

PQS 2025/26 Guidance Document

This is intended as a guide; we recommend you read the full details of PQS in the Drug Tariff (part VIIA) to ensure you are meeting the requirements.

Useful Links:

Drug Tariff – [Drug Tariff | NHSBSA](#)

CPE Website – [Pharmacy Quality Scheme – Community Pharmacy England](#)

Summary of training requirements – <https://cpe.org.uk/wp-content/uploads/2025/03/Summary-of-the-training-requirements-for-the-PQS-2025-26.pdf>

CPE Workbook – <https://cpe.org.uk/wp-content/uploads/2025/04/PQS-Action-Evidence-Workbook-2025-26-v2.pdf>

CPPE PQS page – <https://www.cppe.ac.uk/services/pharmacy-quality-scheme>

Recorded CPE presentation – <https://cpe.org.uk/our-news/pqs-recorded-presentation-and-other-resources/>

Gateway Criteria:

You must have signed up to deliver the Pharmacy First Service and the Pharmacy Contraception service by the end of 31st August 2025 and remain registered for both services until the end of the scheme, 31st March 2026. You will not be required to make a declaration for this gateway criterion as this will be verified by a post payment review of the pharmacy owner's declaration to deliver the service and subsequent registration from 1st September 2025 until the end of the scheme, 31st March 2026.

Medicines Optimisation Domain:

Palliative and End of Life Action Plan:

1. Palliative and end of life action plan:

As soon as possible after 1st April 2025 and before 31st March 2026 you must update the [NHS Profile Manager](#) if you routinely hold the 16 palliative care and end of life critical medicines. You can find the list of 16 medicines on the [CPE website](#). If you claimed for the

Medicines Safety & Optimisation domain in 2023/24 you must update your status for 2025/26 by logging into NHS Profile Manager and [verifying your account](#) between 1st April 2025 and 31st March 2026. If this verification has not been completed you will not have met this requirement even if your profile is still showing as a stock holder.

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](#).
 - An awareness of other [local support services](#) that may be useful for patients/relatives and carers.
3. The action plan for 2025/26 must be available for inspection from the end of 31st March 2026 at premises level and must be retained for 3 years (31st March 2029) for PPV purposes. If you claimed for the Medicines Safety & Optimisation domain in 2023/2 you will need to update your previous plan.

Consulting with people with mental health problems:

1. All pharmacists working in the pharmacy on the day of the declaration must have completed the [CPPE Consulting with people with mental health problems e-learning](#). This must have been completed between 1st April 2022 and 31st March 2026. There is no e-assessment for this course, pharmacists will need to confirm completion of the e-learning in their CPPE record, they will then be able to download a certificate of study.
2. Training can be recorded on this [form](#).
3. Evidence must be available for inspection from the end of 31st March 2026 at premises level and must be retained for three years (31st March 2029) for PPV purposes.

Respiratory:

As this element involves referring patients you should let your local surgeries know you are starting this work.

1. By the end of 31st March 2026, you will need to be able to provide evidence that between 1st April 2025 and the day of your declaration you have:

- Checked that all children aged 5 to 15 (inclusive) prescribed a press and breathe pressurised MDI for asthma have a spacer device, where appropriate, in line with [NICE TA38](#), and referred them to an appropriate healthcare professional where this is not the case. You might find this [suggested process](#) useful.
 - Referred any patients with asthma, for whom three or more short-acting bronchodilator inhalers were dispensed without any corticosteroid inhaler within a six-month period, since the last review point, to an appropriate healthcare professional for an asthma review. You might find this [suggested process](#) useful.
2. You can use this [form](#) to refer patients for both elements
 3. Use this [form](#) to record data. You are also advised to keep records of interventions and/or referrals on the PMR.
 4. If no patients needing referral are identified you can still claim payment as long as you can evidence that you have robustly attempted to identify patients and that a referral process was in place.
 5. Evidence must be available for inspection from the end of 31st March 2026 at premises level and must be retained for three years (31st March 2029) for PPV purposes. If you claimed for these criteria as part of PQS 2023/24 a new review will be required.

Emergency Contraception:

1. All pharmacists and any pharmacy technicians intending to provide the Pharmacy Contraception Service working in the pharmacy on the day of the declaration must have completed the [CPPE Emergency Contraception e-learning](#) and passed the [e-assessment](#). This must have been completed between 1st April 2023 and 31st March 2026.
2. Training can be recorded on this [form](#).
3. Evidence must be available for inspection from the end of 31st March 2026 at premises level and must be retained for three years (31st March 2029) for PPV purposes.

Patient Safety Domain:

Antimicrobial Stewardship – Pharmacy First Consultations – Clinical Audit:

1. Read the full details of the audit on the [NHSE website](#).
2. Choose a date between 1st September 2025 and 3rd February 2026 to start your audit. The audit must be carried out for at least four consecutive weeks and can be extended to up to eight weeks if you do not collect data from on a minimum of ten patients in the first four weeks.

3. All patients referred to the pharmacy or presenting to the pharmacy seeking advice for the first time on the treatment of an episode of sore throat who have a FeverPain score of 0 to 3 points within the Pharmacy First sore throat clinical pathway are included. Score one point for each of the following:

- ☐ Fever (over 38°C)
- ☐ Purulence
- ☐ First Attendance within 3 days after onset of symptoms
- ☐ Severely Inflamed tonsils
- ☐ No cough or coryza (cold symptoms)

Any patients previously seen for the same episode of sore throat who re-present to the pharmacy should not be included in the audit data collection for a second time.

4. Make sure you have copies of the [TARGET Treating your infection, RTI for community pharmacy leaflet](#) available.
5. Complete the [data collection form](#) after the consultation with each patient, noting if each of the five audit standards have been met. Some patients will have met the gateway criteria for Pharmacy First and others may have been given self-care advice. Patients with a score of 0-1 may not have been seen by the pharmacist but should still be included in the audit.
6. Enter the anonymised audit data in to the MYS data collection tool before 23:59 on 31st March 2026. You can start to do this before the end of the audit period if you wish. Once you have entered all of the data, you must submit the form. You will receive a confirmation email within one hour of submitting the data. Keep this email as evidence. If you don't receive the data submission confirmation email within an hour of submitting your declaration:
 - check your junk email folder (the email will be from noreply@online1.snapsurveys.com)
 - immediately send an email to the [NHSBSA provider assurance team](#) (pharmacysupport@nhsbsa.nhs.uk) to make them aware of the issue if you don't find the email
7. Use the [data analysis sheet](#) to collate and review your data. Determine if you have met the audit standards and identify any learnings to be incorporated into your future practice.
8. Share the learnings with the relevant team members.
9. If no patients are identified during the audit period you will still meet the criteria if you can demonstrate you have made a thorough effort to identify patients. You will need to declare on the MYS data collection tool that no patients were found.
10. Evidence including the submission confirmation email, data collection and analysis forms must be available for inspection at the pharmacy premises and retained for three years (31st March 2029) for PPV purposes.

Sepsis:

1. All registered pharmacy professionals working in the pharmacy on the day of the declaration must have completed the [CPPE online sepsis training](#) and completed the [e-assessment](#). This must have been completed between 1st April 2024 and 31st March 2026.
2. Training can be recorded on this [form](#).
3. Evidence must be available for inspection from the end of 31st March 2026 at premises level and must be retained for three years (31st March 2029) for PPV purposes.

Regularising Enhanced DBS Checks for registered pharmacy professionals:

1. All registered pharmacy professionals working in the pharmacy on the day of the declaration must have undertaken an enhanced DBS check to support the safe provision of clinical services, with a certificate issued or a status check undertaken using the DBS update service between 1st April 2023 and end of 31st March 2026.
2. Evidence must be available for inspection from the end of 31st March 2026 at premises level and must be retained for three years (31st March 2029) for PPV purposes.