162825448921</a>. <b>No patient identifiable data should be entered into the PHE portal application.</b></p> <p><b>AND</b></p> <p><b>For contractors who DID declare as having met the Infection prevention &amp; control and antimicrobial stewardship domain for the PQS 2020/21 Part 2:</b></p> <p>On the day of the declaration, contractors must have reviewed and updated their existing antimicrobial stewardship (AMS) action plan and have implemented changes to further promote AMS in their day-to-day practice.</p> <p><b>OR</b></p> <p><b>For contractors who DID NOT declare as having met the Infection prevention &amp; control and antimicrobial stewardship domain for the PQS 2020/21 Part 2:</b></p> <p>On the day of the declaration, all non-registered pharmacy staff working at the pharmacy must have satisfactorily completed the <a href="#">HEE Infection prevention and control Level 1 e-learning and assessment</a><sup>13</sup> on the Health Education England (HEE) e-Learning for Healthcare website.</p> <p>All registered pharmacy professionals working at the pharmacy must have satisfactorily completed the <a href="#">HEE Infection Prevention and Control Level 2 e-learning and assessment</a><sup>14</sup> on the HEE e-Learning for Healthcare website.</p> <p>All <b>patient-facing pharmacy staff</b> working at the pharmacy that provide advice on medicines or healthcare must have satisfactorily completed the <a href="#">PHE Antimicrobial Stewardship for Community Pharmacy e-learning and e-assessment</a><sup>15</sup>.</p> <p>Contractors must have available, at premises level, an AMS action plan for the pharmacy, which details how they will promote AMS. The action plan must include details of how all pharmacy staff involved in the provision of self-care advice will incorporate the principles of AMS into self-care advice, including reinforcing the messages around appropriate use of antibiotics, and the uptake of vaccinations, including the flu vaccine. There must be documented evidence, at the pharmacy, that the actions within the plan have been implemented by the day of the declaration.</p> <p><b>All patient-facing pharmacy staff</b> working at the pharmacy that provide health advice, should have become <a href="#">Antibiotic Guardians</a><sup>16</sup>, if they have not already done so, and have an awareness of the local antibiotic formulary.</p> |

<sup>13</sup> <https://portal.e-lfh.org.uk/Component/Details/564333>

<sup>14</sup> <https://portal.e-lfh.org.uk/Component/Details/564321>

<sup>15</sup> <https://portal.e-lfh.org.uk/Component/Details/602874>

<sup>16</sup> <https://antibioticguardian.com/>

## PHARMACY QUALITY SCHEME (ENGLAND)

| Domain | Quality criteria   |
|--------|--|
|        | <p>When making a declaration for this criterion, the following must be confirmed on the MYS application:</p> <p><b>All contractors</b></p> <ul style="list-style-type: none"> <li>- a declaration that the contractor has completed the <u>15.04.2021 TARGET Antibiotic Checklist version 2 (rcgp.org.uk)</u><sup>12</sup> review;</li> <li>- a declaration that the contractor has notified the patient's GP where concerns are identified; and</li> <li>- a declaration that the contractor has shared their anonymised checklist data with PHE.</li> </ul> <p><b>AND</b></p> <p><b>For contractors who DID declare as having met the Infection prevention &amp; control and antimicrobial stewardship domain for the 2020/21 PQS Part 2:</b></p> <ul style="list-style-type: none"> <li>- a declaration the contractor has reviewed and updated their existing AMS action plan at premises level and has implemented changes to further promote AMS in their day-to-day practice.</li> </ul> <p><b>OR</b></p> <p><b>For contractors who DID NOT declare as having met the Infection prevention &amp; control and antimicrobial stewardship domain for the 2020/21 PQS Part 2:</b></p> <ul style="list-style-type: none"> <li>- the total number of non-registered staff working at the pharmacy who have satisfactorily completed the <u>HEE infection prevention and control Level 1 e-learning and assessment</u><sup>13</sup>;</li> <li>- the total number of registered pharmacy professionals working at the pharmacy who have satisfactorily completed the <u>HEE Infection Prevention and Control Level 2 e-learning and assessment</u><sup>14</sup>;</li> <li>- the total number of patient-facing pharmacy staff working at the pharmacy who have satisfactorily completed the <u>PHE Antimicrobial Stewardship for Community Pharmacy e-learning and e-assessment</u><sup>15</sup>;</li> <li>- a declaration that the contractor has completed an AMS action plan at premises level and has implemented changes to further promote AMS in their day-to-day practice; and</li> <li>- the number of patient facing staff that provide health advice, who have become <u>Antibiotic Guardians</u><sup>16</sup> and have an awareness of the local antibiotic formulary.</li> </ul> |

## PHARMACY QUALITY SCHEME (ENGLAND)

| Domain                                   | Quality criteria  |
|--|---|
| Addressing unwarranted variation in care | <p><b>Health inequalities</b></p> <p>On the day of declaration, all registered pharmacy professionals working at the pharmacy have satisfactorily completed the <u>CPPE health inequalities e-learning</u><sup>17</sup> and passed the <u>e-assessment</u><sup>18</sup>.</p> <p>On the day of declaration, contractors have completed an action plan to actively promote COVID-19 vaccinations, particularly in Black, Asian and minority ethnic (BAME) and low uptake communities, incorporating myth busting methods as part of their efforts to tackle lower levels of COVID-19 vaccination uptake and to support these patients.</p> <p>When making a declaration for this criterion, the following information must be reported on the MYS application:</p> <ul style="list-style-type: none"> <li>• the total number of registered pharmacy professionals working at the pharmacy who have satisfactorily completed the <u>CPPE health inequalities e-learning</u><sup>17</sup> and passed the <u>e-assessment</u><sup>18</sup>; and</li> <li>• a declaration that the contractor has available, at premises level, an action plan as to how the pharmacy team will promote COVID-19 vaccinations, particularly in BAME and low uptake communities, incorporating myth busting methods as part of efforts to tackle lower levels of COVID-19 vaccination uptake and to support these patients.</li> </ul> |
| Healthy living support                   | <p><b>Weight management</b></p> <p>On the day of the declaration, all non-registered patient facing pharmacy staff who provide health advice must have completed the PHE All Our Health bitesize training and assessments on <u>Adult Obesity</u><sup>19</sup> and <u>Childhood Obesity</u><sup>20</sup> to gain a broader understanding of the causes and effects of obesity.</p> <p>On the day of the declaration, all registered pharmacy professionals working at the pharmacy must have satisfactorily completed section one and three of the <u>CPPE weight management for adults: understanding the management of obesity e-learning</u><sup>21</sup> and <u>e-assessment</u><sup>22</sup>.</p>  |

<sup>17</sup> <https://www.cppe.ac.uk/programmes//health-e-01>

<sup>18</sup> <https://www.cppe.ac.uk/programmes//health-a-01>

<sup>19</sup> <https://portal.e-lfh.org.uk/Component/Details/571222>

<sup>20</sup> <https://portal.e-lfh.org.uk/Component/Details/587409>

<sup>21</sup> <https://www.cppe.ac.uk/programmes//weightman-e-01/>

<sup>22</sup> <https://www.cppe.ac.uk/programmes//?t=WeightManE-A-06&evid=49996>

## PHARMACY QUALITY SCHEME (ENGLAND)

| Domain | Quality criteria  |
|--------|---|
|        | <p>Pharmacy teams are also required to complete a weight management action plan of how they would assist a person who would like support with their weight. The weight management action plan should include, but should not be limited to, a list of local and national support or exercise groups (contractors should note that exercise groups should not be recommended on their own but in conjunction with other support groups because exercise on its own has been shown not to lead to weight loss) that the person could be referred to (as appropriate) and support materials/tools they could use, for example, NHS materials such as <a href="#">Better Health, Let's do this</a><sup>23</sup> (contractors should note that "Let's do this" should not be recommended on its own but in conjunction with other support because exercise on its own has been shown not to lead to weight loss) and the <a href="#">NHS website</a><sup>24</sup>. It should also include details of how to refer people to the <a href="#">NHS Digital Weight Management Programme</a> for those with hypertension and/or diabetes or available Local Authority funded tier 2 weight management services (where the individuals meet the criteria for referral).</p> <p>For contractors who claimed for the Prevention domain in the 2020/21 PQS Part 2, an update to their previous action plan will be required to be documented. In addition, the pharmacy team's knowledge and understanding of weight management and how to identify and engage suitable patients must be reviewed. Methods used to identify patients for referral must be reviewed for effectiveness.</p> <p>Pharmacy teams must proactively discuss weight management with a minimum of 25 patients.</p> <p>Pharmacy teams are encouraged to review the PHE <a href="#">Let's Talk About Weight infographic</a><sup>25</sup> and the PHE <a href="#">Let's talk about weight: a step-by-step guide to brief interventions with adults for health and care professionals</a><sup>26</sup> guidance for support with initiating and managing conversations with people about weight management.</p> <p>A competent individual within the pharmacy (for example, a registered pharmacy professional or nominated team member) must be able to offer to measure a patient's Body Mass Index (BMI), using an appropriate BMI calculator such as, the <a href="#">NHS healthy weight calculator</a><sup>27</sup> and measure waist circumference. This should include explaining the purpose of measuring BMI and waist circumference. Pharmacies must weigh people, calculate their BMI, measure their waist circumference and support those who wish to lose weight through advice and referral to Local Authority funded tier 2 weight management services or the <a href="#">NHS Digital Weight Management Programme</a> (where the individuals meet the criteria for referral).</p> |

<sup>23</sup> [Better Health, Let's do this](#)

<sup>24</sup> <https://www.nhs.uk/>

<sup>25</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/675028/LTAW\\_Final\\_Infographic\\_Oct\\_2017\\_adults.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/675028/LTAW_Final_Infographic_Oct_2017_adults.pdf)

<sup>26</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/620405/weight\\_management\\_toolkit\\_Let\\_s\\_talk\\_about\\_weight.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/620405/weight_management_toolkit_Let_s_talk_about_weight.pdf)

<sup>27</sup> <https://www.nhs.uk/live-well/healthy-weight/bmi-calculator/>

## PHARMACY QUALITY SCHEME (ENGLAND)

| Domain              | Quality criteria   |        |        |        |        |        |        |        |                     |      |       |       |       |       |       |                 |      |      |      |      |      |      |
|---------------------|--|--------|--------|--------|--------|--------|--------|--------|---------------------|------|-------|-------|-------|-------|-------|-----------------|------|------|------|------|------|------|
|                     | <p>To gain the maximum number of points for this criterion (e.g., 20 points for band 4), the pharmacy must have referred at least one patient (who meets the criteria for referral) to either a Local Authority funded tier 2 weight management services or the NHS Digital Weight Management Programme. The number of points attributed to the referral and the intervention aspect of this domain is outlined in the table below for each of the bands:</p> <table border="1"> <thead> <tr> <th></th> <th>Band 1</th> <th>Band 2</th> <th>Band 3</th> <th>Band 4</th> <th>Band 5</th> <th>Band 6</th> </tr> </thead> <tbody> <tr> <td><b>Intervention</b></td> <td>0.75</td> <td>10.00</td> <td>12.50</td> <td>15.00</td> <td>17.50</td> <td>20.00</td> </tr> <tr> <td><b>Referral</b></td> <td>0.25</td> <td>3.33</td> <td>4.17</td> <td>5.00</td> <td>5.83</td> <td>6.67</td> </tr> </tbody> </table>  |        | Band 1 | Band 2 | Band 3 | Band 4 | Band 5 | Band 6 | <b>Intervention</b> | 0.75 | 10.00 | 12.50 | 15.00 | 17.50 | 20.00 | <b>Referral</b> | 0.25 | 3.33 | 4.17 | 5.00 | 5.83 | 6.67 |
|                     | Band 1   | Band 2 | Band 3 | Band 4 | Band 5 | Band 6 |        |        |                     |      |       |       |       |       |       |                 |      |      |      |      |      |      |
| <b>Intervention</b> | 0.75   | 10.00  | 12.50  | 15.00  | 17.50  | 20.00  |        |        |                     |      |       |       |       |       |       |                 |      |      |      |      |      |      |
| <b>Referral</b>     | 0.25   | 3.33   | 4.17   | 5.00   | 5.83   | 6.67   |        |        |                     |      |       |       |       |       |       |                 |      |      |      |      |      |      |
|                     | <p>Pharmacies are expected to have access to equipment to accurately measure height, weight and waist circumference.</p> <p>When making a declaration for this criterion, the following information must be reported on the MYS application:</p> <ul style="list-style-type: none"> <li>the total number of non-registered patient facing pharmacy staff who provide health advice working at the pharmacy who have completed the PHE All Our Health bitesize training and assessments on <u>Adult Obesity</u><sup>28</sup> and <u>Childhood Obesity</u><sup>29</sup>;</li> <li>the total number of registered pharmacy professionals working at the pharmacy who have satisfactorily completed section one and three of the <u>CPPE weight management for adults: understanding the management of obesity e-learning</u><sup>21</sup> and <u>e-assessment</u><sup>22</sup>;</li> <li>a declaration that the contractor has available, at premises level, a new or updated weight management action plan on how they would assist a person who would like support with their weight, with demonstrable evidence of completion;</li> <li>the total number of patients who had their BMI calculated and waist circumference measured, including explanation of the definition of BMI and the potential health impact of each;</li> <li>the total number of patients referred to Local Authority funded tier 2 weight management services; and</li> <li>the total number of patients referred to the <u>NHS Digital Weight Management Programme</u> for those with hypertension and/or diabetes.</li> </ul> |        |        |        |        |        |        |        |                     |      |       |       |       |       |       |                 |      |      |      |      |      |      |

<sup>28</sup> <https://portal.e-lfh.org.uk/Component/Details/571222>

<sup>29</sup> <https://portal.e-lfh.org.uk/Component/Details/587409>

- 2.2 In relation to training requirements within the Respiratory, Digital, Prevention, Addressing unwarranted variation in care and Healthy living support domains, 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 satisfactorily 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 they are meeting this criterion.

**PHARMACY QUALITY SCHEME (ENGLAND)**

3. Payment for PQS 2021/22
- 3.1 Pharmacy contractors must claim payment for the PQS 2021/22 during the declaration period which is between 31 January 2022 (opens at 09:00) and 25 February 2022 (closes at 23:59). Subject to paragraph 3.2, contractors must have evidence to demonstrate meeting the gateway criteria and the domains on the day that they make their declaration during the declaration period stated above.
- 3.2 For PQS 2021/22, where due to Covid-19 a pharmacy contractor has been unable to complete the domain(s), which they had intended to complete before the declaration period outlined in paragraph 3.1, the pharmacy contractor can make a declaration that they will complete the domain(s) before 31 March 2022 and that they will have the evidence to demonstrate compliance with the domain(s) by 30 June 2022. The evidence of completion of the relevant domain(s), must be retained in the pharmacy to demonstrate that the contractor has met the requirements of the domain(s). This evidence may be requested for provider assurance purposes after 30 June 2022.
- 3.3 Pharmacy contractors will need to make a declaration to the NHS Business Services Authority (NHSBSA) using the Manage Your Service (MYS) application. PQS Guidance will be available on the NHS England and NHS Improvement website.
- 3.4 Each domain has a designated maximum number of points dependent on the participating contractor's total prescription volume in 2020/21\*\*/\*\*/\*\* according to the NHSBSA's payment data as shown in Table 3. The maximum number of points that a pharmacy can qualify for is dependent on:
- their total prescription volume in 2020/21\*\*/\*\*/\*\*; and
  - whether they are a PCN lead or non-PCN lead.
- \* Contractors, who opened part way through 2020/21, will have their total prescription volume determined as the average number of prescriptions dispensed per month during the months, they were open in 2020/21 multiplied by 12. Please note that change in ownership for the purpose of the PQS banding only is not treated as a new contractor.
- \*\* Contractors, who opened after 31 March 2021, will be placed in band 2 for PQS 2021/22. Please note that change in ownership for the purpose of the PQS banding only is not treated as a new contractor.
- \*\*\* Contractors, who are eligible for the 2021/22 Pharmacy Access Scheme (PhAS), are automatically placed in band 4 if according to their prescription volume they would have been in band 1 to 3. Note that PhAS pharmacies which are in band 5 and 6 according to their prescription volume will be paid according to these bands.
- In the event that the value of a point will be £135.50, the number of any unused points for the Pharmacy PCN Lead payment (i.e. 10 points per unclaimed Pharmacy PCN Lead) 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.

**Table 3. Maximum number of points per domain**

| Band                                     | Band 1         | Band 2              | Band 3               | Band 4                | Band 5                 | Band 6          |
|--|----------------|---------------------|----------------------|-----------------------|------------------------|-----------------|
| <b>Annual Items</b>                      | <b>0-1,200</b> | <b>1,201-30,000</b> | <b>30,001-60,000</b> | <b>60,001-150,000</b> | <b>150,001-230,000</b> | <b>230,001+</b> |
| Medicines safety & optimisation          | 0.50           | 6.67                | 8.33                 | 10.00                 | 11.67                  | 13.33           |
| Respiratory                              | 1.25           | 16.67               | 20.83                | 25.00                 | 29.17                  | 33.33           |
| Digital                                  | 0.25           | 3.33                | 4.17                 | 5.00                  | 5.83                   | 6.67            |
| Primary Care Network                     | 0.50           | 6.67                | 8.33                 | 10.00                 | 11.67                  | 13.33           |
| Primary Care Network - PCN Lead          | 10.50          | 16.67               | 18.33                | 20.00                 | 21.67                  | 23.33           |
| Prevention                               | 0.75           | 10.00               | 12.50                | 15.00                 | 17.50                  | 20.00           |
| Addressing unwarranted variation in care | 0.75           | 10.00               | 12.50                | 15.00                 | 17.50                  | 20.00           |
| Healthy living support                   | 1.00           | 13.33               | 16.67                | 20.00                 | 23.33                  | 26.67           |
| <b>Total (non-PCN lead)</b>              | <b>5.00</b>    | <b>66.67</b>        | <b>83.33</b>         | <b>100.00</b>         | <b>116.67</b>          | <b>133.33</b>   |
| <b>Total (PCN lead)</b>                  | <b>15.00</b>   | <b>76.67</b>        | <b>93.33</b>         | <b>110.00</b>         | <b>126.67</b>          | <b>143.33</b>   |

---

**PHARMACY QUALITY SCHEME (ENGLAND)**


---

- 3.5 Pharmacy contractors who participated in the Primary Care Network domain must 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 declaration period.
- 3.6 The total funding for PQS 2021/22 is £75 million. The funding will be divided between qualifying pharmacies based on the number of points they have achieved up to a maximum £135.50 per point. Each point will have a minimum value of £67.75, 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 hence points claimed.
- 3.7 For example:

Assuming 11,300 pharmacy contractors (out of these there are approximately 1,250 potential PCN leads) and 80% on average participated in the scheme:

- 80% of 10,050 non-PCN lead contractors are 8,040 contractors; and
- 80% of 1,250 PCN lead contractors are 1,000 contractors.

Assuming the number of contractors in each band and the average number of points achieved by each contractor is as set out in Table 4, we can calculate how many points in total were delivered and therefore the value of each point:

**Table 4**

|        | Number of contractors |              | Average points per contractor |              |
|--------|-----------------------|--------------|-------------------------------|--------------|
|        | PCN lead              | Non-PCN lead | PCN lead                      | Non-PCN lead |
| Band 1 | 3                     | 23           | 13.0                          | 3.0          |
| Band 2 | 42                    | 342          | 50.0                          | 40.0         |
| Band 3 | 197                   | 1,583        | 60.0                          | 50.0         |
| Band 4 | 660                   | 5,308        | 70.0                          | 60.0         |
| Band 5 | 84                    | 674          | 80.0                          | 70.0         |
| Band 6 | 14                    | 111          | 90.0                          | 80.0         |

The total number of points is 535,539, which means £75 million would deliver a value per point of £140.05.

However, each point is capped at a total of £135.50. So, the contractor would receive £135.50 per point they earned and, in this case, also an additional £0.63 per point (there were 2,500 points unclaimed for PCN leads which at £135.50 per point gives a total value of £338,750).

This would mean that £2.1 million (out of the £75 million) would remain undelivered through the PQS and would be taken into account in the delivery of the overall Community Pharmacy Contractual Framework funding agreement.

4. Aspiration payment
- 4.1 Contractors will be able to claim an aspiration payment. The aspiration payment is optional for pharmacy contractors and not claiming it will not impact on the pharmacy contractor's ability to claim payment for PQS 2021/22.
- 4.2 Pharmacy contractors will need to make a declaration to the NHSBSA using MYS and indicate which domains they intend to achieve before the end of the declaration period. MYS is available at <https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/manage-your-service-mys>. The aspiration payment must be claimed between 09:00 on 04 October 2021 and 23:59 on 29 October 2021.
- 4.3 The maximum number of points for which a pharmacy contractor can be paid an aspiration payment is 70% of the number of points within the band in which they are placed (note that the maximum number of points is different for PCN leads and non PCN leads). The value of each point for the aspiration payment is set at £67.75 (i.e. the minimum value of a point for PQS 2021/22).
-



---

**PHARMACY QUALITY SCHEME (ENGLAND)**


---

4.4 The aspiration payment will be initially reconciled with payment for the PQS 2021/22 on 1 April 2022. A further reconciliation will take place on 1 June 2022, when final data on the increase to the uptake of flu vaccination to patients aged 65 and over in each PCN (PCN domain) will become available. Where there is a change of ownership during the course of 2021/22 which results in a new ODS code for the contractor, and the previous contractor received an aspiration payment and does not make a declaration between 09:00 on 31 January 2022 and 23:59 on 25 February 2022, this aspiration payment will be recovered from the previous contractor. A new contractor cannot rely upon the PQS activities conducted by a previous contractor for PQS payment where a change of ownership has resulted in a new ODS code being issued for the contractor.

4.5 For example:

Example 1

|   |           |
|---|-----------|
| Annual items in 2020/21   | 100,000   |
| Item band for 2021/22   | Band 4    |
| Does the contractor intend to be a PCN lead?  | No        |
| Does the contractor intend to participate in the PCN domain?  | Yes       |
| Maximum 'aspiration points' which can be paid   | 70        |
| Points intended to deliver, as per Aspiration payment declaration   | 100       |
| Aspiration payment (paid at £67.75 per aspiration point)  | £4,742.50 |
| Points actually delivered, as per 2021/2022 declaration (made between 09:00 on 31 January 2022 and 23:59 on 25 February 2022) | 100       |
| Initial reconciliation payment (1 April 2022)(based on final value of £67.75 per point)                                       | £2,032.50 |
| PCN domain - number of points achieved according to final data  | 10        |
| Final reconciliation payment (1 June 2022)  | £0        |

The pharmacy's 2020/21 prescription volumes would put them in Band 4 for 2021/22 PQS. They intend to achieve 100 points in 2021/22 (i.e. the maximum available for Band 4 for non-PCN lead pharmacies). They receive an aspiration payment of £4,742.50 (i.e. 70% of 100 points is 70, and 70 multiplied by £67.75 is £4,743).

The pharmacy achieves the 100 points as intended, so in the initial reconciliation payment, the pharmacy contractor receives £2,032.50. Final data for the PCN prevention domain show that the contractor achieved the maximum number of points for this domain hence the final reconciliation comes to £0.

Example 2

|   |           |
|---|-----------|
| Annual items in 2020/21   | 25,000    |
| Item band for 2021/22   | Band 2    |
| Does the contractor intend to be a PCN lead?  | Yes       |
| Does the contractor intend to participate in the PCN domain?  | Yes       |
| Maximum 'aspiration points' which can be paid   | 53.67     |
| Points intended to deliver, as per Aspiration payment declaration   | 40        |
| Aspiration payment (paid at £67.75 per aspiration point)  | £2,710.00 |
| Points actually delivered, as per 2021/2022 declaration (made between 09:00 on 31 January 2022 and 23:59 on 25 February 2022) | 35        |
| Initial reconciliation payment (1 April 2022)(based on final value of £67.75 per point)                                       | -£338.75  |
| PCN domain - number of points achieved according to final data  | 4         |
| Final reconciliation payment (1 June 2022)  | -£180.89  |

The pharmacy achieves 35 points in 2021/22 (assuming the maximum number of points for the PCN domain), so in the initial reconciliation payment, the pharmacy contractor is being deducted £338.75. Final data for the PCN domain show that the contractor achieved 4 points and not the

---

---

**PHARMACY QUALITY SCHEME (ENGLAND)**


---

maximum 6.67 points for this domain and hence the final reconciliation comes to a deduction of £180.89 (2.67 points multiplied by £67.75).

Example 3

|   |           |
|---|-----------|
| Annual items in 2020/21   | 175,000   |
| Item band for 2021/22   | Band 5    |
| Does the contractor intend to be a PCN lead?  | Yes       |
| Does the contractor intend to participate in the PCN domain?  | Yes       |
| Maximum 'aspiration points' which can be paid   | 88.67     |
| Points intended to deliver, as per Aspiration payment declaration   | 110       |
| Aspiration payment (paid at £67.75 per aspiration point)  | £6,007.39 |
| Points actually delivered, as per 2021/2022 declaration (made between 09:00 on 31 January 2022 and 23:59 on 25 February 2022) | 126.67    |
| Initial reconciliation payment (1 April 2022)(based on final value of £85 per point)  | £4,759.56 |
| PCN domain - number of points achieved according to final data  | 10        |
| Final reconciliation payment (1 June 2022)  | -£141.95  |

The pharmacy achieves 126.67 points in 2021/22 (assuming the maximum number of points for the PCN domain). In addition, the points delivered by all contractors mean the value per point is set at £85. In the initial reconciliation payment, the pharmacy contractor receives £4,759.56 (126.67 points multiplied by £85 is £10,766.95, and the pharmacy has already received £6,007.39). Final data for the PCN domain show that the contractor achieved 10 points and not the maximum 11.67 points for this domain and hence the final reconciliation comes at a reduction of £141.95 (11.67 – 10 points multiplied by £85).

---