

Pharmacy Quality Scheme 2022-23

This is intended as a guide; we recommend you read the full requirements from NHSE&I in the guidance document below.

USEFUL LINKS:

NHSE Guidance - [NHS England » Pharmacy Quality Scheme – Guidance 2022/23](#)

PSNC website - [Pharmacy Quality Scheme - PSNC Website](#)

Summary of training requirements - [PSNC-Briefing-031.22-PQS-Summary-of-the-training-requirements-for-the-PQS-2022-23.pdf](#)

GATEWAY CRITERIA

NMS – You must have claimed for completing a minimum of 20 NMS between 1st April 2022 and 31st March 2023

Take time to review now how many NMS have been completed so far and make a plan if this is less than 20. More guidance on NMS can be found [here](#)

Patient Safety Report - PSNC has worked with the Community Pharmacy Patient Safety Group to produce [Completing the Patient Safety Report](#),

Each pharmacy must have a new written safety report (new since March 2022 or covering the last two years if not previously claimed; or since the contractor acquired or opened the pharmacy if this time period is less than two years). You **can't** use a report written for a previous PQS declaration. You can use this [template](#) to write the report. There are quite a few points to be covered in the report, full details of what to include can be found on [pages 9 – 10](#). This [monthly patient safety template](#) may also be helpful. Local GPhC Inspectors have highlighted issues with sodium valproate prescriptions, you may find these [resources](#) useful.

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

PSNC have more resources on their [website](#).

QUALITY CRITERIA

Risk Management and Safeguarding

Risk Review Update.

1. All registered pharmacy professionals must complete the [CPPE sepsis online training](#) and pass the [e-assessment](#). This must have been completed between 1st April 2021 and 31st March 2023.
2. All registered pharmacy professionals working at the pharmacy must have satisfactorily completed the [CPPE risk management guide](#) and passed [the e-assessment](#)

Training can be recorded on this [form](#)

3. By the 31st March 2023 there must be available at premises level an update of the previous risk review from PQS 2021/22 or a new risk review if you did not complete this previously. The review must include

- Managing the risk of missing sepsis identification
- Missing red flags symptoms during OTC consultations
- Minimising the risk of transmissions of COVID-19

You must also include a recorded reflection on the identified risks and risk minimising actions that the team has been taking since completing the review and be able to demonstrate that any subsequent actions identified have been completed. You may find it useful to review the latest [IPC guidance](#).

You can use this [template](#) for your review.

Safeguarding level 3 webinar.

1. All registered pharmacy professionals working at the pharmacy on the day of the declaration must have watched [the one-hour webinar training video for community pharmacy](#) or alternatively attended the live training event held on 30th June 2022, to cover adult and child safeguarding level 3 (please note there is no e-assessment for this e-learning). If you watch the webinar you will need to download a certificate of completion from the [elearning for healthcare \(elfh\) website](#). If you attended the live webinar you should have already been emailed the certificate of completion, if you did not receive this you should email - ENGLAND.CommunityPharmacy@nhs.net This [sheet](#) can be used to record training.
2. Each pharmacy must have available at premises level an action plan on how they will manage people who require a safeguarding referral. You can use this [template](#) for your action plan. You can get local safeguarding information [here](#) or you could consider using the [NHS Safeguarding App](#).

Domestic Abuse Prevention

1. By the end of 31st March 2023 all staff must complete the Domestic abuse awareness ([Safe Spaces training](#)) which is hosted on the CPPE website and have passed the [quiz](#) on the training; and read and understood the [Ask for ANI and Safe Spaces schemes: training toolkit](#). Staff members affected by domestic violence who do not wish to complete the training are exempt. The [Staff Support Hub](#) is available to all staff and can be completely confidential.
2. By the end of 31st March 2023, at least one person responsible for the premises must have read and understood the [Safe Spaces Set-up Toolkit](#).

Training can be recorded on this [form](#)

You may find these [local resources](#) useful.

Respiratory – This domain involves referring patients, you should make your local surgery aware that you will be starting this work. PSNC have produced this [briefing](#) that you can share with GP teams.

Inhaler technique checks

1. Any patient presenting a prescription for a new inhaler before the day of the declaration should be offered the [NMS](#), with the appropriate inhaler technique check, where this would benefit the patient.

2. You will need to record the number of patients offered the NMS for a new inhaler, the number who were provided with a face-to-face NMS (with technique check), the number who were provided with remote NMS (with technique check) and the number referred to their prescriber. This data collection [form](#) can be used.

Alex King, our local Respiratory Account Specialist from Astra Zeneca can offer dummy inhalers and other resources which could support you with this domain. He can be contacted directly on 07881 358950 or alex.king@astrazeneca.com

3. By 31st March 2023 any pharmacist providing inhaler technique checks must have completed [CPPE inhaler technique for health professionals – getting it right](#) or attended a CPPE face to face inhaler technique workshop within the last four years (since 1 April 2019) and passed the current [e-assessment](#) (updated 15 April 2020). Training can be recorded on this [form](#).

Inhaler waste management

1. All patient facing staff should be trained on why used, expired and unwanted inhalers should be returned to the pharmacy. This [briefing](#) can be used to train staff.
2. This [sheet](#) can be used to record training.
3. From 10th October 2022 to the date of your PQS declaration you must have a verbal conversation about the environmental benefits of returning inhalers with all patients (or a representative) that have had an inhaler dispensed.
4. You can use this [poster](#) as an aid when speaking to patients.
5. Use this [form](#) to record the number of patients spoken to. You will need to declare this information when making your claim.

Personalised asthma action plans and spacer use.

1. You must ensure that all patients with asthma over the age of 5, have a personalised asthma action plan (PAAP) in place and that all children aged between 5-15 prescribed an inhaled press and breathe pMDI for asthma have a spacer device, where appropriate, in line with [NICE TA38](#).
2. Any patients where this is not the case should be referred to an appropriate healthcare professional. There is a PharmOutcomes template available to make the referral. This can be found in the services tab, under the heading PQS quality criteria – asthma referrals. You can use this [form](#) if you prefer.
3. You can keep a record of patients referred using this [form](#).

Referrals for patients using 3 or more short-acting bronchodilator inhalers in 6 months

1. Any patient for whom 3 or more short-acting bronchodilator inhalers were dispensed in a 6-month period without any corticosteroid inhaler should be referred to an appropriate healthcare professional. There is a PharmOutcomes template available to make the referral. This can be found in the services tab, under the heading PQS quality criteria – asthma referrals. You can use this [form](#) if you prefer.
2. You can keep a record of patients referred using this [form](#).

Weight management

1. All registered pharmacy professionals must have completed sections one and three of [CPPE Weight management for adults – understanding the management of obesity](#) and completed the [assessment](#), within the last four years (1st April 2019 – 31st March 2023) All other staff must have completed the PHE bitesize training and assessments on [adult obesity](#) and [childhood obesity](#) within the last four years (1st April 2019 – 31st March 2023) Training can be recorded on this [form](#).

2. Every pharmacy must create an action plan (or update the action plan previously used for PQS) of how to proactively engage with people to discuss weight and help those who would like support. If you are updating a previous plan you will need to review your teams understanding of weight management and how to engage with suitable patients. The methods for identifying patients should also be reviewed.

The plan should include a list of local support and exercise groups such as [Healthy Lifestyles Service - Healthy You](#) as well as other support and materials [Better Health - NHS \(www.nhs.uk\)](#) and <https://www.nhs.uk/>

You should also include any other support you are aware of in your local area.

The plan should also include details of how to refer people to the [NHS digital weight management referral programme](#) and/or a [local authority funded tier 2 service](#). Referrals to the local service can be made from the [website](#) (at least four patients will need to be referred between 10th October 2022 and 31st March 2023 for you to get the maximum points for this domain)

You can use this [template](#) for your action plan.

3. Pharmacy teams are expected to proactively discuss weight management with a minimum of 25 patients. A competent team member must be able to measure patients weight, height and waist circumference (or support the patient to do this accurately) and calculate the BMI - <https://www.nhs.uk/live-well/healthy-weight/bmi-calculator/>

The data can be recorded on this [form](#)

You are encouraged to review the Public Health England [Let's Talk About Weight infographic](#) and the [Let's talk about weight: a step-by-step guide to brief interventions with adults for health and care professionals guidance for support with initiating and managing conversations with people about weight management](#)

Prevention

Prevention Domain – Antimicrobial Stewardship

1. Pharmacies must review their practice to include two TARGET leaflets for [Urinary Tract Infections \(UTI\)](#) and [Respiratory Tract Infections \(RTI\)](#). The review must be completed by 31st March 2023 and be carried out for four weeks with a minimum of 15 patients for each leaflet or up to eight weeks if the minimum number is not achieved. The latest date to start the review is 3rd February 2023. Keep a note of the date you start the review as this will be needed when making your PQS submission. The anonymised data must be submitted via [MYS](#). There must be a follow up of any patients referred to their GP to identify what action was taken. Data collection forms are available for both leaflets.

[UTI data collection form](#)

[RTI data collection form](#)

In addition, contractors must have incorporated these leaflets into their day-to-day practice, evidenced by changes to SOPs in order to help educate and improve patient knowledge and ability to self-care, and reduce any unnecessary demand on GPs.

2. All **non-registered staff** must have completed the [HEE infection prevention and control level 1 e-learning and assessment](#) within the last three years (01/04/20 – 31/03/23)

3. All **registered pharmacy professionals** working at the pharmacy must have satisfactorily completed the [HEE Infection Prevention and Control Level 2 e-learning and assessment](#) within the last three years.

4. All **patient-facing pharmacy staff** working at the pharmacy that provide advice on medicines or healthcare must have satisfactorily completed the [PHE Antimicrobial Stewardship for Community Pharmacy e-learning and e-assessment](#) within the last three years.

All training can be recorded on this [form](#)

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

6. You must have available, at premises level, an antimicrobial stewardship action plan for the pharmacy, which details how you will promote AMS. The action plan must include details of how all pharmacy staff involved in the provision of self-care advice will incorporate the principles of AMS into self-care advice, including reinforcing the messages around appropriate use of antibiotics, and the uptake of vaccinations, including the flu vaccine. There must be documented evidence, at the pharmacy, that the actions within the plan have been implemented by the day of the declaration. You can use this [template](#) for your plan.

If you claimed for this domain previously you must review and update your action plan and implemented further changes to further promote AMS in your daily practice.

Cancer Awareness.

This domain involves referring patients, you should make your local surgery aware you will be starting this work. You may find this [briefing](#) useful.

1. All patient-facing staff that provide advice on medicines or healthcare working at the pharmacy on the day of the declaration must complete the [Let's Communicate Cancer E-learning \(BOPA\)](#) Module 1 and have completed the [quiz on Module 1](#). If this has been completed since 31st March 2021 there is no need to repeat the training as long as you have the certificate of completion.

Training can be recorded on this [form](#).

2. Every pharmacy must have a new risk review for minimising the risk of missing suspected cancer symptoms and ensuring appropriate referrals are made and recorded in the PMR. You can use this [template](#) for your risk review.

3. Refer any patients with red flag signs and symptoms to their GP. Record the number of referrals made up to the day of the declaration.

The data can be recorded on this [form](#)

Addressing unwanted variation in care

Palliative and end of life care action plan

1. As soon as possible after 16th January and before 31st March contractors must update the [NHS Profile Manager](#) if they routinely hold the 16 palliative care and end of life critical medicines and can support local access to parenteral haloperidol. You can find the list of 16 medicines on the [PSNC website](#). Remember you are not required to stock these medicines to meet the requirements of this domain.

2. All pharmacies must have an action plan in place for when they do not have the required stock of the 16 medicines or parenteral haloperidol. You can use this [template](#) for your action plan which must include:

- An awareness of any locally commissioned service. Details of our service can be found [here](#). Please note that the [drugs list](#) for our local service **does not** include cyclizine 50mg tablets or haloperidol tablets 500mcg, but does support access to parenteral haloperidol.
- A list of local pharmacies stocking the 16 critical medicines noting the ability to check the [DoS](#). We've been made aware that all Boots stores will be stocking the 16 medicines.
- An awareness of other [local support services](#) that may be useful for patients/relatives and carers.

PSNC has more information on their [website](#).