PQS 2026/27 Guidance Document

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

Useful Links:

Drug Tarif - 2026/27 Drug Tariff Updates | NHSBSA
CPE Website - Pharmacy Quality Scheme - Community Pharmacy England
CPE Workbook - https://cpe.org.uk/briefings/briefing-010-26-community-pharmacy-england-pqs-2026-27-action-and-evidence-portfolio-workbook/
CPPE PQS page - https://www.cppe.ac.uk/services/pharmacy-quality-scheme

Gateway Criteria:

Palliative and End of Live Action Plan:

Criterion A - PEoLC questionnaire

1. Complete the questionnaire on NHSBSA MYS before 11.59pm on 31st December 2026. Do not enter any patient identifiable data.
2. You will receive a confirmation email. If you do not receive the email within one hour of submitting the questionnaire, contact pharmacysupport@nhsbsa.nhs.uk

Criterion B - Pharmacy palliative care medication stockholder

1. As soon as possible after 2nd June 2026 and before 31st March 2027 you must update the NHS Profile Manager if you routinely hold the 16 palliative care and end of life critical medicines and can support access to parenteral haloperidol. You can find the list of 16 medicines on the CPE website.
2. If you claimed for the Medicines Optimisation domain in 2025/26 you must update your status for 2026/27 by logging into NHS Profile Manager and **verifying your account** between 2nd June 2026 and 31st March 2027. If this verification has not been completed

you will not have met the gateway requirement even if your profile is still showing as a stockholder.

3. **Remember you are not required to stock these medicines to meet the requirements. If you do not hold stock, there is no requirement to update NHS Profile Manager.**

Criterion C – PEoLC Action Plan

1. To meet the gateway criteria all pharmacies (whether you are or are not listed as a stockholder) must have an action plan in place for when they do not have the required stock of the 16 medicines or parenteral haloperidol. This must include collated information from pharmacies in their area to be able to aid a patient, relative/carer in obtaining medication as swiftly as possible by redirecting them to the nearest open community pharmacy that stocks the 16 palliative and end of life critical medicines and/or parenteral haloperidol. If you've written a plan for previous years, this will need to be updated.
2. 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 2026/27 must be available for inspection from the end of 31st March 2027 at premises level and must be retained for 3 years (31st March 2030) for PPV purposes.

Medicines Optimisation and Patient Safety Domain:

Respiratory Criteria:
Asthma Guidelines

1. All pharmacists working in the pharmacy on the day of the declaration, must complete either CPPE Asthma for Pharmacy Quality Scheme 2026/27 e-learning programme_before 31st March 2027 or have completed unit 4 of the CPPE Fundamentals of respiratory therapeutics e-learning since 19th February 2025.

2. All pharmacists working in the pharmacy on the day of the declaration must have passed the CPPE Asthma e-assessment between 19th February 2025 and 31st March 2027.
3. After completing the assessment download your certificate of achievement from your learning record.
4. You can use this form to record learning.
5. Evidence of competition must be available for inspection in the pharmacy by 31st March 2027 and should be retained for PPV purposes for at least three years (31st March 2030).

Safe Management of urgent repeat medicines supply requests and referrals:

Following the 'Charlie Marriage: Prevention of Future Deaths Report' and following feedback from Controlled Drug Accountable Officers (CDAOs) on the inappropriate supply of controlled drugs, this criterion focuses on the safe management of urgent repeat medicines supply requests.

1. By the end of 31st March 2027, you must have updated all relevant SOPs to include specific guidance to follow in the event they are unable to respond to requests and/or referrals for urgent supplies of medicines. The updated SOPs must contain guidance on:
    - How urgent requests for time-critical medicines are dealt with; and
    - How urgent requests for Controlled Drugs are managed in line with regulations.
2. You may find this briefing useful.
3. All pharmacy stuff must be familiar with the updated SOPs.
4. The updated/new SOPS for 2026/27 must be in place by 31st March 2027, and must be retained for inspection purposes for three years until 31st March 2030

Professional Practice Domain:

Clinical Services Audit

Before you begin the audit you may find it useful to complete CPPE Documenting in patient records e-learning and review NHS England's high quality patient record guidance, **but these are not required for the PQS declaration.**

1. Choose a start date for the audit, that allows you time to:

- complete the minimum audit sample of 10 patients receiving a Pharmacy First Clinical Pathways consultation.
- Share the anonymised data with NHSE, and incorporate any learnings into future practice
- Complete the peer discussion before 31st March 2027.

Make a note of the start and end date of the audit, you will need to enter this as part of your declaration.

2. Enter the details of a minimum of 10 Clinical Pathways consultations onto the data collection and analysis form. Any patient (referred or walk-in) that passes the gateway point for any of the 7 pathways can be included. You can record the data after a consultation with a patient, or you can enter data retrospectively for any consultation that took place from 1st April 2026.
3. Enter your anonymised data into the collection tool on NHSBSA MYS. The tool allows you to start entering data and return to it later.
4. Use the audit standards section of the data collection and analysis form, to collate and review your data to determine whether your pharmacy met the audit standards and to identify any learnings that can be incorporated into future practice
5. Share any learnings with the pharmacy team and discuss how to put them into practice.
6. Arrange a peer discussion with a 'buddy pharmacist' to review the findings. Jointly review a small sample of anonymised records.
7. Keep a record of the buddy pharmacists name, their pharmacy ODS (F) code and the date of the discussion.
8. Submit your data before 11.59pm on 31st March 2027. You will receive a submission confirmation email from noreply@online1.snapsurveys.com If you do not receive this email (check your junk mail) within one hour, contact pharmacysupport@nhsbsa.nhs.uk
9. Note there is no provision for an audit of less than 10 patients, if you do not complete 10 consultations you will not be eligible for this domain.
10. Retain a completed copy of the full audit form in the pharmacy premises until at least 31st March 2030.

Community Pharmacy Cambridgeshire & Peterborough