

Pharmacy Quality Scheme

Guidance 2021/22

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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.

NHS England and NHS Improvement, in collaboration with internal and external stakeholders, has developed the PQS for 2021/22. Details of the PQS for 2021/22 have been provided in Part VIIA of the [Drug Tariff NHSBSA](#)¹. 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 has been developed to incentivise quality improvement in areas that support the COVID-19 response by including criteria that improve patient safety and health outcomes whilst addressing health inequalities.

Contractors participating in the PQS 2021/22 will need to declare their performance against the quality domains on a day of their choosing during the declaration window. The declaration window opens at 09.00 on 31 January 2022 and closes at 23.59 on 25 February 2022.

Each domain has a designated maximum number of points – see Table 3: Maximum number of points per domain for each band. For the PQS 2021/22, 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 1 April 2020 and 31 March 2021 (according to the NHS Business Services Authority's (NHSBSA) payment data). This is to better reflect the workload of meeting the requirements of the PQS 2021/22 for different contractors.

The PQS 2021/22, 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 they aspire to achieve. 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 2021/22. For further information, refer to section 12.2 Aspiration payment of this guidance.

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

¹ <https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/drug-tariff>

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 and how many domains they have declared they are meeting. Further details on the payment structure can be found in section 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 2021/22.

Copies of previous quality scheme guidance can be requested by contacting ENGLAND.CommunityPharmacy@nhs.net.

Table 1: Summary of PQS 2021/22 gateway criteria, domains and quality criteria

Gateway/Domain	Quality criteria	Points based on band 4* non-PCN lead	Points based on band 4* PCN lead
Gateway	Advanced Services - New Medicine Service (NMS)	N/A	N/A
	Safety report and demonstrable learnings from CPPE LASA e-learning		
	Risk review		
Medicines safety and optimisation	High risk medicines – anticoagulant audit	10	10
Respiratory	Personalised asthma action plans and promoting spacer device use in children prescribed pressurised metered dose inhalers (pMDIs)	25	25
	Inhaler technique checks for patients prescribed a new inhaler with asthma or COPD during the COVID-19 pandemic		
	Return of unwanted and used inhalers		
Digital	Remote consultation skills	5	5
Primary Care Networks	Influenza vaccination programme	10	20
Prevention	Infection prevention and control and review of antimicrobial stewardship practice using the target antibiotic checklist	15	15
Addressing unwarranted variation in care	Health inequalities	15	15
Healthy living support	Weight management	20	20
Total (non PCN lead)		100	
Total (PCN lead)			110

2. Gateway Criteria

On the day of declaration, pharmacy contractors must meet all gateway criteria outlined in sections:

- Advanced Services - New Medicine Service (NMS)
- Safety report and demonstrable learnings from CPPE LASA e-learning
- Risk review

To qualify for a PQS 2021/22 payment.

To be eligible to take part in the PQS and be eligible for a PQS payment, pharmacy contractors must achieve the gateway criteria on the day of declaration.

The declaration must be made between 09:00 on 31 January 2022 and 23:59 on 25 February 2022.

2.1 Advanced Services - New Medicine Service (NMS)

2.1.1 Aim

The aim of this gateway criterion is to ensure that all pharmacies taking part in the scheme meet all the terms of service requirements and are choosing to actively provide clinical support to patients by providing NMS.

2.1.2 Rationale

The NMS service provides initial support to people who are newly prescribed a medicine to manage a long-term condition and has been shown to improve their medication adherence.² The initial therapeutic areas covered by the service were hypertension, diabetes (Type 2), asthma and COPD; and anticoagulant and antiplatelet therapy.

Research³ has shown that pharmacists can successfully intervene when a medicine is newly prescribed, with repeated follow up in the short term, to increase effective medicine taking for the treatment of a long-term condition. The NMS significantly increased the proportion of patients adhering to their new medicine by about 10%,⁴ compared with normal practice. A health economic analysis⁵ of the NMS in 2017 concluded that it would be beneficial to extend the service to other medicines.

As part of the 2021/22 CPCF agreement, the NMS has been reviewed and the eligible therapeutic groups expanded. As of 1 September 2021, the eligible conditions are:

- asthma and COPD;
- diabetes (Type 2);
- hypertension;
- hypercholesterolaemia;
- osteoporosis;
- gout;
- glaucoma;
- epilepsy;
- Parkinson's Disease;
- urinary incontinence/retention;
- heart failure;
- acute coronary syndromes;
- atrial fibrillation; and
- long term risks of venous thromboembolism/embolism.
- Stroke/transient ischemic attack; and
- Coronary heart disease.

² <https://link.springer.com/article/10.1007/s40273-017-0554-9>

³ <https://www.nottingham.ac.uk/~pazmjb/nms/>

⁴ <https://qualitysafety.bmj.com/content/25/10/747>

⁵ <https://link.springer.com/article/10.1007/s40273-017-0554-9>

For each condition, a list of eligible medicines have been published on the [NHSBSA website](#)⁶.

Owing to the necessary infection prevention controls, social distancing measures and changes in how patients accessed community pharmacies in response to the COVID-19 pandemic; it may not have been possible to offer the NMS to patients starting eligible new medicines during the pandemic.

To support pharmacies to provide the best patient outcomes for individuals that might have missed this support as a consequence of the pandemic restrictions a catch-up NMS has been introduced.

Contractors can offer patients meeting the following criteria a catch-up NMS:

- a. Had a medication which falls into the eligible therapeutic categories, newly prescribed between 1 April 2020 and 31 August 2021; and
- b. The patient has not previously received an NMS in respect of that prescribed medicine when it was originally prescribed.

This includes the therapeutic groups that have been added as part of the 2021/22 CPCF agreement.

A catch-up NMS may be offered to eligible patients between 1 September 2021 and 31 March 2022.

A catch-up NMS will ordinarily follow the standard NMS path, however, it is recognised that patients are likely to have started using the new medicine(s) and may have been established on the regimen for several months, so the timings of the different stages may be varied from the standard approach.

Full details of the expanded list of therapeutic groups and catch-up NMS model will be published in Advanced services: Part VIC of Drug Tariff and NMS service specification.

In the past, contractors have been able to meet the Advanced Services gateway criterion requirement by demonstrating that they were offering the required Advanced Services. This year only contractors who have claimed payment for 20 completed NMS (including the catch-up NMS) via the NHSBSA Manage Your Service (MYS) portal between 1 April 2021 to 5 January 2022 (inclusive) will be eligible for PQS payments. This is to ensure that contractors are actively providing these services to patients.

⁶ <https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/new-medicine-service-nms-drug-lists>

Any claims for NMS submitted to the NHSBSA after 5 January 2022 will not be considered for the PQS gateway. The MYS PQS declaration will be configured so that only those contractors who have claimed for payment for 20 completed NMS (including the catch-up NMS), or more, via FP34c month end claim along with prescriptions between 1 April 2021 to 5 January 2022 (inclusive) are able to submit a declaration for PQS.

Contractors are therefore advised to regularly check the NMS payment claims they have submitted, in the lead up to the 5 January 2022 deadline to ensure that they have delivered and claimed for the necessary completed NMS to meet this target.

2.1.3 Gateway criterion

On the day of the declaration, the contractor must have claimed payments for the completion of a minimum of 20 NMS (and/or catch-up NMS) between 1 April 2021 to 5 January 2022.

2.1.4 Reporting

Contractors will not be required to make a declaration for this gateway criterion as the automatic verification assessment of whether a contractor has met the NMS gateway criterion will be confirmed against NHSBSA's payment data for NMS.

2.2 Safety report and demonstrable learnings from CPPE LASA e-learning

2.2.1 Aim

This gateway criterion aims to embed a positive safety culture in community pharmacy, ensuring errors and near misses are recorded and learnt from, and actions are taken to prevent future harm.

2.2.2 Rationale

The safety report and demonstrable learnings from the [CPPE Reducing look-alike, sound-alike errors \(LASA\) e-learning](#)⁷ have moved from a quality criterion to a gateway criterion for 2021/22. This change is to reflect that reporting and learning from errors should now have become embedded in day-to-day practice for contractors.

LASA errors are one of the most common causes of medication errors worldwide. [NHS Improvement](#)⁸ the [Medicines and Healthcare products Regulatory Agency \(MHRA\)](#)⁹ and the [World Health Organization \(WHO\)](#)¹⁰ have all highlighted LASA errors as a key threat to patient safety.

Pharmacy teams may wish to review the [Royal Pharmaceutical Society Professional standards for the reporting, learning, sharing, taking action and review of incidents](#)¹¹ to support meeting this criterion. The professional standards describe good practice and good systems of care for reporting, learning sharing, acting and reviewing of incidents (error reporting) as part of a patient safety culture. The implementation of these standards will improve patient safety and the quality of pharmaceutical services.

[The Community Pharmacy Patient Safety Group](#)¹² has launched a [safety culture survey](#) within community pharmacy to better understand and explore:

- The culture around safety reporting from the perspective of frontline teams
- Enablers and barriers to reporting; and

⁷ <https://www.cppe.ac.uk/programmes//safetylasa-e-01>

⁸ <https://www.sps.nhs.uk/wp-content/uploads/2018/02/7-DAVID-GERRETT-FINAL-lookalike-soundalike-MUS-presentation.pdf>

⁹ <https://www.gov.uk/drug-safety-update/drug-name-confusion-reminder-to-be-vigilant-for-potential-errors>

¹⁰ <https://www.who.int/patientsafety/solutions/patientsafety/PS-Solution1.pdf>

¹¹ <https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/Error%20Reporting/rslar-standards-nov-2016.pdf>

¹² <https://pharmacysafety.org/>

- The clarity of reporting processes and the confidence of colleagues in reporting.

Contractors are encouraged to participate. The survey, which was also previously carried out in 2016 and 2019, aims to consider whether attitudes to safety reporting have changed. The survey, which will gather views anonymously, is open to all members of the community pharmacy team and will run until the end of September 2021.

2.2.3 Gateway criterion

On the day of the declaration, all registered pharmacy professionals (pharmacists and pharmacy technicians) working at the pharmacy must have satisfactorily completed the [Reducing look-alike, sound-alike errors \(LASA\) CPPE e-learning](#)¹³ and passed the [e-assessment](#).¹⁴

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.

Contractors who claimed for this criterion in a previous declaration will not be able to use the same patient safety report to make a claim in the February 2022 declaration.

Contractors may wish to use the template available on the [Pharmaceutical Services Negotiating Committee \(PSNC\)](#)¹⁵ website to collate and review patient safety incidents each month. Contractors can use the output of these forms to complete their overall patient safety report; a template for this is also available on the [PSNC website](#).¹⁶

The new safety report will need to show how the following details have been updated since the previous patient safety report was completed:

- collation of incidents and near misses from an ongoing log;
- analysis of the incidents and near misses looking for patterns;
- reflection on learning from these incidents and near misses;
- record of action taken to minimise future risk from repeated errors;
- shared learning (both nationally and locally); and
- evidence of specific actions taken by the pharmacy in response to local errors and national patient safety alerts issued by the [Central Alerting System](#).¹⁷

¹³ <https://www.cppe.ac.uk/programmes//safetylasa-e-01>

¹⁴ <https://www.cppe.ac.uk/programmes/?t=safetyLASA-A-02&evid=>

¹⁵ <https://psnc.org.uk/services-commissioning/pharmacy-quality-scheme/>

¹⁶ <https://psnc.org.uk/services-commissioning/pharmacy-quality-scheme/>

¹⁷ <https://www.cas.mhra.gov.uk/Home.aspx>

Demonstrable learnings from the [Reducing look-alike, sound-alike errors \(LASA\) CPPE e-learning](#)¹⁸ should also be incorporated into the safety report. This should include a review of, and subsequent actions, where mitigation taken has failed to prevent a LASA incident or a LASA near miss from occurring.

The pharmacy contractor must be able to demonstrate having actively identified and managed the risks at premises level associated with the specified LASA medicines identified from the National Reporting and Learning System (NRLS) as shown below:

Propranolol	+	Prednisolone
Amlodipine	+	Amitriptyline
Carbamazepine	+	Carbimazole
Rivaroxaban	+	Rosuvastatin
Atenolol	+	Allopurinol

These pairs have been identified from Coroners' reports and/or the NRLS. Incidents involving these pairings are reported with considerable frequency, have been associated with serious harm and the medications are pharmacologically disparate.

The pharmacy contractor must be able to demonstrate that actions have been put in place 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 medicines.

There must also be demonstrable evidence of all actions identified in the patient safety report having been implemented.

The pharmacy contractor should upload any LASA incident reports to the NRLS or the new Learn From Patient Safety Events (LFPSE) system (the replacement for the NRLS) and keep 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 LFPSE report, the contractor must include the text 'LASA' as a unique identifier to facilitate future national learning. Including in the incident description details of the actions that had been in place in the pharmacy to prevent LASA errors from occurring will help inform learning about the mitigation used in community pharmacy to prevent these errors.

Contractors already have a contractual requirement to report patient safety incidents to the NRLS / LFPSE. This can be done via the e-form following guidance on the

¹⁸ <https://www.cppe.ac.uk/programmes//safetylasa-e-01>

[PSNC website](#),¹⁹ or some contractors collate reports via corporate systems, which then report centrally to these systems.

Copies of patient safety incident reports made by a pharmacy to NRLS or LFPSE or to corporate or other incident reporting systems should be retained by the contractor, as these may be required for post payment verification.

2.2.4 Reporting

The following must be submitted to NHS England and NHS Improvement on the MYS application when making the PQS 2021/22 declaration:

- the total number of registered pharmacy professionals (including pharmacists and pharmacy technicians) working at the pharmacy who have satisfactorily completed the [CPPE reducing look-alike, sound-alike errors \(LASA\) e-learning](#)²⁰ training and passed the [e-assessment](#);²¹
- a declaration that contractors 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; and
- a declaration that demonstrable learnings from the [CPPE reducing look-alike, sound-alike errors \(LASA\) e-learning](#)²² have been incorporated into the safety report.

¹⁹ <https://psnc.org.uk/contract-it/essential-service-clinical-governance/patient-safety-incident-reporting/>

²⁰ <https://www.cppe.ac.uk/programmes//safetylasa-e-01>

²¹ <https://www.cppe.ac.uk/programmes//?t=safetyLASA-A-02&evid=>

²² <https://www.cppe.ac.uk/programmes//safetylasa-e-01>

2.3 Risk review

2.3.1 Aim

The aim of this gateway criterion is to ensure that all pharmacy professionals understand and recognise the risks associated with their professional practice (specifically focusing on the management of minimising the risk of transmission for COVID-19) and understand how to review, assess, prioritise and mitigate against risks in their workplace.

Managing risk is an important part of the General Pharmaceutical Council's (GPhC) standards for pharmacy professionals.

2.3.2 Rationale

Significant progress has been made to date on developing the safety culture of community pharmacy since the inception of the first Quality Payments Scheme (the previous name for PQS) in 2016. 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.

Previous schemes have focused on:

- prevention of LASA dispensing errors and near misses;
- work to identify and support patients with suspected sepsis; and
- managing the risk of missing red flag symptoms during over the counter (OTC) consultations.

This gateway criterion links to the NHS priorities to continuously improve patient safety as outlined in the [NHS Patient Safety Strategy](#)²³ and supports contractors to build and reflect on the work undertaken in previous years.

The requirement to review the management of the risk of transmission for COVID-19 builds on the work that most contractors completed in the PQS 2020/21 Part 1 Essential Criteria Checklist. The review will include a recorded reflection of the identified risks and the risk minimisation actions that the pharmacy team has taken since completing the checklist to protect staff, patients, and members of the public in the pharmacy.

[Clinical governance](#)²⁴ is one of the Terms of Service for all pharmacy contractors as part of the NHS CPCF – risk management is a key element of this. Pharmacy

²³ <https://www.england.nhs.uk/patient-safety/the-nhs-patient-safety-strategy/>

²⁴ <https://www.england.nhs.uk/wp-content/uploads/2019/08/pharmacy-manual-v2.pdf>

contractors have a responsibility to be aware of the risks associated with work within their premises, and to take steps to mitigate and to reduce these risks.

For pharmacy practice, this is reinforced through the GPhC [Standards for registered pharmacies](#)²⁵ and [Standards for pharmacy professionals](#).²⁶ Understanding what can go wrong, and how it could go wrong, provides pharmacy professionals with vital information to identify risky situations, recognise when they happen, and reduce the chance of reoccurrence. Ideally, professionals want to put the safeguards in place to prevent their occurrence in the first place.

The new risk review for 2021/22 seeks to build on the work that contractors completed for the PQS 2020/21 Part 1 Essential Criteria Checklist. This criterion requires an update to this work so that the whole pharmacy team are involved in an action plan to put in place all reasonable measures to respond to COVID-19, to protect themselves and the people using their services.

These measures may include, but should not be limited to, recommendations and best practice from the latest Infection Prevention and Control (IPC) guidance to protect staff, patients, and members of the public in the pharmacy. It is important that vulnerable staff and/or those with greater risk are offered regular risk assessments.

Risk review templates to complete the risk review can be found on the [PSNC website](#).²⁷

2.3.3 Gateway criterion

On the day of the declaration (applies to ALL contactors):

- All registered pharmacy professionals working at the pharmacy must have satisfactorily completed the [CPPE risk management guide](#)²⁸ and passed the [e-assessment](#).²⁹
- 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 [IPC guidance](#)³⁰ to protect staff, patients and members of the public in the pharmacy.

²⁵ [standards for registered pharmacies june 2018 0.pdf\(pharmacyregulation.org\)](#)

²⁶ https://www.pharmacyregulation.org/sites/default/files/standards_for_pharmacy_professionals_may_2017_0.pdf

²⁷ <https://psnc.org.uk/services-commissioning/pharmacy-quality-scheme/>

²⁸ <https://www.cppe.ac.uk/programmes//riskman-g-02/>

²⁹ <https://www.cppe.ac.uk/programmes//?t=RiskManG-A-03&evid=>

³⁰ <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>

- All registered pharmacy professionals working at the pharmacy must have satisfactorily completed the [CPPE sepsis e-learning](#)³¹ and passed the [e-assessment](#).³²

AND

For contactors who DID declare as having met the Risk management domain for the Pharmacy Quality Scheme 2020/21 (Part 2):

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.

OR

For contactors who DID NOT declare as having met the Risk management domain for the Pharmacy Quality Scheme 2020/21 (Part 2):

On the day of the declaration, the contractor must have available, at premises level, a new risk review for:

- The risk of missing red flag symptoms during OTC consultations; and
- The risk of missing sepsis identification.

2.3.4 Reporting

When making a declaration for this criterion, the following information must be reported on the MYS application:

For all contractors:

- the total number of registered pharmacy professionals working at the pharmacy who have satisfactorily completed the [CPPE risk management guide](#)³³ and passed the associated [e-assessment](#);³⁴
- a declaration that the pharmacy has available, at premises level, a new risk review undertaken as part of the PQS 2021/22 which includes:
 - minimising the risk of transmission for COVID-19;
 - and

³¹ <https://www.cppe.ac.uk/gateway/sepsis>

³² <https://www.cppe.ac.uk/programmes//sepsis-a-02/>

³³ <https://www.cppe.ac.uk/programmes//riskman-g-02/>

³⁴ <https://www.cppe.ac.uk/programmes//?t=RiskManG-A-03&evid=>

- the risk minimisation actions that the pharmacy team has been taking; and any subsequent actions identified and demonstrably completed as a result of this reflection
- the total number of registered pharmacy professionals working at the pharmacy who have completed the [CPPE sepsis e-learning](#)³⁵ and passed the associated [e-assessment](#).³⁶

AND

For contactors who DID declare as having met the Risk management domain for the Pharmacy Quality Scheme 2020/21 (Part 2):

- 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:
 - the risk of missing red flag symptoms during OTC consultations; and
 - the risk of missing sepsis identification.

For contractors who DID NOT declare as having met the risk review domain for the Pharmacy Quality Scheme 2020/21 (Part 2):

- 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:
 - the risk of missing red flag symptoms during OTC consultations; and
 - the risk of missing sepsis identification.

³⁵ <https://www.cppe.ac.uk/gateway/sepsis>

³⁶ <https://www.cppe.ac.uk/programmes//sepsis-a-02>

3. Quality criteria

The PQS 2021/21 contains seven domains. Table 1: Summary of PQS 2021/22 gateway criteria, domains and quality criteria 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 3: 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. The only exception to this is for the Healthy Living Support domain; see section 10 Weight Management for further details.

4. High risk medicines – anticoagulant audit

4.1 Aim

The aim of this quality criterion is to reduce preventable patient harm from oral anticoagulant medicines and to embed the actions, recommendations and learning from the audit which will be undertaken in clinical practice.

4.2 Rationale

In response to the [WHO Global Safety Patient Safety Challenge: medicines without harm](#),³⁷ NHS England and NHS Improvement has instigated a [Medicines Safety Improvement Programme](#)³⁸ with anticoagulant safety being one of four initial areas of focus. Prevention of heart attacks and strokes is a priority in the [NHS Long Term Plan](#)³⁹ which will increase the use of anticoagulants in the coming years.

Anticoagulants are life-saving medicines that can prevent strokes related to atrial fibrillation and treat venous thromboembolism. However, these medicines are [high risk medicines](#),⁴⁰ having a heightened risk of causing significant harm when used in error. This class of medicines is frequently identified as a cause of preventable harm and admission to hospital. The National Patient Safety Agency (now NHS Improvement) issued a [patient safety alert](#)⁴¹ with actions to improve anticoagulant safety which included:

- providing specific patient information;
- ensuring regular blood monitoring; and
- checking drug interactions.

Since this was issued, newer non-vitamin K antagonist oral anticoagulants also known as Direct Oral Anticoagulants (DOACs) have come into widespread use. Although many of the principles of the 2007 alert still apply, some aspects, such as regular International Normalised Ratio (INR) monitoring and dietary consideration, are not relevant for the newer medicines.

³⁷ <https://www.who.int/news/item/29-03-2017-global-launch-of-who's-third-global-patient-safety-challenge---medication-without-harm>

³⁸ <https://www.england.nhs.uk/patient-safety/patient-safety-improvement-programmes/>

³⁹ <https://www.longtermplan.nhs.uk/online-version/chapter-3-further-progress-on-care-quality-and-outcomes/better-care-for-major-health-conditions/cardiovascular-disease/>

⁴⁰ <https://apps.who.int/iris/bitstream/handle/10665/325131/WHO-UHC-SDS-2019.10-eng.pdf?ua=1>

⁴¹ <https://webarchive.nationalarchives.gov.uk/ukgwa/20171030124314/http://www.nrls.npsa.nhs.uk/resources/?entryid45=59814&p=14>

Since the [2017/18 Specialist Pharmacy Service anticoagulant audit](#),⁴² which was undertaken by many pharmacy contractors, several national medicine safety indicators have been published. Anticoagulants are included in two of these indicators, linked to the risk of hospital admission for [gastro-intestinal bleeding](#)⁴³. The same measures are part of the **Ph**armacist-led **I**nformation technology **i**ntervention for the reduction of **C**linically important **E**rrors in medicines management (PINCER) intervention in GP practices which is being rolled out nationally by the Academic Health Science Networks.

Early in 2020, when the COVID-19 pandemic started, NHS England and NHS Improvement issued guidance on switching patients from warfarin to a DOAC to reduce the need for regular INR monitoring. During this time there were occasional incident reports where patients received both warfarin and DOAC concurrently. To reduce the risk of over-anticoagulation and bleeding, the [MHRA](#)⁴⁴ has since advised that healthcare professionals should ensure that warfarin treatment is stopped before DOACs are started. Pharmacists should help ensure a safe transition between therapies and encourage patients to return any medication no longer needed. Local pharmacy records need to be updated promptly so discontinued treatments are not inadvertently re-ordered.

Pharmacy teams should work in collaboration with local general practitioners and PCNs who will be working towards the [Impact and Investment Fund \(IIF\) indicators](#) which aim to deliver better outcomes for patients on medication.⁴⁵

4.3 Quality criterion

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 – see section 14. Annex: Oral Anticoagulant Safety Audit 2021/22.

The pharmacy must also have completed the revised audit see section (14. Annex: Oral Anticoagulant Safety Audit 2021/22), 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.

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

⁴² [Evaluation of patients' knowledge about oral anticoagulant medicines and use of alert cards by community pharmacists \(nih.gov\)](#)

⁴³ <https://www.nhsbsa.nhs.uk/epact2/dashboards-and-specifications/medication-safety>

⁴⁴ <https://www.gov.uk/government/publications/warfarin-and-other-anticoagulants-monitoring-of-patients-during-the-covid-19-pandemic>

⁴⁵ <https://www.england.nhs.uk/wp-content/uploads/2021/08/B0828-i-gp-contract-letter-pvns-21-22-and-22-23.pdf>

taken. 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. 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 (See section 14. Annex: Oral Anticoagulant Safety Audit 2021/22) and must be reported using the NHSBSA SNAP survey which will be accessed via the MYS application before making a PQS declaration.

Where a prescriber has been contacted regarding anticoagulant concerns, any subsequent actions must be followed up and documented in the patient's PMR to ensure all necessary corrective actions have been taken. These actions should be recorded on the audit data collection tool.

The pharmacist or a competent member of staff should discuss the anticoagulant medicine with the patient or representative to help ensure safe and effective use. Attempts should be made for this discussion to occur with all patients, including patients who have their medication delivered, or patients who live in a care home. It may be appropriate to speak to an identified patient representative, family member or member of care staff.

If attempts to contact the patient have failed, and there is a potential risk of anticoagulant related adverse effects or concerns about the patient's therapy, the prescriber should be contacted to suggest a review is undertaken and the details recorded in the PMR. This would not constitute a breach of patient confidentiality as the referral is in the best interests of the patient and necessary to ensure patient safety. The pharmacy team should support the patient to reduce the risk of adverse effects arising from ongoing anticoagulant therapy and optimise outcomes through education and advice as well as adopting principles of shared decision-making. Good practice includes recording INR levels in patients' PMR (where applicable) with dates and details of where the result was obtained from.

In the extremely unlikely event where a contractor is unable to complete the anticoagulant audit due to the fact that they have not identified any eligible patients during the audit period the contractor should send an email, before they make their declaration for a PQS payment, to the NHSBSA Provider Assurance Team at: nhsbsa.pharmacysupport@nhs.net with the following details:

The subject should state "PQS ANTICOAGULANT AUDIT Nil return for [F code]"

The main body of the email should contain:

- Pharmacy F code
- Pharmacy name
- Pharmacy address
- Start date of the audit

- End date of the audit
- The following text should be included in the body of the email:

“I declare that this pharmacy has undertaken the anticoagulant during the period stated above but no suitable patients have been identified. I am therefore unable to complete the online audit tool.

I acknowledge that NHSBSA may carry out checks on behalf of NHS England and NHS Improvement to determine if any patients have received dispensed anticoagulant items from the pharmacy during the period advised”

- Name of person making declaration and their role in the pharmacy

It is up to the contractor how they choose to implement regular monitoring of patients’ use of anticoagulant therapy into their processes and procedures but, as a minimum, all patients prescribed oral anticoagulants, and their carers where appropriate, should be offered advice about taking anticoagulant medicines. The relevant standard operating procedure (SOP) could be amended to include documentation of these interventions in the PMR and/or interventions log, to aid this practice.

4.4 Reporting

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.

The pharmacy must then complete the revised audit (see section 14. Annex: Oral Anticoagulant Safety Audit 2021/22), within the PQS guidance found at: <https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-quality-payments-scheme/pqs/>, 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 by the day of the contractor’s PQS declaration.

The online portal to record data will be available from midday on 1 October 2021. No patient identifiable data for any of the audits should be submitted via the MYS application.

The following must be submitted to NHS England and NHS Improvement on the MYS when making the PQS 2021/22 declaration:

- the start and finish dates for data collection; and
- the data collected as part of the audit.

5. Asthma/COPD

5.1 Aim

The aims of this quality criterion are for community pharmacy to:

- continue work from previous PQS in reducing morbidity and preventable deaths from asthma through targeted clinical surveillance and evidence-based interventions;
- contribute to optimising inhaler technique and outcomes in patients with asthma or COPD; and
- promote safe and environmentally friendly disposal of all unwanted and used inhaler devices by engaging in discussions with all patients, their carers and/or representatives.

5.2 Rationale

Personalised asthma action plans and promoting spacer device use in children prescribed pressurised metered dose inhalers (pMDIs)

According to an analysis from [Asthma UK](#),⁴⁶ the UK has one of the worst asthma death rates in Europe, with the rate of people dying from an asthma attack increasing by more than 20% in five years.

The [National Review of Asthma Deaths](#)⁴⁷ (NRAD) made several recommendations to improve the care of people with asthma including:

- People with asthma should be provided with a personalised asthma action plan (PAAP) which can help to identify worsening asthma, support corrective action and advise patients and carers of how and when to seek help. Patients with a PAAP were four times less likely to die from an asthma attack but 77% of patients included in the NRAD report had no record of having a PAAP.

In addition, the [NICE technology appraisal \(NICE TA38\)](#)⁴⁸ guidance recommends the use of spacer devices in combination with press and breathe pressurised metered-dose inhalers (pMDIs) to achieve optimum asthma management in children between the ages of five to 15 years.

⁴⁶ <https://www.asthma.org.uk/about/media/news/press-release-uk-asthma-death-rates-among-worst-in-europe/>

⁴⁷ <https://www.rcplondon.ac.uk/projects/outputs/why-asthma-still-kills>

⁴⁸ <https://www.nice.org.uk/guidance/ta38>

Inhaler technique checks for patients prescribed a new inhaler with asthma or COPD during the COVID-19 pandemic

A key finding of the [NRAD report](#)⁴⁹ identified asthma sufferers, with [poor inhaler technique](#)^{50,51,52} being at increased risk of poor asthma control, potentially resulting in an attack. Incorrect use of inhalers is very common and subsequently leads to [poor control](#)⁵³ for both patients with asthma and COPD. The high prevalence of suboptimal inhaler technique is supported by a recent systematic review. The main finding of the review was a high frequency of poor and/or [suboptimal inhaler use](#)⁵⁴ for all types of devices, but particularly MDIs which had the highest frequency of errors.

For patients with [COPD](#),⁵⁵ incorrect inhaler technique increases the risk of severe flare-ups and hospitalisation. The same principle applies to people with asthma. In addition, incorrect inhaler technique when using inhaled corticosteroids increases the risk of some [side-effects](#)⁵⁶ like dysphonia and oral thrush. Checking and correcting inhaler technique can improve respiratory outcomes.

Owing to the necessary infection prevention controls, social distancing measures and changes in how patients accessed primary care services in response to the COVID-19 pandemic; it is recognised that patients may not have received an inhaler technique review during the pandemic.

Pharmacists are important health educators and are able to check inhaler technique at the point of dispensing medication. This quality criterion seeks to ensure patients are supported to get the most from their medicines and minimise preventable exacerbations of asthma and/or COPD. Contractors are advised to use their IPC risk assessment to determine the safest way to conduct inhaler technique checks i.e. whether virtual checks are more appropriate due to local COVID-19 outbreaks.

The requirement of this criterion is for community pharmacies to identify patients who have had a change to their inhaler device or been initiated on a new inhaler device and not received an inhaler technique review. The identified patients should be offered an inhaler technique review as part of the catch-up NMS model (the completed NMS, which include the inhaler technique review, will be claimed for in the usual way).

⁴⁹ <https://www.rcplondon.ac.uk/projects/outputs/why-asthma-still-kills>

⁵⁰ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6442852/pdf/pcrj201384.pdf>

⁵¹ <https://core.ac.uk/download/pdf/82611902.pdf>

⁵² <https://www.europeanreview.org/wp/wp-content/uploads/657.pdf>

⁵³ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6001739/pdf/copd-13-1863.pdf>

⁵⁴ [https://journal.chestnet.org/article/S0012-3692\(16\)47571-9/pdf](https://journal.chestnet.org/article/S0012-3692(16)47571-9/pdf)

⁵⁵ <https://www.nationalasthma.org.au/living-with-asthma/resources/health-professionals/information-paper/hp-inhaler-technique-for-people-with-asthma-or-copd>

⁵⁶ <https://www.nationalasthma.org.au/living-with-asthma/resources/health-professionals/information-paper/hp-inhaler-technique-for-people-with-asthma-or-copd>

Return of unwanted and used inhalers

The [climate emergency](#)⁵⁷ is also a health emergency. Unabated it will disrupt care and affect patients and the public at every stage of our lives. With poor environmental health contributing to major diseases, including cardiac problems, asthma and cancer, our efforts must be accelerated.

The [Delivering a 'Net Zero' National Health Service report](#)⁵⁸ sets out the considerable advances that the NHS has already made in improving its carbon footprint and reducing the environmental impact of its services. But as the largest employer in Britain, it is responsible for around 4% of the nation's carbon emissions. If this country is to succeed in its overarching climate goals, the NHS has to be a major part of the solution.

It is for this reason that the NHS is committed to tackle climate change by reducing its emissions to 'net zero'. In doing so, its aim is to be the world's first 'net zero' national health service. The Delivering a 'Net Zero' National Health Service report provides a clear plan with credible milestones to get there. It covers both the care it provides (the NHS Carbon Footprint) and the entire scope of the emissions (the NHS Carbon Footprint Plus).

Medicines account for 25% of emissions within the NHS. Further, a small number of medicines account for a large portion of the emissions, and there is already a significant focus on two such groups – anaesthetic gases (2% of emissions) and inhalers (3% of emissions) – where emissions occur at the 'point of use'.

Interventions to reduce emissions focuses on the reductions available from anaesthetic gases and inhalers, including commitments made in the [NHS Long Term Plan](#)⁵⁹ that are already underway. These interventions include optimising prescribing, substituting high carbon products for low-carbon alternatives, and improvements in production and waste processes. The [IIF](#)⁶⁰ will incentivise activity of PCNs to achieve this and create a more sustainable NHS over the next 18 months. Pharmacies should work collaboratively with their local PCNs to support patients prescribed a new or different inhaler.

Landfill disposal of inhalers is harmful to the environment both in material waste and in greenhouse gas emissions as the residual propellant gas from canisters is released into the atmosphere.⁶¹ If every inhaler-user in the UK returned all their

⁵⁷ <https://www.england.nhs.uk/greenernhs/wp-content/uploads/sites/51/2020/10/delivering-a-net-zero-national-health-service.pdf>

⁵⁸ <https://www.england.nhs.uk/greenernhs/wp-content/uploads/sites/51/2020/10/delivering-a-net-zero-national-health-service.pdf>

⁵⁹ <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>

⁶⁰ <https://www.england.nhs.uk/wp-content/uploads/2021/08/B0828-i-gp-contract-letter-pvns-21-22-and-22-23.pdf>

⁶¹ <https://www.recyclenow.com/what-to-do-with/inhalers-0>

inhalers for one year, this could save 512,330 tonnes of CO₂eq – the same as a Volkswagen Golf car being driven around the world 88,606 times.⁶²

The safe disposal of [unwanted medicines](#)⁶³ is an essential service for community pharmacy and the aim of this criterion is to highlight to patients the environmental benefit of all used or unwanted inhalers being returned to a pharmacy to be disposed of safely, via the essential service.

This allows inhalers to be disposed of with other medicines waste, via high temperature incineration, which safely destroys the residual propellant gases, which are potent greenhouse gases.

5.3 Quality criteria

Personalised asthma action plans and promoting spacer device use in children prescribed pressurised metered dose inhalers (pMDIs)

On the day of the declaration, the pharmacy contractor must have evidence that they have ensured that:

- 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
- all patients, 5 years and above with asthma have a personalised asthma action plan.

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.

Inhaler technique checks for patients prescribed a new inhaler with asthma or COPD during the COVID-19 pandemic

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 model.

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 [CPPE Inhaler technique for health professionals: getting it right e-learning](#)⁶⁴ or attended a CPPE face-to-face or online inhaler technique workshop and

⁶² <https://www.recyclenow.com/what-to-do-with/inhalers-0>

⁶³ <https://www.england.nhs.uk/wp-content/uploads/2019/08/pharmacy-manual-v2.pdf>

⁶⁴ <https://www.cppe.ac.uk/programmes//inhalers-e-02>

passed the current version of the [Inhaler technique for health professionals \(2021/22\) e-assessment](#)⁶⁵ which was updated on 15 April 2020.

The current version of the e-assessment must be completed if pharmacists have completed the e-learning or attended the face-to-face/online workshop before providing inhaler technique checks. Please note that the previous version of the CPPE e-assessment, *Inhaler technique*, does not meet the requirements

Where appropriate, pharmacists can conduct virtual inhaler technique checks, as part of the catch-up NMS model, as described in the following paper: [Taskforce for Lung Health position paper](#)⁶⁶ on optimising inhaler technique remotely.

It is up to pharmacy teams how they choose to engage and implement regular monitoring of asthma and COPD patients into their processes and procedures. At a minimum, they must review all patients 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. Where these patients have not had their inhaler technique checked in this time they should be offered a catch-up NMS and their responses recorded for reporting in the scheme declaration.

In the extremely unlikely event where no patients are identified for this criterion of the domain, the contractor will still be eligible for payment if they can evidence that they have been working to identify suitable patients and that they have processes in place for delivering the catch-up NMS should they identify a patient who is suitable. The contractor will need to declare no patients have been identified on the MYS declaration. Information from the NHSBSA dispensing data will be checked to confirm this declaration.

Contractors must record any intervention or referral made in the patient medication record (PMR). These records may be required for post payment verification purposes especially if a contractor was to claim for this criterion without identifying patients eligible for the catch-up NMS.

Return of unwanted and used inhalers

On the day of the declaration, all patient-facing pharmacy staff 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. There is not a set training course that staff have to complete for this requirement; however, PSNC has published [Briefing](#)

⁶⁵ <https://www.cppe.ac.uk/programmes/?t=Inhalers-A-08&evid=>

⁶⁶ https://cdn.shopify.com/s/files/1/0221/4446/files/Position_paper_on_optimising_inhaler_technique_remotely_FINAL.pdf?v=1615466185

[024/21 Reducing the climate change impact of inhalers: environmentally safe disposal](#)⁶⁷ which contractors can choose to use to meet this requirement.

On the day of 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.

5.4 Reporting

When making a declaration for this criterion, the following information must be reported on the MYS application:

Personalised asthma action plans and promoting spacer device use in children prescribed pressurised metered dose inhalers (pMDIs)

- 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
- the total number of patients 5 years and above with asthma who they have referred to have a personalised asthma action plan.

Inhaler technique checks for patients prescribed a new inhaler with asthma or COPD during the COVID-19 pandemic

- the total number of pharmacists working at the pharmacy who have satisfactorily completed the [CPPE inhaler technique for health professionals: getting it right training e-learning](#)⁶⁸ and passed the current version of the [e-assessment \(Inhaler technique for health professionals \(2021/21\), updated 15 April 2020\)](#)⁶⁹;
- the total number of pharmacists working at the pharmacy who have attended a CPPE face-to-face/online inhaler technique workshop and passed the [e-assessment](#)⁷⁰;
- 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;

⁶⁷ <https://psnc.org.uk/services-commissioning/psnc-briefings-services-and-commissioning/psnc-briefing-024-21-reducing-the-climate-change-impact-of-inhalers-environmentally-safe-disposal/>

⁶⁸ <https://www.cppe.ac.uk/programmes//inhalers-e-02>

⁶⁹ <https://www.cppe.ac.uk/programmes//?t=Inhalers-A-08&evid=>

⁷⁰ <https://www.cppe.ac.uk/programmes//?t=Inhalers-A-08&evid=>

- the total number of patients who answered no to the previous question and were offered a catch-up NMS, including an inhaler technique check;
- the total number of patients who were subsequently provided with a face-to-face catch-up NMS, including an inhaler technique check;
- the total number of patients who were subsequently provided with a virtual catch-up NMS, including an inhaler technique check; and
- the total number of patients who were referred to their prescriber due to issues identified during catch-up NMS.

Return of unwanted and used inhalers

- the total number of patient-facing pharmacy staff 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
- the total number of conversations had with patients and/or their carer or representatives on the safe and environmentally friendly disposal of their inhaler.

6. Remote consultation skills

6.1 Aim

The aim of this criterion is for all pharmacy professionals to be able to safely undertake remote consultations building on existing consultation skills when undertaking consultations via video and over the phone.

6.2 Rationale

Digital technology is a significant part of our everyday lives improving the way we socialise, shop and work. It also has great potential to improve and enhance how the NHS delivers its services in a new and modern way, providing faster, safer and more convenient care.⁷¹

The NHS Long Term Plan will increase the range of digital health tools and services available. People will be able to seek health information and support online and choose whether they speak to a doctor on the phone or in person.⁷² A wide range of NHS-approved apps will help people get ongoing support to help them manage their health and wellbeing needs, backed up by face-to-face care when this is needed.⁷³

Although the use of phone and video consultations has occurred for some time, the COVID-19 pandemic has forced a shift towards remote consultation methods to ensure the safety of the clinician and patient.⁷⁴ Patients at high risk of severe COVID-19 were advised to 'shield', avoiding all but essential contact.⁷⁵ More telephone or e-consultation triage models were introduced, with most triaged consultations done via telephone and/or video. Because of this shift in service delivery for some patients, it is important that community pharmacies are able to provide high quality remote consultations.

All community pharmacy contractors have access to Microsoft teams which can be used to invite NHSmail and non-NHSmail users to meetings and/or appointments. Details on use can be found at the [Microsoft Teams video training guidance](#).

With effect from 9 November 2020, new requirements regarding remote consultations were introduced and contractors must, to the extent reasonable:

- facilitate remote access to the pharmaceutical services provided at or from their pharmacy premises where users of the services wish to access such services under arrangements that make the services available remotely

⁷¹ <https://www.longtermplan.nhs.uk/areas-of-work/digital-transformation/>

⁷² <https://www.longtermplan.nhs.uk/areas-of-work/digital-transformation/>

⁷³ <https://www.longtermplan.nhs.uk/areas-of-work/digital-transformation/>

⁷⁴ <https://bjgp.org/content/71/704/e166>

⁷⁵ <https://bjgp.org/content/71/704/e166>

- establish, maintain and keep under review their procedures to facilitate remote access to those [pharmaceutical services](#).⁷⁶

This criterion supports high quality remote provision of pharmaceutical services.

6.3 Quality criterion

On the day of the declaration, all registered pharmacy professionals working at the pharmacy have satisfactorily completed the [CPPE Remote consultation skills e-learning](#)⁷⁷ (please note there is no e-assessment for this e-learning).

The contractor must, where relevant and not already undertaken, update their SOPs in relation to the provision of remote consultations to reflect the November 2020 regulation changes.

6.4 Reporting

Submission of information to NHS England and NHS Improvement must be reported on the MYS application and must include the following information:

- the total number of registered pharmacy professionals working at the pharmacy who have satisfactorily completed the [CPPE Remote consultation skills e-learning](#).^{78 77}

⁷⁶ <https://www.england.nhs.uk/wp-content/uploads/2020/12/B0274-guidance-on-the-nhs-charges-pharmaceutical-and-local-pharmaceutical-services-regulations-2020.pdf> (paragraph 32A, Schedule 4).

⁷⁷ <https://www.cppe.ac.uk/programmes//consultrem-e-01>

⁷⁸ <https://www.cppe.ac.uk/programmes//consultrem-e-01>

7. Influenza vaccination programme

7.1 Aim

The aim of this domain is to reduce the risk of harm from the influenza (flu) 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 IIF⁷⁹ respectively, to work collaboratively to increase the number of eligible people vaccinated.

7.2 Rationale

For most healthy people, 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 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](#),⁸⁰ which is informed by the NHS England and NHS Improvement, Public Health England (PHE) and the Department of Health and Social Care annual [Flu Plan](#).⁸¹

The 2020/21 influenza vaccination programme was hugely successful, with far greater uptake than any influenza vaccination programme to date. Flu vaccination uptake for the 65 years and over age group during the 2020/21 flu season exceeded the WHO [target uptake rate of 75% or more](#).⁸²

Community pharmacy and general practice teams have been delivering flu vaccination services for a number of years although, in some places, the approach is

⁷⁹ <https://www.england.nhs.uk/wp-content/uploads/2021/08/B0828-i-gp-contract-letter-pvns-21-22-and-22-23.pdf>

⁸⁰ <https://www.england.nhs.uk/publication/community-pharmacy-seasonal-influenza-vaccine-service/>
⁸¹ <https://www.gov.uk/government/collections/annual-flu-programme>

⁸² <https://www.england.nhs.uk/publication/nhs-england-enhanced-services-influenza-specifications/>

more competitive than collaborative. By incentivising both primary care providers similarly, we want to continue to facilitate a collaborative approach in a PCN, leading to an increase in uptake of flu vaccinations in the eligible population.

The 2019/20 and 2020/21 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.

In the 2021/22 season, an identified Pharmacy PCN Lead should continue to develop this engagement with their PCN further, working 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.

7.3 Quality criteria

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.

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 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.

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:

Table 2: Points allocated to bands 1-6 on Influenza vaccination uptake in patients aged 65 years and over

	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

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.

7.4 Reporting

When making a declaration for this criterion, the following must be submitted 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 take action to increase the uptake of flu vaccinations to patients aged 65 and over by the provision of flu vaccinations;
- the total number of eligible patients vaccinated by the contractor under the community pharmacy seasonal influenza vaccination advanced service between 1st September 2021 and 31st January 2022;
- the name of the PCN* to which they have aligned;
- the name of the appointed Pharmacy PCN* Lead for the PCN*; and
- the pharmacy name and ODS code for the Pharmacy PCN* lead.

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:

- 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 patients vaccinated by the contractor under the community pharmacy seasonal influenza vaccination advanced service between 1st September 2021 and 31st January 2022;
- 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 Local Pharmaceutical Committee 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 Local Pharmaceutical Committee.

** 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.

*** For pharmacies in a disbanded PCN area this will be the pharmacy lead for the area, agreed with the NHS England and NHS Improvement pharmacy contract manager for that area.

8. Infection prevention and control and review of antimicrobial stewardship practice using the target antibiotic checklist

8.1 Aim

The aim of this criterion is to further support vital work to limit antimicrobial resistance through effective stewardship building on last year's PQS to promote antimicrobial stewardship (AMS) through community pharmacy, influencing responsible antibiotic prescribing and patients' personal attitudes and social norms around use of antimicrobials.

8.2 Rationale

Antimicrobial Resistance (AMR) poses a serious threat to global public health with clinical and economic implications.⁸³ Antibiotic-resistant bacterial infections are associated with increased mortality compared to those without resistance.⁸⁴

AMR is driven by the overuse and inappropriate use of antibiotics,⁸⁵ including taking the wrong kind of antibiotic, not using them as directed or using them at inappropriate doses. Despite reductions in antibiotic use, England continues to dispense twice as many as the lowest-using country in Europe, and antibiotic-resistant infections continue to increase.⁸⁶ In 2018, 80% of antibiotics were prescribed in the community,⁴ highlighting the need for antibiotic stewardship in the community and primary care settings.⁸⁷

AMS programmes encourage the responsible use of antimicrobials through the delivery of multiple evidence-based interventions.⁸⁸ Studies demonstrate that AMS interventions reduce excessive antibiotic prescribing in secondary care, can reduce AMR and healthcare associated infections (HCAIs), increase effective prescribing, and improve clinical outcomes for patients. AMS programmes are increasingly regarded as essential to tackling AMR and safeguarding human health.^{89,90}

⁸³ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6188119/>

⁸⁴ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4768623/>

⁸⁵ https://www.researchgate.net/publication/281588351_Medicine_'misuse'_Implications_for_health_and_environmental_sustainability

⁸⁶ <https://academic.oup.com/jacamr/article/2/4/dlaa089/5943021>

⁸⁷ <https://academic.oup.com/jacamr/article/2/4/dlaa089/5943021>

⁸⁸ <https://academic.oup.com/jac/article/70/4/1245/801366>

⁸⁹ <https://pubmed.ncbi.nlm.nih.gov/25538165/>

⁹⁰ <https://pubmed.ncbi.nlm.nih.gov/25538165/>

As about 1.6 million people visit a pharmacy in England daily, pharmacy staff are among the most accessible healthcare professionals, with an opportunity to play a pivotal role in AMS.⁹¹ Pharmacy staff believe that they have a role in tackling AMR, through educating the general public and by advising patients on effective self-care treatments for common infections, appropriateness of antibiotics, antibiotic adherence, and the negative consequences of using antibiotics incorrectly.⁹² Supporting EU guidelines on prudent use of antimicrobials, recommendations for AMS and interventions in community pharmacy include the following:

- Increasing the capability of pharmacy staff to fulfil their AMS role, through education and training;
- Increasing the opportunity for pharmacy staff to give advice, by providing details of diagnosis so that staff can check the antibiotic appropriateness, tailor patient advice, and ensure easy access to relevant patient-facing materials; and
- Motivating staff by giving feedback about their patient advice and informing them how their adherence and self-care advice can help patients get better more quickly, prevent treatment failure and re-infection, and reduce antibiotic use and AMR.⁹³

The [TARGET Treating Your Infection \(TYI\) patient information leaflets](#)⁹⁴ are designed to be shared with patients during the consultation and aim to facilitate communication between prescriber and patient and increase patient's confidence to self-care. The leaflets include information on illness duration, self-care advice, prevention advice and advice on when to re-consult.

8.3 Quality criteria

On the day of the declaration (applies to ALL contactors):

Contractors have reviewed their current practice using the [target antibiotic checklist](#),⁹⁵ in order to provide tailored advice to patients and promote antibiotic awareness and stewardship.

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

⁹¹ <https://academic.oup.com/jacamr/article/2/4/dlaa089/5943021>

⁹² <https://academic.oup.com/jacamr/article/2/4/dlaa089/5943021>

⁹³ <https://academic.oup.com/jacamr/article/2/4/dlaa089/5943021>

⁹⁴ <https://www.rcgp.org.uk/TARGET-patient-leaflets>

⁹⁵ <https://www.rcgp.org.uk/clinical-and-research/resources/toolkits/amr/target-antibiotics-toolkit/-/media/BA7DD55E1B8D4BABA14996B2DACE4077.ashx>

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.

Using the [target antibiotic checklist⁹⁶](#), 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 relevant patients to promote antimicrobial stewardship. It may be appropriate to speak to an identified patient representative, family member or member of care staff.

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.

The data from the checklists must be submitted via the [PHE portal application⁹⁷](#). The contractor must enter the start and finish dates of the audit (which may be different from the date data is first entered on the portal) on the MYS portal at the point of declaration. No patient identifiable data should be entered into the [PHE portal application⁹⁸](#).

In the extremely unlikely event that a contractor is unable to complete the antibiotic review due to the fact that they have not identified any eligible patients during the audit period the contractor should send an email before they make their declaration for a PQS payment, to the NHSBSA Provider Assurance Team at: nhsbsa.pharmacysupport@nhs.net with the following details:

The subject should state "PQS TARGET CHECKLIST AUDIT Nil return for [F code]"

The main body of the email should contain:

- Pharmacy F code
- Pharmacy name
- Pharmacy address
- Start date of the audit
- End date of the audit
- The following text should be included in the body of the email:

⁹⁶ <https://www.rcgp.org.uk/clinical-and-research/resources/toolkits/amr/target-antibiotics-toolkit/-/media/BA7DD55E1B8D4BABA14996B2DACE4077.ashx>

⁹⁷ <https://snapsurvey.phe.org.uk/snapwebhost/s.asp?k=162825448921>

⁹⁸ <https://snapsurvey.phe.org.uk/snapwebhost/s.asp?k=162825448921>

“I declare that this pharmacy has undertaken the antibiotic review during the period stated above but no suitable patients have been identified. I am therefore unable to complete the online audit tool.

I acknowledge that NHSBSA may carry out checks on behalf of NHS England and NHS Improvement to determine if any patients have received dispensed antibiotic items from the pharmacy during the period advised.”

- Name of person making declaration and their role in the pharmacy

AND

For contactors who DID declare as having met the Infection prevention & control and antimicrobial stewardship domain for the PQS 2020/21 Part 2:

On the day of the declaration, contractors must have reviewed and updated their existing AMS action plan and have implemented changes to further promote AMS in their day-to-day practice.

For contactors who DID NOT declare as having met the Infection prevention & control and antimicrobial stewardship domain for the PQS 2020/21 Part 2:

On the day of the declaration, all non-registered pharmacy staff working at the pharmacy must have satisfactorily completed the [Health Education England \(HEE\) infection prevention and control Level 1 e-learning and assessment](#)⁹⁹ on the HEE e-Learning for Healthcare website.

All registered pharmacy professionals must have satisfactorily completed the [HEE Infection Prevention and Control Level 2 e-learning and assessment](#)¹⁰⁰ on the HEE e-Learning for Healthcare website.

All **patient-facing pharmacy staff** that provide advice on medicines or healthcare must have satisfactorily completed the [PHE Antimicrobial Stewardship for Community Pharmacy e-learning and e-assessment](#)¹⁰¹ AND

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,

⁹⁹ <https://portal.e-lfh.org.uk/Component/Details/564333>

¹⁰⁰ <https://portal.e-lfh.org.uk/Component/Details/564321>

¹⁰¹ <https://portal.e-lfh.org.uk/Component/Details/602874>

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.

All patient facing staff that provide health advice, should have become [Antibiotic Guardians](#),¹⁰² if they have not already done so, and have an awareness of the local antibiotic formulary.

8.4 Reporting

When making a declaration for this criterion, the following must be confirmed on the MYS application:

All contractors:

- a declaration that the contractor has completed the target antibiotic checklist review;
- the start and finish date of the review (which may be different from the date data is first entered on the portal)
- a declaration that the contractor has notified the patient's GP where concerns are identified; and
- a declaration that the contractor has shared their anonymised checklist data via the PHE portal application.

For contractors who DID declare as having met the Infection prevention & control and antimicrobial stewardship domain for the 2020/21 PQS Part 2:

- 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.

For contractors who DID NOT declare as having met the Infection prevention & control and antimicrobial stewardship domain for the 2020/21 PQS Part 2:

- the total number of non-registered staff working at the pharmacy who have satisfactorily completed the [HEE infection prevention and control Level 1 e-learning and assessment](#); Error! Bookmark not defined.
- the total number of registered pharmacy professionals working at the pharmacy who have satisfactorily completed the [HEE Infection Prevention and Control Level 2 e-learning and assessment](#);¹⁰⁰
- the total number of patient-facing pharmacy staff working at the pharmacy who have satisfactorily completed the [PHE Antimicrobial Stewardship for Community Pharmacy e-learning and e-assessment](#);¹⁰¹

¹⁰² <https://antibioticguardian.com/>

- 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
- the number of patient facing staff that provide health advice, who have become [Antibiotic Guardians](#)¹⁰² and have an awareness of the local antibiotic formulary.

9. Health inequalities

9.1 Aim

The aim of this criterion is to encourage pharmacies to address health inequalities when delivering services to the general population. More specifically for this PQS, contractors are required to promote COVID-19 vaccination uptake in all patients but particularly in population groups identified as having poorer uptake and where health inequalities may have a greater impact.

9.2 Rationale

Health inequalities arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health, and how we think, feel and act, and this shapes our mental health, physical health and wellbeing.

Reducing health inequalities is central to PHE's mission. It is also a legal requirement of the Health and Social Care Act 2012 and needs to be considered together with the requirements of the Equality Act 2010.

Health inequalities have been documented between population groups across at least four dimensions, specifically:

- Socioeconomic groups and deprivation, e.g. unemployed, low income and deprived areas;
- Inclusive health and vulnerable groups, e.g. homeless people, Gypsy, Roma and Travellers, vulnerable migrants;
- Geography, e.g. urban, rural; and
- Protected characteristics in Equality Duty, e.g. age, sex, religion, sexual orientation, disability.

CPPE has produced a Health inequalities e-learning and e-assessment to support pharmacists and pharmacy technicians to work with their teams to develop the appropriate knowledge and skills required to take action to tackle health inequalities on both a local, community level and with the individuals that they serve. All registered pharmacy professionals working at the pharmacy must satisfactorily complete the [CPPE Health Inequalities e-learning](https://www.cppe.ac.uk/programmes/health-e-01/)¹⁰³ and pass the [e-assessment](https://www.cppe.ac.uk/programmes/?t=Health-A-01&evid=).¹⁰⁴ There is an activity in this e-learning which explores the use of the [Public Health England fingertips tool](https://fingertips.phe.org.uk/profile/covid19/data#page/0)¹⁰⁵ which can be used by pharmacy teams to access local health data.

¹⁰³ <https://www.cppe.ac.uk/programmes/health-e-01/>

¹⁰⁴ <https://www.cppe.ac.uk/programmes/?t=Health-A-01&evid=>

¹⁰⁵ <https://fingertips.phe.org.uk/profile/covid19/data#page/0>

Pharmacy team members may find watching the recording of the [National Pharmacy Association webinar](#)¹⁰⁶ on understanding COVID-19 vaccinations and addressing vaccine hesitancy useful when considering actions to promote COVID-19 vaccination.

The “[grab a jab](#)”¹⁰⁷ initiative are walk-in clinics through the country. This allows some contractors to be actively involved in giving vaccines whilst others may want to help people understand who can get a vaccine, when and how etc and signpost to local available resources.

9.3 Quality criterion

On the day of declaration, all registered pharmacy professionals working at the pharmacy must have completed the [CPPE Health inequalities e-learning](#)¹⁰⁸ and passed the [e-assessment](#).¹⁰⁹

On the day of declaration, the contractors must 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.

9.4 Reporting

When making a declaration for this criterion, the following information must be reported on the MYS application:

- the total number of registered pharmacy professionals working at the pharmacy who have satisfactorily completed the [CPPE Health inequalities e-learning](#) and passed the [e-assessment](#); and
- a declaration that the contractor has available, at premises level, an action plan as to how the pharmacy team will promote COVID-19 vaccination, 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.

¹⁰⁶ https://www.youtube.com/watch?v=gd7_9BFy6Q

¹⁰⁷ <https://www.england.nhs.uk/2021/07/nhs-grab-a-jab-weekend-in-final-drive-to-get-the-country-protected/>

¹⁰⁸ <https://www.cppe.ac.uk/programmes//health-e-01/>

¹⁰⁹ <https://www.cppe.ac.uk/programmes//?t=Health-A-01&evid=>

10. Weight management

10.1 Aim

The aim of this criterion is to aid the prevention of ill health by raising awareness with pharmacy users of the impact of weight and waist circumference on health and the relevance of body mass index (BMI), promoting weight management services where appropriate and supporting people to maintain a healthy weight.

10.2 Rationale

Global obesity rates have tripled since 1975, and the [UK ranks amongst the worst in Europe¹¹⁰ for obesity rates](#). 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.¹¹¹

Nearly two-thirds of adults (63%) in England were classed as being overweight (a body mass index of over 25) or obese (a BMI of over 30) in 2018.¹¹²

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.¹¹³

There is a strong relationship between obesity and [deprivation¹¹⁴](#) across all age groups for both children and adults. There is no straightforward relationship between obesity and [ethnicity¹¹⁵](#), with a complex interplay of factors affecting health in minority ethnic communities in the UK, although it is clear that different ethnic groups have very different levels of susceptibility to becoming overweight or obese.

The [National Child Measurement Programme for 2018/19¹¹⁶](#) shows that in children living in the most deprived areas obesity prevalence was more than double that of those living in the least deprived areas, for both reception and year 6. Nearly a third

¹¹⁰ <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>

¹¹¹ <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>

¹¹² <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-obesity-physical-activity-and-diet/england-2020/part-3-adult-obesity-copy>

¹¹³ <https://www.gov.uk/government/publications/health-matters-obesity-and-the-food-environment/health-matters-obesity-and-the-food-environment--2>

¹¹⁴ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/213721/dh_130511.pdf

¹¹⁵ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/213721/dh_130511.pdf

¹¹⁶ <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-obesity-physical-activity-and-diet/england-2020/part-4-childhood-obesity-copy>

of children aged two to 15 are overweight or obese and younger generations are becoming obese at earlier ages and staying obese for longer.¹¹⁷

In the 2015 Department of Health White Paper, [Healthy Lives, Healthy People: our strategy for public health in England](#),¹¹⁸ the Government recognised that community pharmacies are a valuable and trusted resource. It was also recognised that with millions of contacts with the public each day, pharmacy teams have real potential to effectively improve the health and wellbeing of the public. The Government has pledged to [halve childhood obesity](#)¹¹⁹ and significantly reduce the gap in obesity between children from the most and least deprived areas by 2030. This criterion builds on previous PQS work on sugar sweetened beverages, tooth decay in children and changes to the [regulations](#)¹²⁰ requiring all pharmacies to be Health Living Pharmacies.

Research has shown that brief, opportunistic interventions delivered in primary care can result in a [five-fold increase](#)¹²¹ in the proportion of patients engaging in weight management services. Despite this, engagement of certain population groups, including men, with weight loss services is low. [Research](#)¹²² seems to suggest men perceived weight loss services to be feminised spaces, in which they felt self-conscious and out of place. Increased engagement with low uptake groups for weight management services can have significant benefits. Simple advice from a health or care professional to lose weight increases patients' intentions to lose weight. However, referring people to weight management services can more than double the amount of weight they lose.

Community pharmacies should work collaboratively with their local GPs taking part in the [GP Weight Management Enhanced Service](#).¹²³

10.3 Quality criterion

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 [Adult Obesity](#)¹²⁴ and [Childhood Obesity](#)¹²⁵ to gain a broader understanding of the causes and effects of obesity.

¹¹⁷ <https://www.gov.uk/government/publications/health-matters-obesity-and-the-food-environment/health-matters-obesity-and-the-food-environment--2>

¹¹⁸ <https://www.gov.uk/government/publications/healthy-lives-healthy-people-our-strategy-for-public-health-in-england>

¹¹⁹ <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>

¹²⁰ <https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-manual/nhs-pharmacy-regulations-guidance-2020/>

¹²¹ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/620405/weight_management_toolkit_Let_s_talk_about_weight.pdf

¹²² <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-020-8252-5>

¹²³ <https://www.england.nhs.uk/wp-content/uploads/2021/06/B0699-ess-weight-management-21-22.pdf>

¹²⁴ <https://portal.e-lfh.org.uk/Component/Details/571222>

¹²⁵ <https://portal.e-lfh.org.uk/Component/Details/587409>

On the day of the declaration all registered pharmacy professionals working at the pharmacy must have satisfactorily completed section one and three of the [CPPE Weight management for adults: understanding the management of obesity e-learning](#)¹²⁶ and [e-assessment](#).¹²⁷

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 support and exercise groups that the person could be referred to and support materials/tools they could use, for example, NHS materials such as [Better Health, Let's do this](#)¹²⁸ (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 [NHS website](#)¹²⁹. It should also include details of how to refer people to the [NHS Digital Weight Management Programme](#)¹³⁰ 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).

Pharmacy teams must proactively discuss weight management with a minimum of 25 patients. Pharmacy teams are encouraged to review the PHE [Let's Talk About Weight](#)¹³¹ infographic and [Let's talk about weight: a step-by-step guide to brief interventions with adults for health and care professionals](#)¹³² guidance for support with initiating and managing conversations with people about weight management.

It is expected that a competent individual within the pharmacy (for example, registered pharmacy professional or nominated team member) should be able to offer to measure weight and height (or support the patient to do this accurately) and calculate a patient's BMI, using an appropriate BMI calculator such as, the [NHS healthy weight calculator](#),¹³³ as well as measure waist circumference or support the patient to do so. This should include explaining the purpose of measuring BMI and waist circumference. Pharmacies are expected to support those who wish to lose weight through advice and referral to the NHS Digital Weight Management Programme (where the individual meets the criteria for referral) or Local Authority funded tier 2 weight management services.

¹²⁶ <https://www.cppe.ac.uk/programmes//weightman-e-01/>

¹²⁷ <https://www.cppe.ac.uk/programmes/?t=WeightManE-A-06&evid=49996>

¹²⁸ [Better Health, Let's do this](#)

¹²⁹ <https://www.nhs.uk/>

¹³⁰ <https://pharmacy.wmp.nhs.uk/>

¹³¹ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/737904/LTAW_Final_Infographic_Oct_2017_adults.pdf

¹³² https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/620405/weight_management_toolkit_Let_s_talk_about_weight.pdf

¹³³ <https://www.nhs.uk/live-well/healthy-weight/bmi-calculator/>

The [BMI threshold will be lower at 27.5](#)¹³⁴ for people from BAME backgrounds, as we know people from these ethnic backgrounds are at an increased risk of conditions such as Type 2 diabetes at a lower BMI.

Pharmacies are expected to have access to equipment to accurately measure height, weight and waist circumference.

For contractors who claimed for the Prevention domain in the PQS 2020/21 Part 2, an update to the previous action plan will be required. 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.

To gain the maximum number of points for this criterion (e.g., 20 points for band 4), the pharmacy must have completed the above quality criteria and referred at least one patient (who meets the criteria for referral) to either a Local Authority funded tier 2 weight management service or the [NHS Digital Weight Management Programme](#).¹³⁵ 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:

	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6
Intervention	0.75	10.00	12.50	15.00	17.50	20.00
Referral	0.25	3.33	4.17	5.00	5.83	6.67

If contractors are unable to identify a patient who meets the criteria and agrees to be referred to either a Local Authority funded tier 2 weight management service or the NHS Digital Weight Management Programme, they are still able to claim for the Intervention stage (e.g., 15 points for band 4).

Pharmacies are expected to have access to equipment to accurately measure height, weight and waist circumference.

10.4 Reporting

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

- 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 [Adult Obesity](#)¹³⁶ and [Childhood Obesity](#),¹³⁷

¹³⁴ <https://www.england.nhs.uk/digital-weight-management/>

¹³⁵ <https://pharmacy.wmp.nhs.uk/>

¹³⁶ <https://portal.e-lfh.org.uk/Component/Details/571222>

¹³⁷ <https://portal.e-lfh.org.uk/Component/Details/587409>

- the total number of registered pharmacy professionals working at the pharmacy who have satisfactorily completed section one and three of the [CPPE Weight management for adults: understanding the management of obesity e-learning](#)¹³⁸ and [e-assessment](#);¹³⁹
- 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;
- 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;
- the total number of patients referred to Local Authority funded tier 2 weight management services; and
- the total number of patients referred to the [NHS Digital Weight Management Programme](#)¹⁴⁰ for those with hypertension and/or diabetes.

¹³⁸ <https://www.cppe.ac.uk/programmes//weightman-e-01/>

¹³⁹ <https://www.cppe.ac.uk/programmes//weightman-e-01/>

¹⁴⁰ <https://pharmacy.wmp.nhs.uk/>

11. Training

The table below summarise the training requirements for PQS 2021-22.

Table 2: Training Summary for the Pharmacy Quality Scheme 2021/22

Criterion	Training	Participation
Safety report and demonstrable learnings from CPPE LASA e-learning	CPPE Reducing Look-Alike Sound-Alike errors (LASA) e-learning ¹⁴¹ and e-assessment ¹⁴²	All registered pharmacy professionals
Risk review	CPPE Risk management guide ¹⁴³ and e-assessment ¹⁴⁴	All registered pharmacy professionals
	CPPE Sepsis e-learning ¹⁴⁵ and e-assessment ¹⁴⁶	
Inhaler technique checks for patients prescribed a new inhaler with asthma or COPD during the COVID-19 pandemic	CPPE Inhaler technique for health professionals: getting it right e-learning ^{*147} and e-assessment ¹⁴⁸ (this must be the current version of the e-assessment (Inhaler technique for health professionals (2021/22), updated 15 April 2020) *Contractors can complete this e-learning or attend a CPPE inhaler technique face-to-face or online inhaler technique workshop.	All registered pharmacists
Remote consultation skills	CPPE Remote consultation skills ¹⁴⁹	All registered pharmacy professionals
Infection prevention and control and review of antimicrobial stewardship practice using the target antibiotic checklist	‘HEE infection prevention and control Level 1 e-learning and assessment’	All non-registered pharmacy staff
	‘HEE Infection Prevention and Control Level 2 e-learning and assessment’	All registered pharmacy professionals
	HEE Antimicrobial Stewardship for Community Pharmacy e-learning and e-assessment ¹⁵⁰	All patient-facing pharmacy staff that provide advice on medicines or healthcare
Health inequalities	CPPE Health Inequalities e-learning ¹⁵¹ and e-assessment ¹⁵²	All of registered pharmacy professionals
Weight management	Section 1 and 3 of ‘CPPE Weight management for adults: understanding the management of obesity e-learning ¹⁵³ and e-assessment ¹⁵⁴	All registered pharmacy professionals

¹⁴¹ <https://www.cppe.ac.uk/programmes//safetylasa-e-01/>

¹⁴² <https://www.cppe.ac.uk/programmes//?t=safetyLASA-A-02&evid=>

¹⁴³ <https://www.cppe.ac.uk/programmes//riskman-g-02/>

¹⁴⁴ <https://www.cppe.ac.uk/programmes//?t=RiskManG-A-03&evid=>

¹⁴⁵ <https://www.cppe.ac.uk/gateway/sepsis>

¹⁴⁶ <https://www.cppe.ac.uk/programmes//sepsis-a-02>

¹⁴⁷ <https://www.cppe.ac.uk/programmes//inhalers-e-02>

¹⁴⁸ <https://www.cppe.ac.uk/programmes//inhalers-a-08>

¹⁴⁹ <https://www.cppe.ac.uk/programmes//consultrem-e-01>

¹⁵⁰ <https://portal.e-lfh.org.uk/Component/Details/602874>

¹⁵¹ <https://www.cppe.ac.uk/programmes//health-e-01>

¹⁵² <https://www.cppe.ac.uk/programmes//?t=Health-A-01&evid=>

¹⁵³ <https://www.cppe.ac.uk/programmes//weightman-e-01>

¹⁵⁴ <https://www.cppe.ac.uk/programmes//weightman-e-06/>

	PHE All Our Health: bitesize training and assessments on Adult Obesity and Childhood Obesity ¹⁵⁵ ,	All non-registered patient-facing pharmacy staff who provide health advice
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The following applies to all training that is associated with PQS 2021/22.

Many of the criteria in this scheme include training and related assessments being undertaken by pharmacy team members. The following terms are used in the requirements to define different types of staff:

- **Registered pharmacy professionals** are pharmacists and pharmacy technicians and includes provisional registrants.
- **Patient-facing pharmacy staff** include all registered pharmacy professionals, trainee pharmacists, trainee pharmacy technicians, dispensary staff, medicine counter assistants and delivery drivers. Contractors may also have other staff that can be identified as having patient-facing roles.
- **Non-registered pharmacy staff** include all trainee pharmacists, trainee pharmacy technicians, dispensary staff, medicine counter assistants and delivery drivers.
- **Patient-facing staff that provide advice on medicines or healthcare** include all registered pharmacy professionals, trainee pharmacists, trainee pharmacy technicians, dispensary staff and medicine counter assistants.
- **Non-registered patient-facing pharmacy staff who provide health advice** includes trainee pharmacists, trainee pharmacy technicians, dispensary staff and medicine counter assistants.

An electronic certificate of completion of the training will be provided following the completion of each the assessment. Contractors must keep a copy of the certificate for each member of staff as evidence that the training has been completed. The training must have been successfully completed by the day of the PQS 2021/22 declaration.

If staff members have previously completed any of the training and, where applicable, successfully passed the e-assessments, they are not required to complete this again.

Since there is no e-assessment for the CPPE remote consultation skills e-learning, pharmacy professionals will need to confirm completion of the Remote consultation skills e-learning programme in their CPPE record. When a pharmacy professional has confirmed completion, they will be able to download a certificate of study.

Pharmacy professionals will need to locate the Remote consultation skills e-learning programme, select 'Certificate of study' and confirm that they have completed the e-

¹⁵⁵ <https://portal.e-lfh.org.uk/Component/Details/571222>

learning programme to download their certificate. Guidance on this process can also be found on the [CPPE PQS page](#).¹⁵⁶

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.

On the day of the PQS 2021/22 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, an electronic copy of the personalised certificate (stored and accessible digitally) provided upon completion of the training and assessment (where applicable), as evidence that all relevant members of staff have completed the training.

¹⁵⁶ <https://www.cppe.ac.uk/services/pharmacy-quality-scheme>

12. Payments and declarations

Pharmacy contractors who have evidence demonstrating that they met all of the gateway criteria can make a declaration for the PQS 2021/22. The declaration must be claimed between 09:00 on 31 January 2022 and 23:59 on 25 February 2022 through the [NHSBSA's MYS application](#).¹⁵⁷

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, in some circumstances, NHS England and NHS Improvement 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 and NHS Improvement website](#).¹⁵⁸

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 successfully 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 are able to take part in PQS. However, in doing so they must ensure that, when they make their declaration, they are able to demonstrate how they meet the requirements of the PQS 2021/22 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. To meet the PQS requirements, the contractor would need to be able to demonstrate how they themselves had undertaken all the work to meet the requirements since the change of ownership.

¹⁵⁷ <https://services.nhsbsa.nhs.uk/nhs-prescription-services-submissions/login>

¹⁵⁸ <https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-contract-teams/>

For PQS 2021/22, contractors will be paid as part of the overall payment made by the NHSBSA to contractors on 1 April 2022.

12.1 Pharmacy payment bands

For PQS 2021/22 the maximum number of points for each domain will be dependent on a banding system (revised 2021/22) based on the participating contractor's total prescription item volume between 1 April 2020 and 31 March 2021 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 3. The maximum number of points that a pharmacy can qualify for is dependent on:

- their total prescription volume between 1 April 2020 and 31 March 2021^{*/**/**}; 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 for the purpose of the PQS banding only, change in ownership 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, for the purpose of the PQS banding only, change in ownership is not treated as a new contractor.

***Pharmacies, 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 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. 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 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 +
Medicines Safety and 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 Networks	0.50	6.67	8.33	10.00	11.67	13.33
Primary Care Networks - 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
Total (non PCN lead)	5.00	66.67	83.33	100.00	116.67	133.33
Total (PCN lead)	15.00	76.67	93.33	110.00	126.67	143.33

Confirmation of which band a pharmacy has been put into will be published by the NHSBSA, on their [PQS webpage](#),¹⁵⁹ 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 2020/21 financial year. A pharmacy within this band can achieve a maximum number of 100

¹⁵⁹ <https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/pharmaceutical/dispensing-contractors-information-0>

points if they are a non-PCN lead pharmacy and 110 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-Pharmacy PCN Leads. This reflects the greater level of engagement and work that is expected of this lead role.

As PCN flu vaccination rates will not be available before the declaration, contractors claiming the Primary Care Networks Prevention domain, should claim the maximum number of points for this domain for PQS 2021/22.

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 in early 2022. Where a PCN has then not reached the maximum target, the pharmacies affiliated to that PCN, who have claimed for this criterion will have any overpayments made recovered.

Where two pharmacies have consolidated, in accordance with [Regulation 26A](#),¹⁶⁰ since 1 April 2020, 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 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 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.

¹⁶⁰ <https://www.legislation.gov.uk/uksi/2013/349/contents>

12.2 Aspiration payment

The aspiration payment must be claimed between 09:00 on 4 October 2021 and 23:59 on 29 October 2021 through the [NHSBSA's MYS application](#).¹⁶¹

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 2021/22.

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 2021/22 before 23:59 on 25 February 2022. If a contractor fails to complete the gateway criteria, they would not be eligible for the PQS 2021/22. If an aspiration payment is claimed but the contractor then fails to submit their declaration of meeting the PQS 2021/22 before 23:59 on 25 February 2022 then the aspiration payment will be reclaimed from the contractor.

There is no requirement to have claimed for a previous PQS to claim an aspiration payment for PQS 2021/22.

Once contractors have reviewed the requirements of the PQS 2021/22, they will need to decide which domains they intend to meet at the PQS 2021/2022 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 04 October 2021 and 23:59 on 29 October 2021). Further information can be found in section 12.3 Declarations: 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 their band (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 £67.75 (i.e. the minimum value of a point for the PQS 2021/22).

The aspiration payment will be paid to contractors on 1 December 2021.

The aspiration payment will be initially reconciled with the payment for the PQS 2021/22 on 1 April 2022. Part VIIA of the [Drug Tariff](#)¹⁶² for PQS has worked examples of how the aspiration payment will work in practice.

¹⁶¹ <https://services.nhsbsa.nhs.uk/nhs-prescription-services-submissions/login>

¹⁶² <https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/drug-tariff>

In making a declaration for an aspiration payment, contractors are thereby accepting that a reconciliation will take place; and that their final PQS payment will be adjusted to either recover an overpayment or to receive a further payment based on the declaration made in January/February 2022.

For contractors who have ceased trading between receiving an aspiration payment and the commencement of the declaration period in January/February 2022 this aspiration payment will be recovered.

Similarly, 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 their final declaration during the declaration period, this aspiration payment will be recovered.

A contractor claiming for PQS must have met the requirements of the scheme during that contractor's ownership of the pharmacy. A new contractor, who has acquired the pharmacy from another, cannot use the PQS activities undertaken by the previous contractor, when making a PQS declaration. Where there has been a change of ownership, which has resulted in a new ODS code being issued, for the acquiring contractor they will need to ensure they are able to demonstrate how they have met the PQS requirements since the change of ownership.

Any contractor or applicant looking to acquire a pharmacy during the PQS, will need to ensure they will be able to meet the schemes requirements, especially the gateway requirements, after the change of ownership if they are going to make a PQS declaration.

12.3 Declarations: Manage Your Service

The payment declarations for the aspiration payment and the PQS must be submitted online via the [NHSBSA's MYS application](#).¹⁶³

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](#)¹⁶⁴ to assist with the sign up process.

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.

¹⁶³ <https://services.nhsbsa.nhs.uk/nhs-prescription-services-submissions/login>

¹⁶⁴ <https://www.nhsbsa.nhs.uk/sites/default/files/2019-08/Manage%20Your%20Service%20Registration%20and%20Log-in%20Guide.docx>

Further support on MYS is available in the 'Frequently asked questions on MYS', which can be found on the [PSNC website](#).¹⁶⁵

12.4 Declaration process

Contractors can make their PQS declaration at any time during the declaration window, between 09:00 on 31 January 2022 and 23:59 on 25 February 2022.

For the PQS 2021/22, contractors will be required to confirm in their declaration that they have the evidence that they meet any gateway criteria and quality criteria that they are claiming for on the day of their declaration. The evidence of meeting the requirements of gateway criteria and each domain should be retained for two years as it may be required for post-payment verification purposes.

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.

There may be instances where the NHS does not hold a full record of activity; or where the information held is incomplete or in rare cases incorrect. 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.

No PQS declaration submissions will be accepted after 23:59 on 25 February 2022. 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.

Contractors are asked to check their declaration before final submission as once a contractor has completed and submitted their online declaration via MYS it cannot be altered or returned for amendment and re-submission, even if the declaration is made prior to the declaration window closing.

¹⁶⁵ <https://psnc.org.uk/services-commissioning/nhsbsa-manage-your-service-mys-application/>

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 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.

13. 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. NHS England and NHS Improvement will 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 gateway criteria to be eligible to take part in PQS 2021/22.

When contractors make their submission for PQS 2021/22, contractors are making a declaration that they meet all of the gateway criteria and the quality criteria in each of the domains they are claiming for. The only exception to this is for the Healthy Living Support domain; see section Weight management for further details. It is the contractor's responsibility to be able provide evidence of meeting the scheme requirements and this may be required by the NHSBSA for post-payment verification if a contractor's PQS declaration cannot be verified using other evidence sources.

In cases where NHS England and NHS Improvement 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 NHS England and NHS Improvement may also seek to take under the performance related sanctions and market exit powers within [The National Health Service \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013](#).¹⁶⁶

13.1 Provider assurance

As well as providing assurance to NHS England and NHS Improvement, 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.

¹⁶⁶ <https://www.legislation.gov.uk/uksi/2013/349/contents/made>

It is essential that contractors experiencing any difficulty with collating evidence of meeting the scheme requirements or making the declarations for PQS 2021/22 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 NHS England and NHS Improvement to resolve. This will not be possible after the declaration windows closes and, if the declaration is not submitted, this will result in the payment not being made.

PSNC has supported the production of this guidance. They have also developed a [webpage](#)¹⁶⁷ that provides further information, additional resources and frequently asked questions on PQS.

¹⁶⁷ <https://psnc.org.uk/pqs>



Community Pharmacy PQS Oral Anticoagulant Safety Audit 2021/22

Working with Primary Care
Commissioning, Strategy and
Innovation Directorate

NHS England and NHS Improvement



This audit has been developed from
earlier work supported by the following
organisations:

- Community Pharmacy Patient Safety Group
- PharmOutcomes
- Pharmaceutical Services Negotiating Committee

The first stop for professional medicines

14. Annex: Oral Anticoagulant Safety Audit 2021/22

Introduction

Anticoagulants are high risk medicines; they have a heightened risk of causing significant harm when used in error¹. This class of medicines is frequently identified as a cause of preventable harm and admission to hospital². Fourteen years ago, the National Patient Safety Agency (now NHS Improvement) issued a patient safety alert with actions to improve anticoagulant safety which included providing specific patient information, regular blood monitoring and checking drug interactions². Since then, new direct-acting oral anticoagulants (DOACs) have come into widespread use. Although the principles of the 2007 alert still apply, some aspects, such as regular International Normalised Ratio (INR) monitoring and dietary considerations, are not relevant for the newer medicines.

In 2017-18 an audit of oral anticoagulant safety was conducted in more than 1,500 community pharmacies across England, reporting a cohort of more than 22,000 patients³. The audit was based on requirements in the 2007 alert and known errors reported to the National Reporting and Learning System. The intention of this anticoagulant safety audit quality criterion of the Pharmacy Quality Scheme (PQS) is to build on the findings of the 2017-18 audit to improve safety for patients prescribed vitamin K antagonists ((VKAs), largely warfarin) or DOACs. Early in 2020, when the COVID-19 pandemic started, NHS England and NHS Improvement issued guidance on switching patients from warfarin to a DOAC to reduce the need for regular INR monitoring. During this time there were occasional incident reports where patients received both warfarin and DOAC concurrently. To reduce the risk of over-anticoagulation and bleeding, the Medicines and Healthcare products Regulatory Agency has since advised that healthcare professionals should ensure that warfarin treatment is stopped before DOACs are started⁴. Pharmacists should help ensure a safe transition between therapies and encourage patients to return any medication no longer needed. Local pharmacy records need to be updated promptly so discontinued treatments are not inadvertently re-ordered.

Since the 2017-18 audit, a number of national medicines safety indicators have been published. Anticoagulants are included in two of these indicators, linked to the risk of hospital admission for gastro-intestinal bleeding⁵. The same measures are part of the PINCER intervention in GP practices which is being rolled out nationally by the Academic Health Science Networks.

The World Health Organization (WHO) has also initiated work on medicines safety, with one key area being high risk medicines. In response to the WHO, NHS England

and NHS Improvement have instigated a Medicines Safety Improvement Programme with anticoagulant safety being one of four initial areas of focus. Prevention of heart attacks and strokes is a priority in the NHS Long Term Plan which will increase use of anticoagulants in the coming years.⁶

Recommendations from the 2017 audit

Improvement areas identified in the 2017-18 audit and further developed here are:

- Referral and follow up of patients co-prescribed other medicines which can increase the risk of bleeding as identified in the medicine safety indicators
- Provision of oral anticoagulant alert cards to all patients requiring them
- Supporting patient knowledge about potential interactions with other medicines (basic information about anticoagulation may be particularly needed by patients taking DOAC).

This audit is designed to address these recommendations.

Co-prescribed medicines that increase the risk of bleeding

The national set of medicine safety indicators were developed as part of a programme of work to reduce medication error and promote safer use of medicines, including prescribing, dispensing, administration and monitoring. Oral anticoagulant medicines are included in two of these indicators⁵ (see table below).

Indicator 2 – GIB02	Patients 18 years old or over admitted to hospital with a gastrointestinal bleed prescribed a non-steroidal anti-inflammatory drug (NSAID) and concurrently prescribed an oral anticoagulant (warfarin or a direct oral anticoagulant (DOAC))
Indicator 3 – GIB03	Patients 18 years old or over admitted to hospital with a gastrointestinal bleed prescribed an oral anticoagulant (warfarin or a direct oral anticoagulant (DOAC)) with an anti-platelet and NOT concurrently prescribed a gastro-protective medicine

In the earlier audit, pharmacies identified significant numbers of patients ‘at risk’ of admission to hospital because of these medicine combinations. To prevent such admissions, in the current audit pharmacists are asked to notify prescribers of these potential safety concerns. Anticoagulant safety issues are being prioritised across primary care systems, with GP practices already working to improve performance on these metrics as part of the PINCER programme [They are also included as indicators in the recently announced PCN [IIF](#)¹¹ The percentage of patients prescribed an oral anticoagulant and antiplatelet without a gastro-protective is also included in the [Primary Care Network \(PCN\) dashboard](#)¹². This will facilitate integrated working between community pharmacists, GP practices, PCN pharmacists and other primary care professionals to improve patient safety.

Patient alert cards

The 2007 patient safety alert on anticoagulant therapy recommended that patients carry a credit card sized alert card (the standard yellow anticoagulant card) at all times to inform health professionals that they are taking an anticoagulant and provide a contact phone number. Carrying an alert card is also advocated by medicines manufacturers' and other organisations for patients on DOACs. DOAC alert cards have various formats and may include information for patients, health professionals and emergency situations. The standard yellow card is familiar to health professionals and appropriate for VKAs or DOACs and should be available from pharmacies for any patient prescribed oral anticoagulants.

Monitored dosage systems (MDS)

Oral anticoagulant therapy is most commonly used in older people with most patients aged over 65. In the 2017-18 audit, 11% of patients received their anticoagulant medicine in an MDS compliance aid.³ For DOACs, dabigatran is the only agent where the manufacturer advises that it should be left in the original foil wrapping (i.e. not repackaged) to protect from moisture and it is important that pharmacies are aware of this. The 2007 patient safety alert does not recommend general use of MDS for warfarin because dosage changes are likely, and this is difficult with MDS. There are wider concerns about inappropriate use of MDS in many situations. The Royal Pharmaceutical Society recommends that the use of original packs of medicines, supported by appropriate pharmaceutical care, should be the preferred intervention for the supply of medicines in the absence of a specific need for an MDS in all settings.⁷

DOAC adherence

DOACs have an improved efficacy/safety ratio, a predictable anticoagulant effect without need for routine coagulation monitoring, and fewer food and drug interactions compared with VKAs.⁸ As there is no need for routine coagulation monitoring with DOACs, concern has been expressed about patient adherence. Pharmacists can help ensure that patients understand why they are taking an anticoagulant and the expected benefits when they dispense patients' prescriptions.⁹ When a patient starts a DOAC the importance of this should be emphasised when providing the New Medicines Service.

Aims

- To reduce preventable patient harm from oral anticoagulant medicines
- To embed the actions, recommendations and learning from the previous pharmacy anticoagulant audit in clinical practice

Audit time frame

Data must be collected for 2 weeks, with a minimum sample size of 15 patients. In cases where there is difficulty in obtaining the minimum sample size, the audit should be extended to 4 weeks after which contractors will be able to submit the data with the number of patients they have, if less than 15.

Audit sample

Population - All adult patients (aged 18 or over) presenting a prescription for an oral anticoagulant (i.e. vitamin K antagonists, factor Xa Inhibitors or thrombin inhibitors) as listed below.

Acenocoumarol Apixaban Dabigatran Edoxaban Phenindione Rivaroxaban Warfarin

Audit standards

Audit standard 1 Information and awareness

All patients prescribed an oral anticoagulant are aware of or are provided with the following key information -

- The medicine is an anticoagulant, i.e. a medicine to thin the blood/ prevent blood clots
- The symptoms of over-anticoagulation, e.g. unexplained bruising, nose bleeds
- They need to check with a doctor or pharmacist before taking over-the-counter medicines, herbal products or supplements
- If taking a VKA, that dietary change can affect their anticoagulant medicine

Audit standard 2 Alert cards

All patients have a standard yellow anticoagulant alert card or are offered one

Audit standard 3 Safe use with other prescribed medicines - Antiplatelets

The prescriber is contacted about all patients prescribed an anticoagulant with an antiplatelet but not co-prescribed gastro-protection unless contact has been made about this in the previous 6 months or the patient has already discussed with their prescriber

[The [PINCER summary](#) (Query E) states that 'Gastro-protection should always be considered and offered when combination therapy is indicated'.^{10]}

Audit standard 4 Safe use with other prescribed medicines - NSAIDs

The prescriber is contacted about all patients prescribed an anticoagulant with an NSAID

[The [PINCER summary](#) (Query D) states that 'It is advisable to avoid this combination whenever possible'.¹⁰]

Audit standard 5 - INR monitoring and recording

INR monitoring within the last 12 weeks is confirmed for all patients prescribed vitamin K antagonists

How to complete the audit

You will need to implement a local system to identify patients in the audit population. The audit can be undertaken at any time from 1 September 2021.

A paper data collection form is provided on pages 73-77. Please familiarise yourself with the questions before beginning the audit. The data can be collected on paper forms for online submission at a later date or the data can be entered directly via the online portals. If using paper data collection forms, you should print one copy for each patient included in the audit. This data form does not include patient identifiable details, so you need to keep a record locally of each patient included in the audit to prevent duplication. 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. All pharmacies can enter their data for each patient via the NHS Business Services Authority (NHSBSA) Manage Your Service (MYS) Portal from 01 October 2021.

The MYS online portal to record data will available until 25 February 2022. A maximum of 20 patients can be added to this portal.

Other pharmacy IT system suppliers may also offer a data entry system which will feed data directly to the MYS Portal. The online portal to record data will available until 25 February 2022. A maximum of 20 patients can be added to this portal. Some systems can require patient identifiers to be included and have the appropriate confidentiality in place for this. The system suppliers may provide amended data forms which include this additional data.

Contractors must submit their data by 25 February 2022. In addition, they must make a PQS 2021-22 declaration between 09:00 on 31 January 2022 and 23:59 on 25 February 2022.

Alert cards

Community pharmacies can obtain supplies of the standard yellow anticoagulant alert card via the Primary Care Support England (PCSE) website at pcse.england.nhs.uk/pharmacies (also used to order EPS tokens etc.); order code

Oral Anticoagulant Therapy Alert Card ('OATALERTCARD'). The card can be used for any oral anticoagulant.

QUICK GUIDE

What's the point? To make sure people taking anticoagulants know that the medicines affect blood clotting and to check safety issues which could harm patients. During COVID-19 pandemic, the number of patients prescribed DOACs instead of warfarin has increased substantially. Supporting patients' knowledge and use of anticoagulant medicines is always necessary but is even more important with the current pandemic.

Include all adult patients prescribed these medicines

Acenocoumarol Apixaban Dabigatran Edoxaban Phenindione Rivaroxaban Warfarin

Time frame and sample

Any 2 weeks starting before 25 February 2022. Minimum sample size = 15 patients. The audit will need to be extended for a further 2 weeks if less than 15 patients, so allow enough time for this. The last date for data submission is 25 February 2022.

The data collection form is provided on pages 74-78 and you need to be familiar with the questions before starting the audit. Data can be entered directly into any approved electronic platform or you can use paper forms and then enter your data on the electron platform later (see How to compete the audit p69). If using paper, you will need to print at least 15 copies of the form.

Audit reminders

- Do you have some yellow anticoagulant alert cards in stock to offer to patients before commencing the audit?
- Before talking to the patient, check what other prescribed medicines they are taking. You may need to follow up with the patient and prescriber, e.g. if co-prescribed anticoagulant and an antiplatelet without gastro-protection
- When talking to patients for the audit, you need to find out

Do they have a yellow card and where is it?

If not, do they want one?

Do they know:

- The medicine is an anticoagulant i.e. thins blood to prevent clots?
- Symptoms of over-anticoagulation e.g. unexplained bruising, nosebleed?

- To check with pharmacist or doctor before taking over-the-counter medicines?

VKA patients only Dietary change can affect their medicine?
Date of most recent INR test?

Were the audit standards met?

Audit standard 1 Information and awareness *All patients prescribed an oral anticoagulant are aware of or are provided with all specified key information*

VKA prescribed - Questions 11 to14

DOAC prescribed - Questions 11 to13

Audit standard 2 Alert cards *All patients have a standard yellow anticoagulant alert card or are offered one*

Questions 15 and 15a

Audit standard 3 Safe use with other prescribed medicines – Antiplatelets *The prescriber is contacted about all patients prescribed an anticoagulant with an antiplatelet but not co-prescribed gastro-protection unless contact has been made about this in the previous 6 months or the patient has already discussed with their prescriber*

Question 9b

Audit standard 4 Safe use with other prescribed medicines –NSAIDs *The prescriber is contacted about all patients prescribed an anticoagulant with an NSAID*

Question 8a

Audit standard 5 - INR monitoring and recording *INR monitoring within the last 12 weeks is confirmed for all patients prescribed vitamin K antagonists*

Questions 16b

Audit actions

Record your audit actions here:

1

2

3

Any queries or problems?

Technical issues about accessing/using the NHSBSA online data entry audit tool:

nhsbsa.mys@nhs.net

Questions about the audit and the Pharmacy Quality Scheme:

ENGLAND.CommunityPharmacy@nhs.net or services.team@psnc.org.uk

Thank you for completing this audit

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NHS Specialist Pharmacy Service

www.sps.nhs.uk

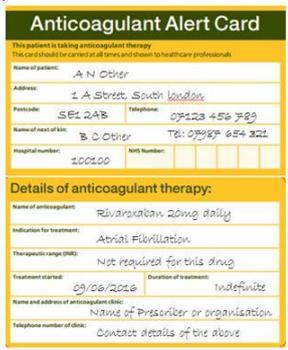
PQS Oral Anticoagulant Safety Audit 2021/22 - Data Collection Form

Section 1 - All patients		
1.	Patient's name <small>(For internal use – not for reporting to NHSE&I)</small>	
2.	Date	/ /
3.	Patient's age	
4.	Patient's gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not confirmed
5.	Is the patient a care home resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
6.	Name of anticoagulant	<input type="checkbox"/> Acenocoumarol <input type="checkbox"/> Phenindione <input type="checkbox"/> Apixaban <input type="checkbox"/> Rivaroxaban <input type="checkbox"/> Dabigatran <input type="checkbox"/> Warfarin <input type="checkbox"/> Edoxaban
7.	Is the anticoagulant supplied in a monitored dosage system / compliance aid?	<input type="checkbox"/> No <input type="checkbox"/> Yes, one medicine per blister / compartment <input type="checkbox"/> Yes, multiple medicines per blister / compartment
8.	Is the patient prescribed <u>more than one anticoagulant</u> ?	<input type="checkbox"/> No (go to question 9) <input type="checkbox"/> Yes  Name of other anticoagulant: _____ _____ What action did you take and what was the outcome? If patients are switching anticoagulant treatments, remind them to return any medicine no longer needed for safe disposal.
9.	Is the patient prescribed an <u>oral NSAID*</u> as well as the anticoagulant? <small>The PINCER summary¹⁰ states that 'It is advisable to avoid this combination whenever possible'.</small> <small>* Do not include low dose aspirin (300mg or less per day) here; record it in Q10 instead.</small>	<input type="checkbox"/> No (go to question 10) <input type="checkbox"/> Yes  9a. Have you contacted the prescriber about concomitant use of an anticoagulant with an NSAID <input type="checkbox"/> Yes – prescriber discontinued one or both agents <input type="checkbox"/> Yes – prescriber confirmed both agents required <input type="checkbox"/> Yes – other action by prescriber. Please specify: _____ _____ <input type="checkbox"/> No – please specify the reason:

		<p>_____</p> <p>_____</p>
		<p>9b. Is the patient also prescribed gastro-protection? (e.g. a proton pump inhibitor or H2 receptor antagonist)</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
10	<p>Is the patient prescribed an <u>antiplatelet as well as the anticoagulant</u>?</p>	<p><input type="checkbox"/> No (go to question 11)</p> <p><input type="checkbox"/> Yes </p> <p>10a. Is the patient also prescribed gastro-protection? (e.g. a proton pump inhibitor or H2 receptor antagonist)</p> <p>The PINCER summary¹⁰ indicates that gastro-protection should always be considered and offered when combination therapy (anticoagulant plus antiplatelet) is indicated.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No </p> <p>10b. Have you contacted the prescriber for a review of gastro-protection?</p> <p><input type="checkbox"/> Yes – gastro-protection prescribed</p> <p><input type="checkbox"/> Yes – prescriber discontinued anticoagulant and / or antiplatelet</p> <p><input type="checkbox"/> Yes – prescriber confirmed no medication changes required</p> <p><input type="checkbox"/> No – prescriber has been contacted about gastro-protection for this patient within the last 6 months</p> <p><input type="checkbox"/> No – patient has discussed with prescriber and has made decision not to take gastro-protection</p> <p><input type="checkbox"/> No – other reason. Please specify:</p> <p>_____</p> <p>_____</p>
11	<p>Which category best describes how the audit was completed for this patient?</p>	<p><input type="checkbox"/> Conversation with the patient in the pharmacy</p> <p><input type="checkbox"/> Conversation with the patient by telephone</p> <p><input type="checkbox"/> Conversation with the patient by video link</p> <p><input type="checkbox"/> Contact with patient by other route, e.g. email</p> <div style="text-align: right; padding-right: 50px;">  <p>Go to Section 2</p> </div>

	<input type="checkbox"/> Patient's representative in pharmacy, unable to contact patient <input type="checkbox"/> Medicine delivered by pharmacy, unable to contact patient <input type="checkbox"/> Care home patient, unable to contact patient / representative / care staff		VKA prescribed – Go to Section 3 DOAC prescribed – Go to Section 4
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Section 2 - Patient feedback (only complete this section if you can contact the patient)

12.	Was the patient already aware that they are taking an anticoagulant, i.e. a medicine to thin the blood/prevent blood clots?	<input type="checkbox"/> Yes <input type="checkbox"/> No – information provided <input type="checkbox"/> No – information not provided
13.	Did the patient already know the symptoms of over-anticoagulation, e.g. unexplained bruising, nose bleeds?	<input type="checkbox"/> Yes <input type="checkbox"/> No – information provided <input type="checkbox"/> No – information not provided
14.	Was the patient already aware of the need to check with the doctor or pharmacist before taking over-the-counter medicines, herbal products or supplements?	<input type="checkbox"/> Yes <input type="checkbox"/> No – information provided <input type="checkbox"/> No – information not provided
15.	<u>For patients taking vitamin K antagonists only</u> Was the patient already aware that dietary change can affect their anticoagulant medicine?	<input type="checkbox"/> Yes <input type="checkbox"/> No – information provided <input type="checkbox"/> No – information not provided <input type="checkbox"/> Not applicable
16.	Did the patient have a standard yellow anticoagulant alert card?	<input type="checkbox"/> Yes, card seen by pharmacy staff <input type="checkbox"/> Yes, card not seen but patient confirmation they have this card <input type="checkbox"/> Not known/Not reported <input type="checkbox"/> No card or unaware of card
		<p>16a. Was a standard yellow alert card offered to the patient?</p> <input type="checkbox"/> Yes, card accepted <input type="checkbox"/> Yes, but card declined because the patient has manufacturer's alert card

	<input type="checkbox"/> Yes, but card declined because the patient has another anticoagulant alert card <input type="checkbox"/> Yes, but card declined for other reason <input type="checkbox"/> No, not offered. Reason - please specify
Vitamin K antagonist prescribed? Go to Section 3	DOAC prescribed? Go to Section 4

Section 3 - Patients prescribed vitamin K antagonists only		
17.	Did you find out <u>when</u> the patient last had an INR test before issuing this medicine?	<input type="checkbox"/> No (go to question 17d) <input type="checkbox"/> Yes 
17a.	How did you obtain this information? (select all that apply)	<input type="checkbox"/> From patient <input type="checkbox"/> From patient's representative <input type="checkbox"/> From yellow anticoagulant record book or other written record <input type="checkbox"/> From general practice <input type="checkbox"/> From patient's care provider, e.g. nursing home <input type="checkbox"/> From anticoagulant service <input type="checkbox"/> From other source - please specify:
17b.	How long ago was the INR test?	<input type="checkbox"/> Fewer than 4 weeks (go to Section 4) <input type="checkbox"/> 4 – 12 weeks (go to Section 4) <input type="checkbox"/> More than 12 weeks 
17c.	If the INR test was more than 12 weeks ago, what, if any, action did you take?	(go to Section 4)
17d.	Where you could not find out when the patient last had an INR test, what steps did you take to check INR was being monitored? (select all that apply)	<input type="checkbox"/> Contacted the patient / representative <input type="checkbox"/> Contacted the general practice <input type="checkbox"/> Contacted the care provider (e.g. care home) <input type="checkbox"/> Contacted the anti-coagulation service <input type="checkbox"/> Contacted another person / service (please specify):

		<input type="checkbox"/> No other steps taken because (please specify): <hr/> <p style="text-align: right;">(go to Section 4)</p>
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Section 4 – All patients

18.	Please give details of any other referrals or action taken about anticoagulant safety issues, e.g. drug interactions, INR concern (do not include any patient identifiable information)	
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