

October 2020

PSNC Briefing 031/20: Pharmacy Quality Scheme – Guidance for pharmacy contractors on the PCN domains

The continued development of [Primary Care Networks \(PCNs\)](#) across England remains a key part of implementing the [NHS Long Term Plan](#). It is therefore of great importance that community pharmacy continues to seek to be a fully integrated part of the networks. The [Part 2 Pharmacy Quality Scheme \(PQS\) 2020/21](#) includes two domains which seek to encourage pharmacies to collaborate and work together as part of on-going steps to engage effectively with PCNs. This PSNC Briefing contains guidance for community pharmacy contractors on how they can achieve these elements of the scheme.

Introduction

The NHS Long Term Plan (LTP) described the development of PCNs, which were subsequently established in 2019 as an objective of the Network Contract Directed Enhanced Service (DES) in general practice. A primary care network consists of groups of general practices working together with a range of local providers, including across primary care, community services, social care and the voluntary sector, to offer more personalised, coordinated health and social care to their local populations. They are the 'building block' of local healthcare systems and generally cover local populations of 30-50,000.

PCNs are in their second year of existence and the continued ambitions for PCNs over the next four years include systematically delivering new services to implement the LTP and achieving clear, positive and quantified impacts for people, patients and the wider NHS. Approximately 1,250 PCNs have been set up across England.

The intention of PCNs is to be wider than general practice, incorporating a range of community providers, including community pharmacy. The Network Contract DES, from April 2020, required general practices, as part of their PCN, to collaborate with non-GP providers, such as community pharmacy.

NHS England and NHS Improvement (NHSE&I) expect to see this collaboration reflected in the Network Agreement, which is agreed by all PCN member general practices, with community pharmacy being a key partner in PCNs.

PCNs will be critically important to the development of primary care services over the next few years and it is therefore essential that community pharmacy is fully engaged in PCNs; this is the reason that PCN engagement has continued to be included in the PQS and why PSNC believes all contractors should get involved in their local PCN.

Further information and resources on PCNs can be found on the [PSNC website](#).

The PQS requirements

The Drug Tariff requirements which pharmacy contractors must meet to achieve the two PCN domains within the PQS are set out below. Meeting these domains will earn:

- 25 points (a minimum value of £1,200) for a non-Pharmacy PCN lead in a band 4⁺ pharmacy; or
- 25 points plus 30 extra points (a minimum total value of £2,640) for a Pharmacy PCN Lead contractor in a band 4⁺ pharmacy.

*Most pharmacies will be in Band 4. This band is for pharmacies which dispensed an average prescription volume between 60,001-150,000 items annually in the 2019/20 financial year.

Similar to previous schemes, contractors that are a Pharmacy PCN Lead 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 and 30 additional points have been allocated for 2020/21.

Primary Care Network (PCN) Prevention Domain – Flu Vaccination

On the day of the declaration, the non-Pharmacy PCN Lead contractor must provide:

- a declaration that the contractor has engaged with the Pharmacy PCN* Lead and agreed to be involved in increasing the uptake of flu vaccinations to patients aged 65 and over by the provision of flu vaccinations;
- the total number of eligible people aged 65 and over, including those becoming age 65 by 31st March 2021, vaccinated by the contractor between 1st September 2020 and 31st January 2021;
- the name of the PCN* to which they have aligned;
- the appointed Pharmacy PCN* Lead for the PCN*; and
- the pharmacy name and ODS code for the Pharmacy PCN* Lead.

The following must be submitted by the contractor where the Pharmacy PCN Lead is based:

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

Primary Care Network (PCN) business continuity discussions

On the day of the declaration, the non-Pharmacy PCN Lead contractor must provide:

- a declaration that they have participated in a group business continuity discussion with the Pharmacy PCN** Lead and other contractors in the PCN and any actions identified have been demonstrably completed by the day of the declaration;
- the name of the PCN* to which they have aligned;
- their appointed Pharmacy PCN* Lead; and
- the pharmacy name and ODS code for the Pharmacy PCN** Lead.

The following must be submitted to NHSE&I where the Pharmacy PCN Lead is based:

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

- a declaration that the Pharmacy PCN** Lead has notified the LPC in which the PCN* lies that they are the appointed pharmacy Lead for the named PCN*.

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

** For pharmacies in a disbanded PCN area this will be the Pharmacy Lead for the area, e.g. the pharmacy must be able to demonstrate that their pharmacy, and all of the other pharmacies within the PCN footprint who wish to engage with a PCN, have agreed a collaborative approach to engaging with their PCN.

Additional information on the requirements can be found in the [NHS England and NHS Improvement \(NHSE&I\) PQS guidance 2020/21](#) (section 7).

The Pharmacy PCN Lead will be a person who is themselves a pharmacy contractor or an employee of a pharmacy contractor. The PQS points funding increment is available in 2020/21 for the contractor that is the Pharmacy PCN Lead or employs the Pharmacy PCN Lead to recognise some of the additional work the individual will need to undertake in this role. This funding will be claimed by and paid to the contractor at the pharmacy premises within the PCN area, where the Pharmacy PCN Lead is based or attached (in the case of individuals who have a job that involves working across several pharmacies owned by the same contractor).

The role of LPCs in supporting achievement of this domain

Since the formation of PCNs, all LPCs have been working to ensure PCN leaders recognise the importance of engaging with community pharmacy. Consequently, relationships with PCN leaders, including the Clinical Director appointed in each PCN, have been developing and this will continue to provide a good foundation on which to support engagement of contractors with their PCN.

LPCs can play a central role in supporting their contractors to achieve these criteria and wider engagement with their PCN by supporting and re-engaging their Pharmacy PCN Leads to help them understand what is needed of them to achieve the criteria in the two PQS PCN domains. LPCs also support contractors by supporting the Pharmacy PCN Leads to initiate and facilitate discussions between contractors within each PCN, to determine how they will work collaboratively and in the absence of a Pharmacy PCN Lead, help organise contractors to choose their Pharmacy PCN Lead. PSNC has provided guidance to LPCs on how they can support contractors to engage with PCNs and achieve these domains ([PSNC Briefing 030/20: PQS – Guidance for LPCs on the Primary Care Network domain](#)).

Your LPC should provide you with details on how they will assist you to achieve these domains; look out for information in their newsletter or on their website.

The role of the Pharmacy PCN Lead

The Pharmacy PCN Lead will continue to play a critical role in shaping the engagement between community pharmacy and the PCN, providing a single channel of engagement.

As this role will involve working with the PCN Clinical Director, who will be a clinician, generally a GP, PSNC recommends that the Pharmacy PCN Lead should generally be a pharmacist or pharmacy technician. Where no such suitable candidate can be identified by contractors in the PCN area, another individual could be selected, but they should have the necessary knowledge of pharmacy practice to be able to undertake the role and should also have the support of a community pharmacist who can provide advice on professional matters, where this is necessary.

Due to the local focus of PCNs, it is also appropriate that the PCN Pharmacy Lead works within a community pharmacy in the PCN area on a regular basis, providing services to patients. Where no such suitable candidate exists, it may be necessary to select a Pharmacy PCN Lead who has a relationship with a pharmacy in the PCN area but does not work

in that pharmacy on a regular basis. This could, for example, be a contractor who owns a pharmacy in the PCN area, but is generally based in another pharmacy they own, or an area manager of a multiple contractor who is managerially responsible for a pharmacy in the PCN area.

The suggested key responsibilities of the Pharmacy PCN Lead are to:

- provide leadership for the community pharmacies in the PCN to help them collaboratively develop and implement an approach to engagement with the PCN;
- work closely with the key members of staff of the other pharmacies in the PCN to discuss, understand and be able to describe how community pharmacy can support the PCN to achieve local targets, aligned to national NHS priorities;
- develop relationships and work closely with the PCN Clinical Director, other Pharmacy PCN Leads, clinical leaders of other primary care, health and social care providers, local commissioners and the LPC; and
- manage any conflicts of interest and maintain the confidentiality of any PCN information shared with them on a confidential basis.

The Pharmacy PCN Lead must be able to take an objective view and approach to potential opportunities for community pharmacy that they may become aware of, or arise as the appointed lead and share this detail with the LPC and the rest of the pharmacies who have appointed them.

They must not use this information in a way that would lead to sole, or preferential personal, or business gain, or gain by their employer. Opportunities for community pharmacy service development should be discussed with the LPC, which may wish to take forward discussions with the PCN, as the local representative body for pharmacy contractors.

Pharmacy PCN Leads will be communicating or meeting with the Clinical Director to discuss the following:

- the elements of the PQS specifically related to the PCN and then any other PQS elements with relevance to general practice, particularly the antimicrobial stewardship criterion and the Prevention Domain including suicide prevention and weight management criteria; and
- other elements of the 5-year CPCF of relevance to GPs, particularly the CPCS which is due to include GP referrals into the CPCS from 1st November 2020.

How to achieve the PQS PCN domains

Contractors who claimed the PQS criteria in 2019/20 will have already undertaken some of the below activities, however contractors should review the below steps to ensure they are still aligned to the appropriate PCN. General practices can review their decisions to be involved with PCNs and stay signed up to the Network Contract DES specification every year. There have been several changes in the DES specification and consequently, some practices chose not to sign up to the DES. In some locations there have been both changes to the PCN composition and even dissolution of the PCN entirely. Therefore, PSNC recommends that contractors consider the following steps:

Step 1 – Identify or check your primary PCN

Your LPC will share information on the mapping of general practices to PCNs and the PCN geographical boundaries, which will then allow contractors to consider which PCN their pharmacy will align to. This requirement applies to all

pharmacies, including distance selling pharmacies¹. In some cases, particularly in rural areas, this will be straightforward, as the pharmacy will be very clearly positioned in just one PCN.

In many cases, particularly urban areas, the situation will be more complex, with overlaps of the geographical boundaries of PCNs and pharmacies being geographically located in more than one PCN area. In these circumstances, looking from a PQS perspective, the contractor will need to decide a primary PCN with which they will align themselves, but they may also wish to identify secondary, or tertiary PCNs which they wish to maintain contact with (via the Pharmacy PCN Lead for those PCNs).

The flow of patients should determine which is the primary PCN for a pharmacy and the best proxy to assess this will generally be examining the total prescription items dispensed by the pharmacy from each local general practice and then calculating a total for the practices in each local PCN. The NHSBSA publish data on who dispenses the prescriptions issued by each general practice and in June 2019 PSNC created a [spreadsheet](#) using this data which allows contractors to identify the top ten general practices for whose patients they dispense prescriptions. Note: this is a large file (37MB), so it is only available to download via Dropbox.

It may be possible for LPCs to flag where there have been changes to PCN composition and as a result changes to PCN boundaries. It may also be possible for LPCs to undertake some of the above analysis and mapping on behalf of contractors; where this is possible, the proposed allocation of pharmacies to PCNs will be communicated to contractors to consider and confirm or challenge, as appropriate.

Contractors are responsible for reviewing their own information with reference to the information supplied by their LPC and to ensure that they are aligned to the PCN that most reflects their patient flow.

Contractors in a PCN where there is already an appointed Pharmacy PCN Lead can skip to **Step 3** but should review the governance arrangements in place with the Pharmacy PCN Lead as outline further into step 2.

Step 2 – Pharmacies without a Pharmacy PCN Lead - Talking to other pharmacies in the PCN and appointing a Pharmacy PCN Lead

Once pharmacies have identified their primary PCN, the LPC will be able to share information with contractors on which pharmacies are located within each PCN.

Where the PCN does not have an appointed Pharmacy PCN Lead, the LPC will then be able to help you and your fellow contractors to start to collaborate on identifying a Pharmacy PCN Lead. This could be facilitated in several ways, for example:

- organising a video or teleconference for contractors at PCN level; or
- organising a larger meeting of contractors from multiple PCN areas, where group discussions can occur for contractors in each PCN.

Ahead of any such local meetings, LPCs could support contractors to identify suitable candidates to act as Pharmacy PCN Leads where a Lead is not appointed, or where a change is needed, by asking for expressions of interest in being appointed the Pharmacy PCN Lead and then sharing information on any candidates with the contractors. This could assist in ensuring all potential candidates can put themselves forward, rather than just those that may be able to attend a meeting; the inability to attend a meeting on a specific date should not rule out eligible candidates from being considered for appointment by the contractors in the PCN.

¹ Distance selling pharmacies are expected to be able to provide services to patients across England, rather than focusing on a locality close to their pharmacy premises. However, for the purposes of this PQS requirement, like other contractors, they should assess which is the most appropriate PCN for them to be aligned with. Pragmatically, this may be a PCN which is a geographical fit with their premises, rather than necessarily matching the flow of patients, where their patients are distributed widely across England.

The PQS requirements include the need for a Pharmacy PCN Lead to liaise with the PCN on the two PCN PQS domains, therefore it is necessary for contractors to appoint a Pharmacy PCN Lead if they wish to participate in these aspects of the PQS. Contractors in a PCN who do not appoint a Lead will not be able to declare against any of the two PCN domain in PQS for 2020/21. The decision of Pharmacy PCN Lead appointment must be made by the contractors; it is not a decision to be made by the LPC.

Selecting a Pharmacy PCN Lead where there are multiple candidates

Where there are multiple candidates interested in being appointed as the Pharmacy PCN Lead, the LPC could help contractors to decide on their preferred candidate by:

- Requesting information from the candidates which could be shared with contractors, e.g. a short CV or biography, providing details of their prior professional experience and a statement of why the candidate believes they are well qualified to undertake the role;
- Organising a teleconference/videoconference of contractors to allow them to meet and hear from the candidates; and
- Organising a vote of contractors to select the preferred candidate, at a meeting of contractors, by post, email or other electronic means.

Due to the potential practical challenges of finding a time and date for a meeting when all contractors within a PCN can be present or represented, it may be necessary to organise a meeting and then follow this with a vote by contractors, which could be undertaken by email. Each contractor would have one vote for each NHS contract pharmacy in the PCN area.

Agreeing appropriate governance arrangements with the Pharmacy PCN Lead (new and existing)

Any candidates seeking to be appointed as a Pharmacy PCN Lead, or who was previously appointed and is continuing in the role, should be fully aware of the role and responsibilities of the position.

PSNC has published a template Memorandum of Understanding (available on the [PCN resources page of the PSNC website](#)) which can be used by an LPC and a Pharmacy PCN Lead to agree the responsibilities of the lead, including their responsibility to act on behalf of all the contractors that have appointed them.

As an alternative, there is also [PSNC Briefing 035/20: Guidance for LPCs and Pharmacy PCN Leads on the role of a lead and the support that should be offered](#) which could also be used by an LPC and Pharmacy PCN Leads to agree the responsibilities of the Lead, and some of the dos and don'ts aligned to the role.

A key point which LPCs and contractors should ensure the Pharmacy PCN Lead clearly understands, is that unless specific delegated responsibilities for decision making on behalf of the appointing contractors within the PCN is given, the lead must always revert to the contractors to seek a view on any proposals that result from discussions with the PCN leadership. Additionally, any view by the body of contractors within the PCN, working with their Pharmacy PCN Lead, cannot require action be taken by an individual contractor, without their specific agreement to take such action.

It will be important for the Pharmacy PCN Lead to provide regular and timely reports on developments within the PCN to the LPC and the contractors within the PCN. A template meeting report form is available on the [PCN resources page of the PSNC website](#).

LPCs and contractors within the PCN should also seek to agree a term of appointment for the Pharmacy PCN Lead. In due course, contractors may feel it is appropriate to agree a longer term of office, but as this is still a relatively new development within primary care and the situation is still evolving, PSNC recommends that the Pharmacy PCN Lead should initially be appointed for a one or two-year term, with the ability for contractors to re-appoint the lead at the end of that term, if they believe this to be appropriate.

Note – the PQS points funding increment is available in 2020/21 for the contractor that is the Pharmacy PCN Lead,

or employs the Pharmacy PCN Lead, to recognise some of the additional work the individual is likely to undertake in this role, but additional local funding may be required if activities are required beyond the scope of the PQS requirements. The content of the 2021/22 PQS has not yet been determined, so ongoing funding for Pharmacy PCN Leads via the scheme should not be presumed.

Step 3 – Data collection and talking to other contractors in the PCN to discuss the PCN requirements

There are two PQS PCN Domains.

PCN Prevention Domain - influenza vaccination service.

The aim of this domain is to reduce the risk of harm from the influenza virus for all patients aged 65 and over and to reduce pressure on the NHS during winter, by incentivising community pharmacy and general practice through the PQS and the Impact and Investment Fund (IIF) respectively, to work collaboratively to increase the number of eligible people vaccinated.

Community pharmacy teams have been delivering flu vaccination services as part of the national service for a number of years and, in some places, the approach between community pharmacy and general practice is more competitive than collaborative. Flu vaccination uptake for the 65 years and over age group while very close to the WHO target uptake rate of 75%, only gained 0.4 percentage points between the 2018/19 and 2019/20 seasons to 72.4%. It is hoped that by incentivising both primary care providers similarly, a more collaborative approach will be facilitated in PCNs, leading to an increase in uptake of flu vaccinations in the eligible population.

Building on the establishment of Pharmacy PCN Leads, this year's PQS requires the lead to develop a plan following engagement with their PCN and discussions with the other pharmacy contractors within PCN area. The plan should describe how community pharmacies will collaborate with general practices to support efforts to increase the number of people aged 65 years and over who are vaccinated.

Contractors must have demonstrably contributed to the PCN achieving a flu vaccination level of 70.1% or above for patients aged 65 and over. This can be evidenced by the number of vaccines they have administered to eligible patients between 1st September 2020 and 31st January 2021, with this number being one or greater. PQS points will be allocated in accordance with a sliding linear scale starting from 70.1% up to a maximum allocation of points on achievement of 77.0%. Further information is provided later in this briefing to help contractors understand this sliding linear scale further.

The key criteria for contractors are:

- Engaging with their Pharmacy PCN Lead and agreeing to be involved in increasing the uptake of flu vaccinations to patients aged 65 and over by the provision of flu vaccinations; and
- Vaccinating as many eligible people aged 65 and over, including those becoming age 65 by 31st March 2021, as possible using the NHS flu vaccination service between 1st September 2020 and 31st January 2021.

Pharmacy PCN Leads will therefore seek to confirm some baseline information to inform the community pharmacy flu vaccination plan and arrange a meeting for pharmacy contractors in the PCN to further discuss the plan and share any PCN flu plans that may further allow development and therefore greater integration of community pharmacy flu provision to better support general practice. As a result, contractors will need to do two things:

1. Complete a survey which the Pharmacy PCN Lead will share with contractors. This will help provide some baseline information about the contractor's planned NHS flu vaccination provision; and
2. Attend a meeting for contractors in the PCN that the Pharmacy PCN Lead will organise and chair. This meeting should provide an understanding of the PCN approach to NHS flu vaccination services and allow contractors

to discuss their plans for NHS flu vaccination provision while considering the community pharmacy approach to supporting general practice to provide the service.

Once both these activities are undertaken, this should allow the Pharmacy PCN Lead to summarise the outputs of the survey and the discussion as the community pharmacy flu vaccination plan. This plan will then be shared with contractors in the PCN and the PCN Clinical Director. Contractors are advised to use this plan to support action planning with their teams and to retain a copy of it as part of their PQS evidence.

PCN Business Continuity Discussions

The aim of this domain is to encourage pharmacy teams to work collaboratively with other primary care providers to maintain business continuity across the PCN following the temporary closure of individual pharmacies or general practices to minimise the impact on patient care. The secondary aims are for pharmacy teams to share best practice and to further develop relationships across their PCN.

This criterion recognises the impact that the temporary closure of an individual pharmacy or general practice can have on the other pharmacies and general practices within a PCN and the need for this impact to be considered in the individual contractor's business continuity plan. By ensuring the risks are considered and by ensuring appropriate information on business continuity plans, and key contact details to use in an emergency, are shared in advance across the PCN, the impact of a closure can be minimised through a coordinated response and clear communication.

To achieve the criteria, contractors must have demonstrable evidence at the pharmacy, that they or their representative were involved in discussions with other contractors at a PCN level, a summary document was formulated and this was shared with the PCN and the contractors in the PCN. Following discussions, the contractor has considered the outputs of the discussion and where any actions were identified, the contractor's actions were completed and, where necessary, updates have been made to the pharmacy business continuity plan, to reflect the collaborative work.

Pharmacy PCN Leads will therefore seek to confirm some baseline information to inform the community pharmacy business continuity summary document and arrange a meeting for pharmacy contractors in the PCN to discuss their high-level business continuity plans to cope with potential temporary closures and similarly to understand the general practice business continuity plans for similar circumstances, where this information is available.

Contractors should share their high-level business continuity plans related to temporary closures so that the other contractors attending develop an understanding of each other's plans should they need to temporarily close the pharmacy. This should then allow the adoption a collaborative approach to support those plans, where appropriate and necessary. As a result, contractors will need to do two things:

1. Complete a survey which the Pharmacy Lead will share with contractors to provide some baseline information about the contractor's high-level business continuity plans and escalation contacts; and
2. Attend a meeting for contractors in the PCN that the Pharmacy PCN Lead will organise and chair.

Both these actions, alongside conversations with the PCN Clinical Director, should allow the Pharmacy PCN Lead to summarise the outputs of the survey and the discussion amongst contractors to create a community pharmacy business continuity summary document for the PCN. This document will then be shared with contractors in the PCN and the PCN Clinical Director. Contractors are advised to use this document to support the understanding of their team about what will happen in the event of a temporary pharmacy closure. Any actions that the contractor identified as part of the contractor meeting, should be actioned and documented. Where necessary, updates that have been made to the pharmacy business continuity plan, to reflect the collaborative work, should also be documented and kept with the PCN business continuity summary document as part of the contractor's PQS evidence.

Working with your Pharmacy PCN Lead and your responsibilities

For both domains, it is the responsibility of contractors that want to be able to claim for these domains to both

provide the requested information and attend the contractor events that the Pharmacy PCN Lead organises. Pharmacy PCN Leads will endeavour to support contractors to ensure they have captured the requested information, however where the Pharmacy PCN Lead has made reasonable attempts to contact contractors three times, by two different methods and the contractor has either not responded or not returned the requested information, then the Pharmacy PCN Lead will assume the contractor does not want to be involved in these domains.

Where a contractor is not able to attend the organised meeting or provide a representative to attend, this should not exclude them from ongoing collaborative working between pharmacies within the PCN. However, it is the responsibility of the contractor to contact the Pharmacy PCN Lead to obtain an update on the event and ensure that they can contribute to the collaborative work following the meeting.

Step 4 – Making your PQS claim

Your Pharmacy PCN Lead or the LPC should ensure all contractors in the PCN area are provided with the following information, which you will need as part of your declaration to claim payment for the PCN domain of the PQS:

- the name of the PCN;
- the name of the appointed Pharmacy PCN Lead; and
- the pharmacy name and ODS code for the pharmacy where the Pharmacy PCN Lead is based.

In addition, contractors need to be able to declare:

For flu vaccinations:

- that the contractor or their representative has engaged with the Pharmacy PCN Lead and agreed to be involved in increasing the uptake of flu vaccinations to patients aged 65 and over by the provision of flu vaccinations; and
- the total number of eligible people aged 65 and over, including those becoming age 65 by 31 March 2021, vaccinated by the contractor between 1st September 2020 and 31st January 2021;

For business continuity discussions:

- that the contractor or their representative, have participated in a group business continuity discussion with the Pharmacy PCN Lead and other contractors in the PCN and any actions identified have been demonstrably completed by the day of the declaration.

As part of the Pharmacy PCN Lead's submission, they will include the contractor ODS codes for all contractors that participated in the contractor meeting and discussions, as well as any contractors that were unable to attend, but did contact them to follow up after the meeting and contribute to the Pharmacy PCN plans for flu vaccination and business continuity planning.

Further information and resources on PQS and on making your PQS claim is available at psnc.org.uk/pqs.

Frequently asked questions

Q. Could the LPC appoint an LPC representative as the Pharmacy PCN Lead for a PCN?

Contractors, not LPCs, must appoint the Pharmacy PCN Lead. All contractors in the PCN that wish to engage in the process should be able to nominate themselves or one of their employees to stand to be the Pharmacy PCN Lead. Contractors will then decide who should be appointed as the Pharmacy PCN Lead. This may be an LPC member, but there should be no assumption that an LPC member is a default lead.

Q. What happens if we do not have any suitable or willing candidates to be the Pharmacy PCN Lead?

If a Pharmacy PCN Lead cannot be identified, contractors in the PCN area will not be able to claim for this element of the PQS.

Q. By when does the Pharmacy PCN Lead need to be appointed?

To ensure that community pharmacy is embedded into the work of the PCN as quickly as possible, there is a need for Pharmacy PCN Leads to be appointed as soon as possible, ideally by the end of October 2020. Contractors need to make a PQS payment claim between 1st February 2021 and 26th February 2021; contractors therefore need to have had meetings and worked with the Pharmacy PCN Lead to have formulated the Pharmacy PCN plans for each of the two PCN PQS domains as soon as possible, recognising that the flu vaccination programme is already underway.

Q. Can one-person represent and act on behalf of a multiple contractor when discussing the appointment of a Pharmacy PCN Lead or casting a vote?

Yes.

Q. If a local meeting of contractors is being organised to appoint a Pharmacy PCN Lead and a contractor within the PCN is not able to attend the meeting, can they still be involved in the collaborative working and choosing the lead?

Yes. If a contractor is not able to attend a meeting or send a representative, this should not exclude them from ongoing collaborative working between pharmacies within the PCN. The LPC could provide an update to the contractor following the meeting.

If a vote is to be taken at the meeting on the appointment of a Pharmacy PCN Lead, the contractor could give another individual their proxy for the vote, or where the candidates for selection are known in advance of the meeting, the LPC could be sent the votes of any contractors not able to attend the meeting in advance.

Q. If a local meeting of contractors is being organised to discuss the flu and business continuity domains and work up the pharmacy plan and a contractor is not able to attend the meeting, can they still be involved in the collaborative working and claim for the domains?

Yes, where a contractor is not able to attend the organised meeting or provide a representative to attend, this should not exclude them from ongoing collaborative working between pharmacies within the PCN. However, it is the responsibility of the contractor to contact the Pharmacy PCN Lead to obtain an update on the event and ensure that they can contribute to the plan following the meeting.

Q. Can an individual be a Pharmacy PCN Lead for more than one PCN?

The role of Pharmacy PCN Lead is likely to take time to undertake on a regular basis and this workload needs to be considered by anybody putting themselves forward for appointment. Due to the local focus of PCNs, PSNC believes that, wherever possible, it is appropriate that the Pharmacy PCN Lead works within a community pharmacy in the PCN area on a regular basis, providing services to patients. Considering both these factors, it is technically possible that an individual working across multiple pharmacies in two PCNs could be a Pharmacy PCN Lead, however it is unlikely to be a practical option in most cases.

Q. How does the flu vaccination incentive in PQS work?

The points are allocated according to the prescription volume bands contractors fall within and the total uptake of vaccinations for the 65 years and over group at PCN level.

There are six bands, with pharmacies being allocated to a band based on their total prescription item volume between April 2019 and March 2020 according to the NHSBSA's payment data.

[Check which band your pharmacy falls within](#)

Contractors are awarded points based on their banding, with the points in the table below being awarded for each 0.1% increase the PCN achieves in the uptake of flu vaccinations to patients aged 65 and over between 70.1% and 77%.

	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6
Point per 0.1 percentage point increase between 70.1% and 77%	0.0107	0.0750	0.1607	0.2143	0.3214	0.3750

Uptake data

Data on the percentage of the target population vaccinated across the PCN will not be available until after the day of the PQS 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. While that means a contractor must vaccinate a minimum of one patient to be eligible, to truly support the PCN and maximize the opportunity for pharmacies, pharmacies will need to vaccinate as many people as the can in the target population (over 65s) between 1st September 2020 and 31st January 2021.

Points at declaration

Contractors will be allocated the maximum number of points available for a pharmacy in their band for this domain.

Example

A pharmacy's 2019-20 prescription volumes would put them in Band 4 for 2020/21 PQS.

There are 70 increments of 0.1% available for the pharmacies to achieve. For a Band 4 pharmacy each increment is worth 0.2143 points.

For a pharmacy in a PCN who achieves **77% uptake** in the 65 and overs they would get $70 \times 0.2143 = 15$ points

Reconciliation

There will be a reconciliation of the payment made to contractors for this domain on 1st June 2021 when final data on the increase to the uptake of flu vaccination to patients aged 65 and over will be available. This reconciliation will be made as part of the Aspiration payment contractors receive for the 2021/22 PQS for those choosing to make this declaration; and will be reconciled as part of the routine schedule of payments for those contractors who do not make an Aspiration declaration in 2021/22.

Pharmacy contractors should be aware that as this is also a general practice incentive, if their PCN wishes to challenge the data underpinning the point allocation, they will be able to do so. However, this will delay the reconciliation payment.

Example

For a Band 4 pharmacy in a PCN who achieves **75%** they would get $50 \times 0.2143 = 10.715$ points

Therefore, in the reconciliation process the value of the difference in points from the maximum 15 that the contractor was paid to the actual the PCN achieved of 10.715 will be deducted from the contractors 2021/22 PQS Aspiration payment. A deduction of the value of 4.285 points.

If you have queries on this PSNC Briefing or you require more information, please contact the [PSNC Services Team](#).