**2019-20 Pharmacy Quality Scheme**

**What you need to do:**

There is a lot of change on the horizon and lots more to keep tabs on, as such we advise all pharmacies to start as soon as possible especially with upcoming changes in Primary Care Networks (PCN’s) and the new pharmacy contract (CPCF) you need to plan ahead as much as possible. So, don’t delay and leave this until the New Year!

**Funding, claiming and payment information:**

Contractors who successfully meet the requirements will receive a payment funded from a £75 million budget. The funding will be divided between qualifying pharmacies based on the number of points they have achieved. Payments will be made to eligible contractors depending on how many criteria/composite bundles they have met and hence points claimed.

**The quality criteria**

Several changes have been made to the structure and content of the quality criteria. However, you must meet the four Gateway criteria to enable to participate in this scheme.

**Composite bundles**

Some of the quality criteria are bound together in composite bundles; contractors will need to **achieve all activities within a bundle** to receive payment for the bundle. Contractors can seek to achieve as many of the bundles or standalone criteria as they wish. Further information is detailed below.

**The six composite bundles/standalone criteria are:**

1. Risk management and safety composite bundle

2. Medicines safety audits complementing Quality and Outcomes Framework Quality

Improvement (QOF QI) composite bundle

3. Prevention composite bundle

4. Primary Care Networks (PCNs)

5. Asthma

6. Digital enablers composite bundle

**Aspiration payments:**

At PSNC’s request, an aspiration payment will now be made within the scheme, ahead of contractors completing all the work on the various composite bundles/standalone criteria. These are advance payments of up to 70% of the contractor’s earning under the QPS in 2018/19. To receive an aspiration payment, contractors will need to be meeting the gateway criteria and state which of the composite bundles/standalone criteria they expect to achieve. **This declaration will need to be undertaken by the end of October, with the aspiration payment being made by the end of November.**

Click [HERE](https://psnc.org.uk/services-commissioning/pharmacy-quality-scheme/pharmacy-quality-scheme-aspiration-payment/) for further details on how to claim an aspiration payment.

**To claim a PQS payment, contractors will need to complete a declaration using the** [**NHSBSA’s**](https://services.nhsbsa.nhs.uk/nhs-prescription-services-submissions/login) **Manage Your Service (MYS) system. The MYS system will check whether the pharmacy has met the gateway criteria (excluding the safeguarding gateway criterion).**

Payment for the February 2020 review point will be paid by the end of March 2020. There will not be a reconciliation payment made to contractors, as there is only a single declaration point for this scheme and the payment made to contractors will therefore be calculated to distribute the full £75 million funding.

**Top Tip: Start with the bigger criteria first.**

1. **Read the** [**PSNC**](https://psnc.org.uk/services-commissioning/psnc-briefings-services-and-commissioning/psnc-briefing-029-19-the-pharmacy-quality-scheme-2019-20/) **guidance** so you are familiar with the requirements.
2. Check you have 2 members of staff who can access the shared mailbox.
3. Check that you are a Healthy Living accredited Pharmacy as this is **part of the core contract in 2020.**
4. Check your HLP certificate for an expiry date. Arrange update training using Pharmacy Complete or Virtual Outcomes. For further information and clarification click [HERE](https://psnc.org.uk/services-commissioning/locally-commissioned-services/healthy-living-pharmacies/).
5. **Register with NHSBSA MYS** to claim for Flu payments. [Manage Your Service](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/manage-your) (MYS) will be the gateway to claiming for PQS advance payment and self - declaration.
6. **Nominate a lead person** in your pharmacy **to co-ordinate the training modules**.
7. Does your consultation room have access to either computer/ tablet etc. If not look into installing one as this will be very useful going forward with services such as Community Pharmacy Consultation Service (CPCS).

**Four Gateway Criteria:**

## 1. **Advanced Services**

The contractor must be offering at the pharmacy the NHS Community Pharmacy Seasonal Influenza Vaccination Advanced Service and / or the New Medicine Service NMS).

**The contractors should also ensure that they have either or both of these services listed on their NHS.UK profile.**

2. **NHS Mail**

Pharmacy staff at the pharmacy must be able to send and receive NHSmail from their shared premises NHSmail mailbox, which must have two active linked accounts. if you haven’t got a linked account. If your pharmacy does not have a shared NHSmail account or two live linked accounts, PSNC’s [NHSmail page](https://psnc.org.uk/contract-it/pharmacy-it/nhs-mail/) contains further guidance.

3**. NHS Website**

Update NHS website profile for opening hours (including Bank Holidays), services and facilities and promptly update as information changes to ensure information is accurate for the public.

This task needs to be completed between a certain time frame which is still to be confirmed.

## 4. **Safeguarding level 2** New Requirement

80% of all pharmacy professionals have achieved level 2 safeguarding status for children and vulnerable adults in the last two years.

This includes pharmacists, registered pharmacy technicians, locum pharmacists.

Please note, the total number of points allocated per bundle has not yet been finalised. PSNC will alert contractors of this when the information becomes available. Also all the activities within a bundle needs to be completed in order to make a claim.

Meeting the gateway criteria and achievement of the quality criteria bundles/standalone criteria set for the scheme, described below, will mean a contractor is eligible for payments under the scheme.

**Bundles & standalone criteria:**

**Start with the bigger projects now.**

You can claim for any of the following Quality Payments, provided you meet the relevant criteria and also meet all four gateway criteria:

**1.Risk management and safety composite bundle:**

80% of all pharmacy professionals have completed the **CPPE Risk management training and assessment.**

• 80% of all pharmacy professionals to complete **CPPE Sepsis training and assessment**. Apply learning to respond in a safe and appropriate way when it is suspected that someone has sepsis. Disseminate alert symptoms to staff, to ensure referral to pharmacist.

• The pharmacy has available, at premises level, an update of the previous risk review that the pharmacy team at the premises had drawn up for a risk in that pharmacy. This update must include a recorded reflection on the identified risk and the risk minimisation actions that the pharmacy team has been taking and any subsequent changes identified as a result of the reflection. The risk review should include the risk of missing sepsis identification as a new risk as part of the review, record demonstrable risk minimisation actions that have been undertaken to mitigate the risk. Note: Pharmacies that did not claim for the risk management quality criterion previously and wish to claim at the next review point must have two identified risks, including the risk of missing sepsis as above, as part of completion and claiming for this whole composite bundle.

• 80% of all pharmacy professionals to **complete CPPE Reducing lookalike, sound a-like errors (LASA) e-learning and assessment.**

• A new written safety report (and subsequent actions completed in line with current criterion) at premises level available for inspection at review point, covering analysis of incidents and incident patterns (taken from an ongoing log), incorporating learnings from CPPE LASA e-learning. This should include a review of and subsequent actions where mitigation taken has failed to prevent a LASA incident from occurring, evidence of sharing learning locally and nationally, and actions taken in response to national patient safety alerts. Demonstrable evidence of actions identified in the patient safety report have been implemented.

**2.Medicine safety audits complementing QOF Q1 composite bundle:** New requirement

All patients prescribed lithium: To be asked if they have had their lithium levels checked in the last 3 months and other relevant blood tests at appropriate intervals, e.g. for kidney (renal) and thyroid function every 6 months, whether this was/wasn’t the case recorded on the PMR, or appropriate form/patient record, and referred as appropriate.

1.Asked whether they understand signs of lithium toxicity, e.g. upset stomach and go through these with the patient if they do not know what they are:

• Record if they did/didn’t know signs of lithium toxicity.

2.Asked whether they know what to do if they miss one or more doses:

• Record if they did/didn’t know the appropriate action when they missed dose(s) and whether this advice was provided.

3. Asked if they understand how to prevent toxicity, e.g. adequate fluid intake especially if exercising heavily:

• Record whether they did/didn’t know how to prevent toxicity and whether this advice was provided.

4. Provided with general healthy living advice.

5. Monitored for interactions (OTC and prescription medicines) with lithium:

• Record whether patient was taking or had taken medicines OTC which interact with lithium with/without the advice of a pharmacist or doctor.

• Record whether patient was given advice not to take OTC medicines, including herbal remedies or supplements, without speaking to a doctor or a pharmacist. If the pharmacy has no patients prescribed lithium, complete a safety audit of patients prescribed phenobarbital, methotrexate or amiodarone as alternatives, in line with the QOF QI.

• An audit of the provision of advice on pregnancy prevention for girls and women of childbearing potential taking valproate:

• Ensure that all girls and women of childbearing potential who have presented a prescription for valproate, during a specified 3month period, have been advised on the risks of taking valproate in line with all the requirements as detailed in MHRA Drug Safety Update 2018, including the potential impact on an unborn child, have been provided with a Patient Guide and have seen their GP or specialist to discuss their treatment and the need for contraception. This intervention should be recorded on the PMR, or appropriate form/patient record.

• Report the number of patients dispensed a prescription for valproate who are old enough to become pregnant and been provided advice and information in line with the MHRA Drug Safety Update 2018

• Contractors should implement, into their day-to-day practice, the findings and recommendations from the previous clinical audit on NSAIDs prescribed for those 65 years and above without gastroprotection, undertaken as part of the Quality Payments Scheme for the February 2019 review point.

The findings and recommendations from the audit will be published in a report by NHS Specialist Pharmacy Service (when this will be published is still to be confirmed. The pharmacy must then repeat the audit of NSAIDs and gastro-protection for all patients 65 years and over, including notifying the patient’s GP where professional concerns are identified, sharing their anonymised data with NHS England, and incorporating any learning from the re-audit into future practice.

**Note: Pharmacies that did not claim for the NSAID audit quality criterion previously and wish to claim at the next review point as part of completion and claiming for this whole composite bundle must complete the audit for the first time and complete the other elements as described above.**

Submission of information to NHS England should be reported on the MYS application as part of all above audits.

**3**.**Prevention composite bundle:**

• The pharmacy is a Healthy Living Pharmacy Level 1 (self-assessment).

• All patient-facing staff are Dementia Friends.

• The pharmacy has completed a specified dementia-friendly environment checklist and created an action plan which includes making some demonstrable recorded changes to the environment in line with the checklist, as appropriate.

• Check all patients aged 12 years and over with diabetes who present with a prescription **from 1st October** **2019 to 31st Jan 2020** have had an annual foot and eye check (retinopathy). Make a record on the PMR or appropriate form/patient record and signpost/refer as appropriate. The total number of patients who have had this intervention, the number that have not had one or either check in the last 12 months and where they have been appropriately signposted/referred should be recorded and reported as part of this criterion.

• The sales by the pharmacy of Sugar Sweetened Beverages account for no more than 10% by volume in litres of all beverages sold. The pharmacy must have either achieved by this by the review point or declare that they will be meeting this by 31st March 2020.

**4.Primary Care Networks:**

Demonstrate that pharmacists in a PCN area have agreed a collaborative approach to engaging with their PCN, including agreement on a single channel of communication, for example, by appointing a lead representative for all community pharmacies in the PCN footprint to engage in discussions with the PCN. The LPC will be releasing information for pharmacies in due course.

**5.Asthma bundle:**

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.

**6.Digital enablers composite bundle:**

NHS 111 DoS profile – Update the pharmacy’s NHS 111 DoS profile via DoS updater, including opening hours for Bank Holidays, and promptly update as information changes, to ensure information is accurate for the public.

Demonstrable access to Summary Care Records.

The LPC website will be updated on a regular basis and we will be sending out to all contractors regular Mailchimp updates on these topics.

If you need any further help from the LPC please contact LPC Engagement Officer

David Barker Tel: 07591 207 923

**Further Resources.**

* [PSNC Payment Quality Page](https://psnc.org.uk/services-commissioning/pharmacy-quality-scheme/)
* [CPPE Payments Quality Training Resources](https://www.cppe.ac.uk/services/pqs)
* [Virtual Outcomes Pharmacy Training](https://www.virtualoutcomes.co.uk/)
* PharmOutcomes support: [https://pharmoutcomes.org](https://pharmoutcomes.org/)
* Sign up to PSNC news at: psnc.org.uk/enews