

Q. Why has the Quality Payments Scheme been introduced and what is PSNC's view on it ?

During discussions with the Department of Health and NHS England in 2016, PSNC proposed the introduction of Quality Payments, as part of a wider package with appropriate funding being made available to contractors. PSNC therefore supports in principle the move to recognise and reward quality within the Community Pharmacy Contractual Framework; however; the Committee is concerned that the way the scheme is being implemented, as part of the imposition of funding reductions on contractors, means that it will put additional demands on contractors without additional funding being made available.

Q. Do I have to engage with the Quality Payments Scheme?

No. The scheme is voluntary – contractors do not need to engage with it – but PSNC recommends that all contractors should seek to meet as many of the Quality Payment criteria as possible. Contractors that successfully meet the requirements will receive Quality Payments which will be funded from a £75 million budget that is part of the overall community pharmacy funding budget of £2.592 billion.

Q. Is it possible to achieve some of the points for a Quality Payment criterion at a review point if you partially meet the criterion, for example, if only 40% of pharmacy staff working in patient facing roles are trained 'Dementia Friends' instead of 80% can I claim half the points (2.5 points instead of 5) at the review point?

No. A contractor will either meet the criterion or not; it is not possible to achieve only some of the points in this way.

Q. Which pharmacies are eligible to take part in the Quality Payments Scheme?

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

Q. Will the Quality Payment criteria or number of points for each criterion change?

The Quality Payment criteria are not expected to change during 2017/18. No decisions have been made by the Department of Health and NHS England on the future of the Quality Payments Scheme beyond 2017/18.

Q. When will more information and guidance be issued on the Quality Payments Scheme?

PSNC expects NHS England to issue further information and guidance shortly.

Q. Is the Quality Payments Scheme going to continue after 2017/18?

No decisions have been made by the Department of Health and NHS England on the future of Quality Payments beyond 2017/18.

Q. When does the Quality Payments Scheme start?

Payments under the scheme do not start until April 2017, but contractors should start to prepare for the scheme in 2016.

Q. When are the review points for the Quality Payments Scheme?

The assessment of whether a criterion has been met will need to be made in relation to two review points – 28th April 2017 and 24th November 2017.

Q. Are pharmacies that hold local pharmaceutical services (LPS) contracts with NHS England eligible to take part in the Quality Payments Scheme?

No. Pharmacies that hold LPS contracts with NHS England are not eligible to take part in the Quality Payments Scheme.

Q. Are distance selling pharmacies eligible to take part in the Quality Payments Scheme?

Yes. Distance selling pharmacies are eligible to take part in the Quality Payments Scheme.

Q. Are pharmacies that qualify for the Pharmacy Access Scheme (PhAS) eligible to take part in the quality payments scheme

Yes. Pharmacies that qualify for the PhAS are eligible to take part in the Quality Payments Scheme.

Q. How should I get going with the Quality Payments Scheme?

Once a contractor has made the decision to take part in the Quality Payments Scheme, we recommend that they start to work towards achieving the points as quickly as possible:

1. **Decide which Quality Payments criteria you plan to meet and by which review point**
Consider the costs you are likely to incur to achieve each criterion; some will take more time to achieve and staff resource (e.g. Health Living Pharmacy (HLP) level 1), and some are much more complex than others.
2. **Develop a timed plan for achieving the gateway and quality criteria**
Developing a timed plan will help contractors and their teams to ensure they have plenty of time to achieve all the criteria that they intend to meet. Consider which criteria you will find easiest to achieve and which can be claimed at both review points – these should probably be your early priorities.

A suggested way to prioritise your work can be found in PSNC Briefing 067/16: Quality Payments – what pharmacy contractors need to do (November 2016) or as a separate document at: psnc.org.uk/quality

The gateway criteria

Q. What are the gateway criteria?

To qualify for payments related to successfully meeting the elements of the Quality Payments, contractors must first meet four gateway criteria:

1. the contractor must be offering at the pharmacy Medicines Use Reviews (MUR) or the New Medicine Service (NMS) or must be registered to provide the NHS Urgent Medicine Supply Advanced Service;
2. the NHS Choices entry for the pharmacy must be up to date;
3. pharmacy staff at the pharmacy must be able to send and receive NHS mail; and
4. the contractor must be able to demonstrate ongoing utilisation of the Electronic Prescription Service (EPS) at the pharmacy premises.

Q. Will I get a Quality Payment for passing the gateway criteria?

No. Passing the gateway criteria will not itself earn a Quality Payment for the contractor.

Q. How do I update my NHS Choices entry for my pharmacy?

Contractors can register to self-manage the content of their NHS Choices profile and it would be advisable, at this stage, to also review the contents to ensure it is up to date. NHS England and the NHS Choices team are currently planning how NHS Choices will need to be amended to allow pharmacies to document that they have reviewed or edited their profile.

Further information will be published shortly on when the necessary changes to NHS Choices are likely to be made. Until the changes have been made, contractors cannot undertake their review of their profile information in a way which will meet the requirements of the gateway criterion.

Q. How can distance selling pharmacies ensure that their NHS Choices entry for the pharmacy is up to date?

We understand that NHS England and the NHS Choices team are currently considering how NHS Choices can be amended to allow profiles for distance selling pharmacies to be set up.

Q. My pharmacy has an NHSmail account previously set up by the NHS Local Organisation Administrator, but it was not created as a shared mailbox. Is this sufficient to meet the Quality Payments' gateway criterion of pharmacy staff being able to send and receive NHS mail?

NHS England and NHS Digital want all pharmacies to have shared mailboxes which can only be accessed by authorised users who log in using their **personal** NHSmail account. Since NHSmail accounts are likely to contain patient sensitive information, sharing log-in information (such as passwords) for NHSmail accounts with pharmacy team members would constitute a breach of NHS Information Governance requirements. Any pharmacies with such an account should request a new shared mailbox

Q. Do I have to achieve all the criteria listed in the Quality Payments Scheme to claim payment?

No. Contractors do not have to achieve all the criteria listed in the Quality Payments Scheme to claim payment; they can claim for whichever of the criteria they achieve.

Patient safety report

Q. What details need to be included in the patient safety report?

Discussions are still ongoing with NHS England about the details of what should be included in the written safety report but note that this Quality Payments criterion can only be claimed at one review point, so contractors do not have to undertake this task by the April 2017 review point.

Q. What period does the written patient safety report need to cover?

The written patient safety report needs to be an annual report; further advice on this matter has not yet been issued by NHS England.

Q. Will there be a template for the patient safety report?

Discussions are still ongoing with NHS England as to whether a template for the written safety report will be made available.

Q. Does the written patient safety report need to be submitted to NHS England?

Advice on this matter has not yet been issued by NHS England.

Q. Is there a deadline for submitting the written patient safety report?

Advice on this matter has not yet been issued by NHS England.

Safeguarding

Q. Who is a registered pharmacy professional?

Registered pharmacy professionals are pharmacists and pharmacy technicians.

Q. Are part-time staff included in the Quality Payment criterion 'On the day of the review 80% of registered pharmacy professionals working at the pharmacy have achieved level 2 safeguarding status for children and vulnerable adults in the last two years'?

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

Q. One of the Quality Payments criterion states that 80% of registered pharmacy professionals working at the pharmacy have achieved level 2 safeguarding status for children and vulnerable adults in the last two years; does this include locums?

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

Q. Are pre-registration students covered by the description registered pharmacy professional, in regards to the level 2 safeguarding requirement?

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

Q. I have completed the previous version of the *Safeguarding children and vulnerable adults e-learning and e-assessment*. Do I also need to complete this new e-learning and e-assessment?

The Quality Payment criterion states that '*On the day of the review 80% of registered pharmacy professionals working at the pharmacy have achieved level 2 safeguarding status for children and vulnerable adults in the last two years.*' Therefore, if pharmacy professionals have completed the previous version of the CPPE e-learning and e-assessment in the last two years this is acceptable to meet the Quality Payment criterion.

However, pharmacy professionals may wish to complete the new e-learning programme to update their knowledge in areas not covered by the old programme, such as the Care Act 2014, child sexual exploitation, female genital mutilation and radicalisation.

Completion of the e-assessment will also allow pharmacy professionals to prove their ongoing competence in this important area of practice and provide them with the self-assurance that their knowledge is up to date and in line with current legislation.

Q. Is it necessary to complete and pass the associated e-assessment for CPPE's *Safeguarding children and vulnerable adults* programme to become Level 2 accredited?

Completing and passing the e-assessment is the only way that CPPE can provide pharmacy professionals with evidence of completion of the *Safeguarding children and vulnerable adults* programme and therefore confirm that they are Level 2 accredited.

The CPPE system records access to the e-learning programme, not completion and even if it did record completion this would still not necessarily show that there had been any learning.

Therefore, it is recommended to complete and pass the e-assessment so pharmacy professionals have evidence to show they have achieved safeguarding children and vulnerable adults level 2.

Community Pharmacy Patient Questionnaire (CPPQ) results

Q. How do I upload the CPPQ results to the pharmacy's NHS Choices page?

Discussions are still ongoing with NHS England and the NHS Choices team about how this is to be undertaken by contractors, but note that this Quality Payments criterion can only be claimed at one review point, so contractors do not have to undertake this task by the April 2017 review point.

Further information on how to upload the results to NHS Choices will be published as soon as possible.
Healthy Living Pharmacy (HLP) self-assessment

Q. What are the criteria for becoming a Healthy Living Pharmacy (HLP) Level 1?

The Healthy Living Pharmacy: Level 1 quality criteria set out the criteria that pharmacies must achieve to gain HLP Level 1 status.

Q. My pharmacy achieved HLP status before the self-accreditation process was announced. Does this mean my pharmacy meets the HLP Level 1 status?

PSNC has asked NHS England to consider a 'grandparenting' approach for pharmacies that have achieved HLP status or have been re-accredited as HLPs within the last two years (two years prior to 1st December 2016), in order that their prior accreditation would enable them to automatically meet the requirements of this Quality Payment criterion. This is still being considered by NHS England; further information on this matter will be published as soon as it become available.

If pharmacies were last accredited as a HLP over two years ago, they would need to complete the HLP Level 1 self-assessment process to meet the requirements of the Quality Payments Scheme HLP criterion.

Q. Do I need to complete a form or any paperwork prior to registering as a HLP to notify RSPH that my pharmacy intends to become a HLP Level 1?

No. Contractors do not need to notify RSPH that they intend to become a HLP Level 1. Contractors only need to notify RSPH once they are ready to register as a HLP Level 1 by completing the assessment of compliance on the RSPH website.

Q. How often (if at all) will the leadership and RSPH training need to be repeated?

There is no reference to the need for repeated training in the HLP quality requirements, so as long as a contractor has staff in post that have undertaken the relevant training, that will meet the requirements.

Q. Is there any clarification regarding grandparenting from existing HLPs available yet?

No, NHS England is still considering PSNC's suggestion of grandparenting pharmacies that have been accredited as HLPs within the two years prior to 1st December 2016.

Q. I have completed the RSPH assessment of compliance, does that mean my pharmacy is now a HLP Level 1?

No. A pharmacy is not a HLP Level 1 until RSPH has confirmed registration and provided the HLP

logo and certificate. RSPH will endeavour to contact contractors by mail or email within 10 working days after they have received the submitted online assessment of compliance.

Contractors are therefore advised to consider this time frame when planning how long it will take to achieve HLP Level 1 to ensure this 'processing time' does not prevent contractors from achieving the Quality Payment criterion at the April 2017 or November 2017 review point.

Other frequently asked questions (FAQs) on HLP can be found on the RSPH website.
Over use of asthma treatments

Q. Are there any resources available to support the referral of asthma patients who have been prescribed more than 6 short acting bronchodilator inhalers without a corticosteroid inhaler within a 6-month period, to an appropriate healthcare professional for an asthma review?

Yes. Further information on this Quality Payment criterion and support materials to help contractors implement the requirement are available in PSNC Briefing 068/16: Quality Payments – referrals for asthma reviews.

Q. Will there be a national template form for the referral of patients with asthma that contractors can use?

Advice on this matter has not yet been issued by NHS England. PSNC has, however, produced a template data collection form which can be used by pharmacy teams in the meantime.

Q. How many patients with asthma need to be referred to meet the Quality Payment criterion?

There is not a specified number of people with asthma that need to be referred to meet the Quality Payment criterion.

Q. If a contractor has not been able to identify any asthma patients, for whom more than 6 short acting bronchodilator inhalers were dispensed without any corticosteroid inhaler within a 6 month period, do they still meet the criterion?

Advice on this matter has not yet been issued by NHS England, but PSNC would expect that a pharmacy would meet the criterion as long as the contractor can demonstrate on the day of the review, that they have a process in place to assess asthma patients to determine whether or not they should be referred to an appropriate health care professional for an asthma review if they have had more than 6 short acting bronchodilator inhalers dispensed without any corticosteroid inhaler within a 6 month period.

PSNC has produced a suggested process for referring patients for an asthma review.

Q. Do I need to go through all the patient records on the PMR system for the last 6 months and identify any patients who have been prescribed more than 6 short acting bronchodilator inhalers without a corticosteroid inhaler within a 6-month period to meet this criterion?

No. Contractors do not need to have reviewed 6 months of patient records to meet this criterion. On the day of the review the pharmacy must be able to show evidence of the asthma patients, for whom more than 6 short acting bronchodilator inhalers were dispensed without any corticosteroid inhaler within a 6-month period, that have been referred to an appropriate health care professional for an asthma review. There must, therefore, be a process in place, to identify these asthma patients. This process can be incorporated into daily practice (PSNC has suggested a process for referring patients for an asthma review).

Dementia Friends

Q. How do I become a Dementia Friend?

There are various routes by which people can become a Dementia Friend:

For organisations

- watch a minimum of two short online videos via your online code (register your organisation to receive the online code); or

- attend a face-to-face Dementia Friends Information Session (to request a session for your pharmacy team please email DFOrgs@alzheimers.org.uk).

For individuals

- watch a short online video; or
- attend a face-to-face Dementia Friends Information Session.

The Alzheimer's Society would prefer a pharmacy to register with Dementia Friends through the 'organisation route'; however, many pharmacy staff including locums, may already have become Dementia Friends through the 'individual route'. There is no need to become a Dementia Friend again through the 'organisation route' for this Quality Payment criterion.

Q. Are part-time staff included in the Quality Payment criterion 'On the day of the review, 80% of all pharmacy staff working in patient facing roles are trained Dementia Friends?'

Yes. This Quality Payment criterion applies to all pharmacy staff working in patient facing roles. The number of hours a member of staff is employed for is not relevant for this Quality Payment criterion.

Q. One of the Quality Payments criterion states that at least 80% of pharmacy staff in patient facing roles are Dementia Friends on the day of the review; does this include locums?

Yes. The 80% of pharmacy staff in patient facing roles includes locums, so contractors should encourage temporary staff, such as locum pharmacists, to become Dementia Friends.

Payment information

Q. How do I claim payment for the Quality Payments Scheme?

Contractors will need to make a declaration to the NHS Business Services Authority (NHS BSA) using the approved claim form (this is not yet available and may be a web-based form).

Q. Do I need to submit evidence to the NHS BSA to show that I have achieved the Quality Payments criteria when I submit the approved claim form?

No. Evidence does not need to be submitted with the approved claim form. However, contractors' declarations of compliance with the Quality Payments criteria will be subject to spot checks by NHS England as part of their usual monitoring process for the CCPF.

Q. When will I receive my payment for the Quality Payments Scheme?

Payments due from each review point will be paid as part of the full value of services for that month, i.e. payment from April's review point will be paid at the end of June/beginning of July 2017.

Q. How much is each point worth?

The value of each point has been set at £64. This is set at a level that would deliver £75 million assuming 100% of pharmacies achieved all 100 points. However, it is unlikely that all pharmacies will achieve all the quality criteria across the two review points. Therefore, after the two review points, there will be a reconciliation process, at which the remaining funding will be divided between qualifying contractors based on the number of points they have achieved over the two review points. This reconciliation payment will not have to be claimed and will be paid with the full value of services payment for March 2018 (i.e. end of May/beginning of June 2018).

To ensure the overall amount earned by one contractor for Quality Payments remains proportionate, a cap of £128 per point will be allowed in totality including the reconciliation payment. To reach the cap would require less than 50% of pharmacies achieving less than 50% of the quality criteria.

Q. What happens to any funding left over after the reconciliation payment?

Any funding remaining after the reconciliation payment will be paid through other fees and allowances to contractors.

Q. Who will monitor a contractor's declarations of compliance with the Quality Payment criteria?

Contractors' declarations of compliance with the Quality Payment criteria will be subject to spot checks

by NHS England as part of their usual monitoring process for the Community Pharmacy Contractual Framework.

Q. Who will decide if a contractor meets the Quality Payment criteria at the two review points?

The contractor will complete a declaration of compliance; therefore, it is for the contractor to decide if they have met some or all of the quality criteria.

Q. For the criteria that can only be claimed for once, is there a specific review point at which they should be claimed?

No. If they can be claimed for only once, they can be claimed at either the April or November review point.

Q. Are Quality Payments made according to which criteria are met at each review point?

Yes.

Q. How will the PhAS payment be affected if contractors do not achieve the full Quality Payment criteria?

When the funding that PhAS pharmacies receive is calculated, it is assumed that the contractor will achieve 100 points of the Quality Payments Scheme. The value of those Quality Payment points is deducted before the final PhAS payment is set. PhAS pharmacy contractors can earn back the deducted Quality Payments by earning as many points as possible, the same way as other contractors.

The contractor will be paid a Quality Payment according to which criteria they have achieved; the PhAS payment remains unchanged irrespectively.