



Pharmacy second Quality Payments scheme 2018/19 Quick Guide Review Point due on 15 February 2019

In September 2018, a new Quality Payments Scheme was announced for the remainder of the 2018/19 financial year. The new scheme has a review point in February 2019 and several revisions from previous scheme criteria.

The LPC office has put together the following guide and checklist to help support you in meeting your pharmacy quality payments for the review point due on Friday 15 February 2019 covering the following areas.

1. How to claim?
2. Gateway Criteria
3. Quality Criteria

Pharmacies are strongly encouraged to pull together a quality payments evidence folder that is readily accessible in the pharmacy should they be requested to provide evidence of meeting quality payments in the future by NHS England.

Please note that if you are part of a group of pharmacies before working through the attached document you should check with your head office about implementation to meet the quality payments to ensure you are adhering to their processes as they may be undertaking some of the work centrally on your behalf.

NHS England published [guidance](#) ahead of the February 2019 review point of the Quality Payments Scheme on 27 November 2018. The new guidance should be read in conjunction with NHS England's previously published gateway criteria and quality criteria guidance:

- NHS England – Pharmacy Quality Payments Gateway Criteria Guidance (published 23rd December 2016)
- NHS England – Pharmacy Quality Payments Quality Criteria Guidance (published 27th February 2017).

These documents are available on the [NHS England website](#).

Each pharmacy is strongly encouraged to read all of the NHS England guidance documents to ensure they are fully briefed on the Quality Payments Scheme.

Pharmacies are also strongly encouraged to visit PSNC's excellent hub webpage that has a wealth of information and supportive materials: <https://psnc.org.uk/services-commissioning/essential-services/quality-payments/>

Please sign up to PSNC newsletters as info on updates will be published on the website and in their newsletters – psnc.org.uk/enews.

Please note that this guide only contains the key notes and headlines from the NHS England and PSNC guidance in relation to quality payments in what we hope is a more digestible format. The LPC cannot accept any responsibility should a pharmacy not familiarise itself with the NHS England guidance as a minimum.

Please note some of the processes that need to be followed to meet the gateway and quality criteria for the review point and the declaration process may be subject to change but we will keep this document updated on a regular basis and inform you of these changes where necessary.

1. How to claim?

To claim for quality payments, pharmacies will need to complete an online declaration, during the periods that declarations are available on the [NHS Business Services Authority \(NHS BSA\) website](#) as outlined below. Information on the declaration process can be found on pages 5-7 in the [NHS England guidance on the Quality Payments Scheme](#) for the February 2019 review point.

Declarations to claim for quality payments can be made during the following timescale:

Review Point (15 February 2019):

Monday 04 February 2019 at 09:00 and closes on Friday 01 March 2019 at 23:59
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IMPORTANT NOTE Please note that actions to demonstrate compliance with criteria must be completed by 15 February 2019.

Important Change

A new process for validation of the gateway criteria has been introduced for the February 2019 review point. An assessment of whether a contractor has met the gateway criteria or not will now be made when the contractor makes their declaration. The NHS BSA Manage Your Service (MYS) application will pull information from national datasets so that when a contractor starts their declaration, the gateway criteria that the contractor has met will be displayed.

Where gateway criteria have been validated during the declaration submission, this will be confirmed to contractors in their declaration submission email. If the contractor has met all five gateway criteria, they can continue and declare which quality criteria they wish to claim payment for. These contractors will not be asked to provide any further evidence of how they have met the gateway criteria.

If the contractor is not assessed as meeting all five gateway criteria this will be stated by the NHS BSA Manage Your Service application. In such cases the contractor is encouraged to postpone completing the declaration until they have reviewed the gateway criteria, taken any corrective action, and once sure all five gateway criteria are met, complete the declaration.

If a contractor wishes to continue with the declaration at the point when they are told they do not meet the five gateway criteria, the system will allow for this. However, contractors will need to email the NHS BSA Provider Assurance Team (nhsbsa.pharmacysupport@nhs.net) after the declaration to provide details of corrective action undertaken to demonstrate how they meet the gateway criteria where the system has not verified this. The deadline for this is 29 March 2019.

Datasets for gateway criteria

Community pharmacy contractors are now able to view the [weekly gateway criteria report](#) on the NHS BSA website, which details contractors who have been assessed, using national datasets, as meeting four of the five gateway criteria (Advanced Services, NHS website, Community Pharmacy Patient Questionnaire (CPPQ) and NHSmail).

Contractors are therefore encouraged to check this report to see if the national datasets show they have met the four gateway criteria as detailed above and if not, take corrective action as soon as possible to ensure they meet the criteria by the review point.

The gateway criteria report will be updated each week and will be available by close of business every Friday until the end of the declaration window (1 March 2019); the publication schedule for the report can be found below.

Any changes made after each Friday will not be shown until the following week's update. For example, if a pharmacy's NHS website profile is updated on Monday 10 December 2018 this will not show on the report on the NHSBSA website until the updated report is published on Friday 14 December 2018.

For cyber security reasons, confirmation of meeting the fifth gateway criterion – compliance with the NHS Digital Warranted Environment Specification (WES) – will be sent by NHSBSA to each contractor's shared NHSmail account during the first two weeks of December 2018.

Contractors are now able to claim for a quality payment via the following two options:

1. Manage Your Service (MYS) application; or
2. SNAP survey tool (as used for previous declarations).

Pharmacy teams should check with their business owner or head office which route they should use to make a declaration before completing the MYS registration form.

1. Manage Your Service application

The MYS application provides added benefits over the SNAP survey tool. This includes the ability to provide contractors, at the time of making their declaration, with confirmation that their pharmacy has been assessed against national datasets as either meeting or not meeting the gateway criteria. This means if contractors have not met the five gateway criteria, they have the opportunity to take corrective action before they make their declaration.

There are also longer-term benefits of MYS outside of the Quality Payments Scheme; further information can be found [here](#).

If contractors choose to use this option, they are encouraged to register with the MYS application as soon as possible, to ensure the registration process is complete before the declaration period.

Information on how to register is included within the email that was distributed by the NHS BSA to pharmacy shared NHSmail accounts detailing the two processes on 7 December 2018.

Pharmacy teams that work for an organisation that are part of the Company Chemists' Association or the Association of Independent Multiples pharmacies will not have received this email to the pharmacy shared NHSmail account; head office teams will therefore provide guidance in due course on the process they want pharmacy teams to follow for completing declarations for the February 2019 review point.

2. SNAP survey tool

The SNAP survey tool will be available as an alternative option similar to previous Quality Payment Scheme declarations. If contractors decide to use this option, verification of the gateway criteria cannot be confirmed in real time, as in MYS, thus reducing the possible time for corrective action.

Contractors will have their gateway criteria verification confirmed by email within a week of their SNAP submission. This email should be retained by the pharmacy as proof that the declaration was submitted and the date of submission. Once a contractor has submitted their online declaration it cannot then be altered.

2. Gateway Criteria

For the second half of the Quality Payments Scheme 2018/19, there are five gateway criteria which contractors must meet. As per previous declarations, passing the gateway criteria will not in itself, earn a quality payment for the pharmacy. Contractors passing the gateway will receive a quality payment if they also achieve one or more of the quality criteria; the level of payments will depend on how many of the quality criteria the pharmacy achieves.

No.	Gateway Criteria	Evidence	Enter date met
1	<p>Provision of one specified Advanced Service</p> <p>The contractor must be offering at the pharmacy Medicines Use Review (MUR) OR New Medicine Service (NMS) OR must be registered for NHS Urgent Medicine Supply Advanced Service Pilot.</p>	<p><i>Requirements remain the same as for the review point in June 2018.</i></p> <p>MUR/NMS claims for payments made by contractors for these advanced services in the period leading up to that review point declaration.</p> <p>If a contractor is declaring that they provide MURs and/or NMS at the pharmacy to meet the Advanced Services gateway criterion, they should ensure that either or both of these services are listed on their NHS website (NHS.UK) profile (this does not apply to distance selling pharmacies)</p>	
2	<p>Have their NHS.UK entry, including Bank Holiday opening hours, up to date</p> <p>On the day of the review, the NHS.UK entry, including bank holiday opening hours for the pharmacy must be up to date.</p>	<p><i>Requirements remain the same for the review point in June 2018 but you must include updated bank holiday opening hours.</i></p> <p>Pharmacies are required to edit and/or validate their opening times, bank holiday times, services and facilities information within their NHS.UK profile listing between 00:00 on 03 December 2018 and 23:59 on 15 February 2019.</p> <p>A User Guide for managing NHS website profiles to support the Quality Payments Scheme is available on the NHS website (the User Guide can be found by scrolling to the bottom of the NHS website page and is listed under the 'User guides' section as 'Pharmacy Quality Payments Scheme user guide for February 2019 declaration') which provides step-by-step instructions on how to edit or validate a pharmacy's NHS website profile.</p> <p>NOTE Pharmacies must update or validate their list of services which is displayed in the 'services' section of their profile which is broken down into three sections:</p> <ol style="list-style-type: none"> 1. Pharmacy Services (<i>Advanced services and other services which are useful for patients to know about. Essential Services will be included but auto-populated onto each provider profile</i>) 2. Pharmacy (NHS) Services (<i>Services commissioned by Local Authorities or Clinical Commissioning Groups CCGs</i>) 3. Pharmacy (Non-NHS) Services (<i>Patient-funded services/private</i>) 	

All three sections will need to have been edited or validated for the contractor to meet the NHS.UK gateway criterion, which is a requirement, to be eligible to then claim for a Quality Payment based on the quality criteria they meet.

Even if all three sections are correct, contractors will still need to log into their profile and validate this information during the required time period (03 December 2019 – 15 February 2019).

Contractors declaring that they are offering either the New Medicine Service (NMS) or Medicines Use Reviews (MURs) at the review point must have the service visible in the services section of their NHS.UK profile on 15 February 2019.

REMINDER Once a contractor has updated the three sections of their NHS.UK profile, it is advised to visit the patient facing page of their NHS.UK profile. By doing this, an additional check can be carried out to ensure the information and the dates listed on the page (which show when the sections were last updated) have changed to the date when the contractor edited and/or validated their profile. If possible, taking a screen shot of the three sections once they have been edited and/or validated would also be useful so this information can be retained as evidence of having met the gateway criterion.

Distance selling pharmacies (DSPs)

In order to meet the gateway criteria for the review point on Friday 15 February 2019, DSPs will be required to:

NHS website profile – already listed on the website

Contractors will be required to:

1. Check the name of their pharmacy on the NHS website – it must be the trading name rather than the registered company name (unless the registered company name is the same as the trading name);
2. Check the address, telephone number and website URL on their profile;
3. Check the provision of EPS is correctly indicated on their profile; and
4. Email the NHS website service desk (nhswebsite.servicedesk@nhs.net) including “QPSFEBREVIEW” **and** the pharmacy ODS code in the subject line, and confirming in the body of the email that the current information is correct or providing the correct information.

Failure to add the ODS code or “QPSFEBREVIEW” in the subject line will result in the email not being recorded in the NHS website summary report to NHS England of DSP contractors who have achieved this gateway criteria; and the contractor failing the validation process.

DSPs will need to send their email to the NHS website service desk between **00:00 on Monday 3 December 2018 and 11:59pm on Friday 15 February 2019.**

NHS.UK profile – not listed on the website

DSP contractors that are not listed on the NHS website should email the service desk (including 'UNABLETOVERIFYPROFILE' in the subject line) with the following information:

- Pharmacy name
- ODS code
- Address
- Telephone number
- Website URL
- EPS enabled (Yes/No)

DSPs will need to send their email to the NHS website service desk between **00:00 on Monday 3 December and 11:59pm on Friday 15 February 2019.**

Once this information has been received by the service desk this will count as passing the gateway criteria.

If a DSP contractor finds they are listed within the community pharmacy section of the NHS website they should email the service desk following the steps outlined above and inform them that they are listed in the incorrect section of the website.

Contractors can check if they are listed in the 'internet pharmacy' section of the NHS website by using the [DSP directory](#).

3. **Community Pharmacy Patient Questionnaire (CPPQ) results– NEW**
The results of the last completed Community Pharmacy patient Questionnaire is publicly available on the pharmacy's NHS.UK page or for distance selling pharmacies it is displayed on their website.

This was previously a quality criterion but is now a gateway criterion.

NOTE Contractors that claimed for this quality payment in June 2018 are likely to have already uploaded their last completed CPPQ results to their NHS.UK profile. Contractors are not required to undertake a new survey to meet this Gateway criterion in February 2019.

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

A user guide on the process to follow to upload the CPPQ onto an NHS website profile is available on the [NHS website](#) (The user guide can be found by scrolling to the bottom of the NHS website page and is listed under the 'User guides' section as 'CPPQ user guide for February 2019 declaration').

Contractors are encouraged to read the user guide to ensure they follow the naming convention correctly when they upload their CPPQ results. This is important to ensure that the pharmacy can be validated by NHS Digital as meeting the CPPQ gateway criterion. If the pharmacy does not appear on the report, it may result in the contractor having to submit evidence to validate their claim that they meet the gateway criterion.

Contractors are strongly advised to check their NHS website profile 12 hours after uploading the CPPQ to ensure the CPPQ results are visible. Should the results not be visible, contractors are advised to ensure they have followed the steps outlined in the user guide correctly. After creating a news article, contractors should see a green confirmation message.

Mandatory introductory text

In order that the CPPQ is presented in a way that NHS website users can easily understand and interpret, the following introductory text **must** be inserted by the contractor into the 'description text' field of the news item so that it will appear before the questionnaire report. The text is:
Every year we undertake an annual patient survey to enable our patients to provide valuable feedback on the services that we provide. The survey, undertaken by all community pharmacies in England, is called the Community Pharmacy Patient Questionnaire. The report of our survey results allows us to identify the areas where we are performing most strongly, the areas for improvement and the actions required to address issues raised by respondents. Our results for 2017/18 or 2018/19 [select as appropriate] are provided here.

Distance selling pharmacies (DSPs) - New process for the February 2019 review point

DSPs do not, currently, have full NHS website entries and so cannot publish the CPPQ on their pharmacy's NHS website page. To qualify for this criteria DSPs must upload and display the results of their latest CPPQ on their website. This should be the same website that is listed in their [NHS website entry](#).

Once a DSP contractor has published their latest CPPQ results on their website to meet the criterion, they must notify the NHS BSA Provider Assurance Team on nhsbsa.pharmacysupport@nhs.net (please note, this is a change to previous declarations where DSP contractors informed the NHS website service desk and has been changed by NHS England since the PSNC webinar on 16 October 2018) including 'CPPQFEB' in the subject line of the email **and** the pharmacy ODS code in the subject line). For example a DSP contractor with an ODS code AAA001 will need to submit an email with the subject heading 'CPPQFEB AAA001'.

		<p>Failure to add the ODS code or 'CPPQFEB' in the subject line will result in the email not being recorded in the NHS BSA summary report of DSP contractors who have achieved this gateway criterion. If the pharmacy does not appear on the report, it may result in the DSP contractor having to submit evidence to validate their claim that they meet the gateway criterion.</p> <p>Even if a DSP contractor informed the NHS website service desk that they have uploaded their latest CPPQ results to their website for a previous declaration they will still be required to email the NHS BSA Provider Assurance Team with a link to the appropriate page as stated above to inform them of this for this February 2019 review point.</p>	
4	<p>NHS mail – NEW Pharmacy staff at the pharmacy must be able to send and receive NHSmail from their shared premises NHSmail account, which must have at least two live linked accounts.</p>	<p><i>There was previously a gateway criterion on NHS mail but it has significantly changed.</i></p> <p>REMINDER Pharmacy contractors who have yet to set up a premises-shared NHSmail account can do so using the automated portal found here. Setting up a shared account will include the creation of up to three personal accounts which will be used to access the shared account. Once a contractor has completed the registration using the automated portal, they will be sent login details for the personal accounts so that they can activate them, thereby allowing constant access to the shared mailbox.</p> <p>Any contractors who are having any issues with NHSmail in relation to transfer of ownership are encouraged to contact the NHS Business Services Authority (NHS BSA) Provider Assurance Team (nhsbsa.pharmacysupport@nhs.net) as soon as possible in order to resolve these issues ahead of the review date.</p> <p>Please note, evidence of application for an NHSmail shared mailbox will NOT be considered as having met the gateway criterion.</p> <p>NOTE An active linked NHSmail account is one that has been accessed within the last three months and is enabled to allow the user access to the premises-shared NHSmail account. Contractors are reminded that unless the password of a user NHSmail account is updated every 90 days the account will become inactive and the user will not be able to access it. Any such inactive accounts on the review date will not be considered as active. Linked NHSmail account holders are encouraged to ensure their passwords have been updated ahead of the review date to avoid becoming inactive. A shared NHSmail account needs to have individual user NHSmail accounts linked to it to enable access. For business continuity purposes there should be at least two, and preferably more, active linked NHSmail accounts.</p>	

		<p>REMINDER Contractors are reminded of the need to ensure that only appropriate NHSmail accounts, for example, members of staff, regular locums etc., should be linked to their premises shared NHSmail accounts. It would be considered a serious information governance breach if a premises shared NHSmail account was linked to a NHSmail account of a member of staff no longer working in the pharmacy.</p> <p>Further information on the action contractors need to take can be found on the NHSmail page of the PSNC website. Personal user accounts being used as a premises shared mailbox</p> <p>A personal user account will be used to access the premises shared NHSmail account. Unless a contractor can send and receive email from the premises shared NHSmail account they will not meet the gateway criterion. Sending and receiving email from a personal NHSmail account will not be considered as having met the gateway criterion. If your pharmacy is using an individual user account as a shared mailbox, this will not meet the gateway criterion.</p>	
5	<p>IT operating system compliance with the NHS Digital Warranted Environment Specification (WES) – NEW</p> <p>The contractor must have consulted the NHS Digital Warranted Environment Specification (WES) and/or their System Supplier(s) and have reassured themselves, and can demonstrate, that all their operating system and browser versions currently in use in their pharmacy to link to NHS Digital systems, such as the Electronic Prescription Service and Summary Care Record, comply with the WES; and are therefore supported by NHS Digital for connectivity to NHS Spine systems.</p>	<p><i>This is a new gateway criterion.</i></p> <p>The Warranted Environment Specification (WES) defines the versions of software required to be installed on user systems in order that they are supported by NHS Digital to access NHS Spine systems and applications requiring a Smartcard.</p> <p>WES compliant operating systems and browser versions</p> <p>The operating systems listed in the current WES, and are therefore compliant are:</p> <ul style="list-style-type: none"> • Windows Server 2012 R2 • Windows 7 SP1 32-bit / 64-bit • Windows 8.1 32-bit / 64-bit • Windows 10 64-bit <p>The browser versions listed in the current WES, and are therefore compliant are:</p> <ul style="list-style-type: none"> • Microsoft Internet Explorer (IE) 11 • Microsoft Edge • Google Chrome • Mozilla Firefox <p>Contractors are required to confirm that the operating systems and browser versions that they are using when accessing the NHS Spine at any time conform to the WES requirements, and if not, work with their system suppliers to update to one listed above by 15 February 2019 review date.</p> <p>NOTE NHS Digital will validate this criterion when a pharmacy accesses the NHS Spine through connection to the Summary Care Record (SCR) and so pharmacies must log-in to the</p>	

SCR system at least once prior to the review date between 14 November 2018 and 15 February 2019.

For information ahead of the declaration window, NHS Digital will provide details of which contractors have been assessed as complying with the WES to enable contractors to take appropriate action. This will be sent out to each pharmacy contractor's shared NHSmail account out in December 2018 and will detail whether the contractor has met this gateway criterion or not from the information available at that time.

Contractors that have been assessed as not meeting this gateway criterion in December 2018 will get regular updates on this assessment until the end of the declaration window or until they have been validated as meeting the WES.

Contractors who have been confirmed as meeting the WES requirements will not receive repeated emails confirming compliance, but they should keep the original email as evidence of compliance.

3. Quality Criteria

Several changes have been made to the quality criteria, including the number of points allocated for each criterion. Meeting the gateway criteria and achievement of some or all of the quality criteria set for the scheme, described below, will mean a contractor is eligible for payments under the scheme. For further detail and support in meeting the quality criteria please visit the [PSNC website](#).

Domain	Criteria	Evidence	Enter Date met
<p>Patient Safety</p>	<p>A written patient safety report (updated since 28 June 2018, i.e. the last review date or covering the last year if not previously claimed) at premises level available for inspection at review point covering analysis of incidents and incident patterns (taken from an ongoing log), evidence of sharing learning locally and nationally, and actions taken in response to national patient safety alerts; and</p> <p>Demonstrably, the pharmacy contractor actively identifies and manages the risks at premises level associated with specified lookalike sound-alike errors (LASA) identified from the National Reporting and Learning System (NRLS)**. Demonstrably, the pharmacy contractor has put in place actions to prevent these,</p>	<p><i>There was previously a quality criterion on patient safety but it has significantly changed.</i></p> <p>Contractors who claimed for this criterion in the previous declarations will not be able to use the same patient safety report to make a claim in February 2019. For the February 2019 declaration they will need to update their previous report to show how the following details have been updated and refreshed since their previous patient safety report was completed:</p> <ul style="list-style-type: none"> • collated incidents and near misses from an ongoing log; • analysed these and looked for patterns; • reflected on the learning from these; • recorded action taken to minimise future risk from repeated errors; • shared learning (both locally and nationally); and • evidenced specific actions taken by the pharmacy in response to local errors and national patient safety alerts issued by the Central Alerting System. <p>In addition to the above, contractors must evidence learning from others on prevention of NHS Improvement’s list of top five look-alike sound-alike (LASA) errors and put in place actions to prevent these, for example, physical separation, staff awareness raising, visual warnings such as tags or labels on shelving, fatigue reduction strategies, or enhanced checking procedures for these medicines. The top five LASA error pairs are:</p> <ul style="list-style-type: none"> • propranolol and prednisolone; • amlodipine and amitriptyline; • carbamazepine and carbimazole; • azathioprine and azithromycin; and • atenolol and allopurinol 	

	<p>for example physical separation, staff awareness raising, visual warnings, tags or labels on shelving, fatigue reduction strategies, enhanced checking procedures for these medicines.</p> <p>Demonstrably, the pharmacy contractor uploads any LASA incident reports to the NRLS and keeps a record for confirmation of this activity at the pharmacy premises or within any electronic reporting system used by the contractor. In the description of what happened in the NRLS report, the contractor must include the text 'LASA' as a unique identifier to facilitate future national learning.</p> <p>** NHS Improvement top combinations by likelihood and harm caused - propranolol and prednisolone, amlodipine and amitriptyline, carbamazepine and carbimazole, azathioprine and azithromycin, atenolol and allopurinol.</p>	<p>REMINDER This should then be documented in a written patient safety report. Incidents to be included in the report should include errors or near misses that involve medication that have caused patient harm or had the potential to do so. Errors picked up early in the dispensing process or documentation errors would therefore not be included.</p> <p>REMINDER Contractors already have a contractual requirement to report patient safety incidents to the National Reporting and Learning System. This can be done via the e-form following guidance on the PSNC website, and some contractors collate reports via corporate systems, which then report centrally to NRLS. When LASA incidents are reported to NRLS directly or via other systems, in the description of what happened in the incident, 'LASA' should be included. This will enable NHS Improvement to search for LASA-related reports and information and learning from such incidents can be maximised.</p> <p>Copies of patient safety incident reports made by a pharmacy to NRLS or to corporate or other incident reporting systems should be retained by the contractor.</p> <p>NOTE PSNC, the Community Pharmacy Patient Safety Group and NHS Improvement have created templates (these have been updated by PSNC and the Community Pharmacy Patient Safety Group for the February 2019 review point) available shortly on the PSNC website, which contractors may choose to use to create their report; these templates are also included in Annex 1 and 2 of the NHS England guidance for the February review point of the Quality Payments Scheme.</p>	
<p>Patient Safety NEW</p>	<p>On the day of the review 80% of all registered pharmacy professionals working at the</p>	<p><i>This is a new quality criterion.</i></p> <p>There are two parts to the risk management quality criterion that contractors need to meet to be able to claim for this criterion.</p>	

	<p>pharmacy have satisfactorily completed the CPPE Risk Management training; and</p> <p>The pharmacy has available for inspection at the review point, at premises level, an example of a risk review that the pharmacy team at the premises have drawn up for a risk in that pharmacy that has been identified and prioritised with identified risk minimisation actions that the pharmacy team is taking.</p>	<p>1. The first part is that on the day of the review, 80% of all registered pharmacy professionals working at the pharmacy have satisfactorily completed the CPPE Risk Management training.</p> <p>The CPPE risk management guide and e-assessment can be accessed on the CPPE website.</p> <p>PSNC has created a CPPE Risk management record sheet which contractors can choose to use to keep a record of the pharmacy professionals that have successfully completed the CPPE Risk Management guide and e-assessment.</p> <p>When a pharmacy professional (pharmacists and technicians) has completed the guide and e-assessment, a certificate of completion will be stored in the pharmacy professional's personal record on the CPPE website. This can be printed to provide evidence of completion; contractors are advised to keep a copy of the certificate within the pharmacy.</p> <p>NOTE Each pharmacy professional (including locums) working in the pharmacy on the day of the review (15 February 2019) counts as one, regardless of how many hours they have worked. For example, a pharmacy with five pharmacy professionals working in the pharmacy on 15 February 2019 will need to ensure that at least four of them have successfully completed the CPPE Risk Management guide and e-assessment.</p> <p>2. The second part is that the pharmacy has a risk review.</p> <p>IMPORTANT NOTE Pharmacy professionals are encouraged to complete the CPPE Risk Management guide and e-assessment before the risk review is undertaken in their pharmacy as this will assist them with completing the risk review.</p> <p>PSNC and the Community Pharmacy Patient Safety Group have produced the following resources to assist community pharmacy contractors with meeting the risk review part of the risk management quality criterion:</p> <ul style="list-style-type: none"> • a template risk review; and • a completed example of a risk review. 	
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<p>Patient Safety NEW</p>	<p>On the day of the review the pharmacy must have completed the audit of non-steroidal anti-inflammatory drugs and gastro-protection available under the following link - https://www.sps.nhs.uk/articles/nsaid-safety-audit-2018-19/ for patients 65 or over, notified the patient's GP where professional concerns were identified, share their anonymised data with NHS England and incorporated the learning of the audit into future practice.</p>	<p><i>This is a new quality criterion.</i></p> <p>Data must be collected for two weeks with a minimum sample size of ten patients. All patients aged 65 years or over who present a prescription for any oral NSAID or cyclo-oxygenase-2 (COX2) selective inhibitor (this does not include patients prescribed aspirin) should be included in the audit. In cases where there is difficulty in finding 10 patients to participate, the audit should be extended to four weeks after which contractors can submit the data with the number of patients they have if less than ten.</p> <p>REMINDER The deadline to submit audit data is 15 February 2019, so contractors are advised not to start this audit in February, if there is a likelihood that they will be unable to find the minimum required sample size and they need to extend the data collection period to four weeks.</p> <p>You can download a copy of the audit guidance document from the Specialist Pharmacy Service (SPS) website.</p> <p>Standalone forms:</p>	

		<p>Audit data collection form (Word) Audit data collection form (PDF) Audit referral letter (Word) Audit referral letter (PDF)</p> <p>Contractors can choose to enter the data directly onto a web-based platform or use the paper form (a standalone form is available above) to collect the data and then transfer the data onto a web-based platform to submit their results to NHS BSA. Two web-based systems are available for the audit; PharmOutcomes or the NHS BSA Snap Survey. To find out the advantages and disadvantages to using either system please visit the PSNC website.</p>	
<p>Public Health</p>	<p>On the day of the review, the pharmacy is a Healthy Living Pharmacy level 1 (self-assessment); and 80% of staff working at the pharmacy that provide healthcare advice to the public have successfully completed the CPPE children's oral health training assessment.</p>	<p><i>There was previously a quality criterion on public health but it has significantly changed.</i></p> <p>An overview of how to achieve this quality criterion can be found in PSNC Briefing 052/18: Quality Payments – How to achieve the Healthy Living Pharmacy quality criterion (October 2018). Further information is also available on the HLP page on the PSNC website.</p> <p>REMINDER Contractors are reminded that if their pharmacy was accredited as an HLP Level 1 locally or through the profession led self-assessment process this accreditation is only valid for two years. Therefore, if contractors were accredited before 16 February 2017, they will need to re-accredit their pharmacy as an HLP to meet the quality criterion on the day of the review (15th February 2019).</p> <p>NOTE Contractors should be aware that when members of staff complete the RSPH Level 2 Award in Understanding Health Improvement course, which is provided by several national and local organisations, it may take a few weeks after completion of the assessment before staff members receive their certificate from the course provider. There is also a time delay, after completing the assessment of compliance on the RSPH website (RSPH will endeavour to contact contractors by mail or email within 10 working days) before registration is confirmed.</p>	

		<p>Contractors are therefore advised to consider these time frames when planning how long it will take to achieve HLP Level 1 to ensure these ‘processing times’ do not prevent contractors from achieving the HLP quality criterion at the February 2019 review point.</p> <p>CPPE Children’s oral health training</p> <p>The CPPE Children’s oral health video and e-assessment can be accessed on the CPPE website.</p> <p>Staff working at the pharmacy (including pharmacy professionals: pharmacists and technicians) that provide healthcare advice to the public are required to watch the e-learning video and successfully complete the e-assessment.</p> <p>PSNC has created a CPPE Children’s oral health record sheet which contractors can choose to use to keep a record of the pharmacy staff that have watched the CPPE e-learning video and successfully completed the e-assessment.</p> <p>When a member of staff has watched the e-learning video and successfully completed the e-assessment, a certificate of completion will be stored in their personal record on the CPPE website. This can be printed to provide evidence of completion; contractors are advised to keep a copy of the certificate within the pharmacy.</p> <p>NOTE Each member of staff that provides healthcare advice to the public who is working in the pharmacy on the day of the review (15 February 2019) will count as one, regardless of how many hours they have worked. For example, if five members of staff that provide healthcare advice to the public are working in the pharmacy on 15 February 2019, the contractor will need to ensure that at least four of them (80%) have watched the e-learning video and successfully completed the e-assessment.</p>	
Digital/ Urgent Care	On the day of the review, the pharmacy’s NHS 111 Directory of Services entry is up to date.	<i>Requirements remain the same for the review point in June 2018 although there is a new DOS profile updater.</i>	

		<p>The new Directory of Services (DoS) profile updater is available to be used by community pharmacy contractors to meet the NHS 111 DoS quality criterion of the Quality Payments Scheme.</p> <p>For the February 2019 review point, contractors are required to edit or confirm the information about their pharmacy is correct on the DoS profile updater by 11:59pm on 15 February 2019 to meet the quality criterion. Any changes and additional information, or confirmation that the profiles are accurate can be input directly into the DoS Profile Updater. This process is the same for 'bricks and mortar' pharmacies and distance selling pharmacies.</p> <p>REMINDER A guidance document on how to edit or confirm the information about a pharmacy is correct is available on the DoS profile updater website. Contractors are strongly advised to read the guidance to ensure they fully understand how to meet the quality criterion.</p> <p>NOTE Once the pharmacy's details on the DoS profile updater have been submitted, the contractor will receive an email to confirm this. This email should be retained as evidence of meeting the DoS quality criterion. The email should be received instantaneously after submitting the information on the DoS profile updater; however, please allow up to two hours for the email to be delivered. To help ensure contractors receive their confirmation emails, contractors are advised to add noreply@dos-profile.service.nhs.uk to their safe senders list before they update their profile. Alternatively, contractors will need to check their junk email folder in case the email has been inappropriately filed. If the emails are not received, please email exeter.helpdesk@nhs.net to confirm that the submission has been received.</p> <p>If contractors have any technical difficulties accessing the DoS Profile Updater, they can email the NHS Digital helpdesk (exeter.helpdesk@nhs.net) or call them on 0300 303 4034.</p>	
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<p>Clinical Effectiveness</p>	<p>On the day of the review, the pharmacy can show evidence of asthma patients, for whom more than 6 short-acting bronchodilator inhalers were dispensed without any corticosteroid inhaler within a 6-month period, have since (28 June 2018, i.e. the last review date) been referred to an appropriate health care professional for an asthma review; and can evidence that they have ensured that all children aged 5-15 prescribed an inhaled corticosteroid for asthma have a spacer device where appropriate in line with NICE TA38 and have a personalised asthma action plan. Refer to an appropriate healthcare professional where this is not the case.</p>	<p><i>There was previously a quality criterion on clinical effectiveness but it has changed.</i></p> <p>It is up to the contractor how they choose to engage and implement regular surveillance of patients' use of inhalers into their processes and procedures but at a minimum, historical dispensing of SABA and corticosteroid inhalers for patients and use of spacer devices for children in particular, should be assessed at every point a prescription is presented for the treatment of asthma. These tasks could be undertaken by any appropriately trained staff within the pharmacy team.</p> <p>The surveillance could also include a combination of one or more of the following:</p> <ul style="list-style-type: none"> • monitoring the number of SABA inhalers dispensed in a rolling 6-month period through the pharmacy patient medication records (PMR) or through routine or opportunistic access to the Summary Care Record (SCR); • for patients aged 5-15, checking the pharmacy PMR or through routine or opportunistic access to the SCR for spacer devices or asking the patient or parent/guardian whether they have purchased a spacer device without a prescription; • asking patients aged 5-15 or their parents/guardians whether they have been given a PAAP; • monitoring patient emergency supply requests for SABA inhalers; • monitoring out of hours or urgent prescriptions for SABA inhalers; • monitoring emergency supply requests through the NHS Urgent Medicine Supply Advanced Service; • monitoring repeat prescription requests for SABA inhalers; • monitoring the number of SABA inhaler dispensed as part of a Medicines Use Review or New Medicine Service; and • monitoring non-collection of prescriptions for steroid inhalers. <p>NOTE Where no patients are identified for referral, the contractor will still be eligible for payment as long as they can evidence that they have been working to identify suitable patients and that they have a process in place for referral should they identify someone.</p> <p>Information on this quality criterion is available in PSNC Briefing 060/18: Quality Payments – Asthma referrals (November 2018)</p>	
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<p>Workforce</p>	<p>On the day of the review, 80% of all pharmacy staff working in patient facing roles are trained 'Dementia Friends'</p>	<p><i>Requirements remain the same for the review point in June 2018.</i></p> <p>Requirements remain the same but need to review staffing to ensure that 80% of patient-facing staff are still Dementia Friends.</p> <p>Contractors should keep evidence that staff have become Dementia Friends in the pharmacy. This could be a copy of the email sent to request badges. PSNC has created a record sheet which contractors can choose to use to keep a record of their staff members and temporary staff, such as locums, that have become Dementia Friend: Dementia Friends Record Sheet (Word) Dementia Friends Record Sheet (PDF)</p> <p>Many staff, including locums, may already have become Dementia Friends. There is no need to become a Dementia Friend again for this quality criterion.</p> <p>There are various routes by which people can become a Dementia Friend – please read PSNC Briefing 054/18: Quality Payments – How to become a Dementia Friend (October 2018) which describes the process.</p> <p>NOTE Pharmacy staff with a patient-facing role should include all registered pharmacy professionals, all pre-registration graduates, everyone working in the dispensary, all medicines counter assistants and all delivery drivers (it also includes locums).</p>	