PQS 2023/24

This year's scheme is a condensed version of last year's requirements but please be aware that this also attracts less funding (a total of £45m instead of the usual £75m).

There is ONE Gateway criterion and THREE Domains to complete. Please refer to the NHSE Official Guidance for full details.

Declaration Period - this will take place from 5th February 2024 until 1st March 2024 (you will have until 31st March 2024 to complete some elements).

Gateway Criterion

15 NMS must be carried out from 1st April 2023 to 31st December 2023.

Domain 1 - Medicines Safety & Optimisation

Anticoagulant Audit

By the end of 31 March 2024, contractors must have implemented into their day-to day practice, the findings and recommendations for community pharmacy from the 2021/22 PQS anticoagulant audit found in the community pharmacy oral anticoagulant safety audit 2021/22 report.

The pharmacy must also have completed the revised audit (see section 10.1 Oral Anticoagulant Safety Audit 2023/24), including notifying the patient's GP where concerns are identified, sharing their anonymised data with NHS England, and incorporating any learning from the audit into future practice by the 31 March 2024. The audit must be carried out over two weeks with a minimum of 15 patients or four weeks if 15 patients are not achieved within two weeks, and there must be a follow up of any patient that is referred to their prescriber to identify what actions were taken. Contractors should make a record of the start and end date of the audit as they will be required to enter this information into the MYS application when they make their declaration. Contractors must have completed the anticoagulant audit by the end of 31 March 2024.

Where a prescriber has been contacted regarding anticoagulant concerns, any subsequent actions must be followed up and documented in the patient medication

record (PMR) to ensure all necessary corrective actions have been taken. These actions should be recorded on the MYS audit data collection tool.

The pharmacist or a competent member of staff should discuss the anticoagulant medicine with the patient or representative to help ensure safe and effective use. Attempts should be made for this discussion to occur with all patients, including patients who have their medication delivered, or patients who live in a care home. It may be appropriate to speak to an identified patient representative, family member or member of care staff.

If attempts to contact the patient have failed, and there is a potential risk of anticoagulant related adverse effects or concerns about the patient's therapy, the prescriber should be contacted to suggest a review is undertaken and the details recorded in the PMR. This would not constitute a breach of patient confidentiality as the referral is in the best interests of the patient and necessary to ensure patient safety.

The pharmacy team should support the patient to reduce the risk of adverse effects arising from ongoing anticoagulant therapy and optimise outcomes through education and advice as well as adopting principles of shared decision making. Good practice includes recording INR levels in a patient's PMR (where applicable) with dates and details of where the result was obtained from.

In the extremely unlikely event where a contractor is unable to complete the anticoagulant audit due to the fact that they have not identified any eligible patients during the audit period, the contractor will still be eligible for payment if they can evidence that they have robustly attempted to identify suitable patients. They will need to declare no patients have been identified as being suitable for review on the data collection tool on MYS by the end of 31st March 2024.

Palliative and End of Life Care

Contractors who routinely hold the 16 palliative and end of life critical medicines listed and can support local access to parenteral haloperidol must:

• as soon as possible after 1 June 2023 and by the end of 31 March 2024, have updated NHS Profile Manager to show they are a 'Pharmacy palliative care medication stockholder', by accessing this link and following the steps provided.

• If NHS Profile Manager is updated centrally by head office, it will need to be confirmed that this will be done by the end of 31 March 2024.

• Contractors with profiles that cannot currently be updated via NHS Profile Manager may still claim for this domain and update the Directory of Services (DoS) profile via contacting their Regional DoS lead.

Contractors who are not stockholders of these 16 palliative and end of life critical medicines are not required to update NHS Profile Manager but can still claim for this domain if they can support access to these medicines by completing an action plan.

By the end of 31 March 2024, all contractors, whether they do or do not routinely stock the 16 critical medicines, must have an action plan in place to use when they do not have the required stock of the 16 critical medicines or parenteral haloperidol available for a patient. 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 critical end of life medicines and/or parenteral haloperidol.

The action plan must include:

• an awareness of any locally commissioned services for palliative care including any on-call and delivery arrangements;

• a list of community pharmacies in their area stocking the 16 critical medicines for palliative and end of life care and the ability to check the DoS to find pharmacies stocking these medicines;

• details of where parenteral haloperidol can be accessed locally e.g., through any local commissioning arrangements; and

• awareness of other support services that may be useful for patients/relatives/carers.

Contractors who claimed for the Addressing Unwarranted Variation in Care domain in the PQS 2022/23 must ensure their status is correct and updated for 2023/24 by logging into NHS Profile Manager and confirming this. An update to the previous action plan will also be required. The action plan for 2023/24 must be available for inspection from the end of 31 March 2024 at premises level.

Domain 2 – Respiratory

<u>Inhaler Technique Checks</u>

By the day of the declaration, the contractor must be able to evidence that pharmacy staff have offered the NMS, with the appropriate inhaler technique check, to all patients presenting with a prescription for a new inhaler (i.e., for the first time or changed to a new inhaler device) where patients would benefit from this service, especially those switched from a metered dose inhaler (MDI) to a dry powder inhaler.

By the end of 31 March 2024, all pharmacists working at the pharmacy on the day of the declaration, who are providing NMS, with the appropriate inhaler technique check, must have satisfactorily completed, within the last four years (between 1 April 2020 and end of 31 March 2024), the ***CPPE Inhaler technique for health professionals: getting it right e-learning*** or attended a ***CPPE optimising inhaler technique: improving outcomes workshop*** and passed the ***inhaler technique for health professionals e-assessment.*** The e-assessment must be completed if pharmacists have completed the e-learning or attended the face-to-face workshop before providing inhaler technique checks.

Inhaler Waste Management

By the end of 31 March 2024, all patient-facing pharmacy staff working in the pharmacy on the day of the declaration must have been trained on the reasons why used, unwanted and expired inhalers should be returned to the pharmacy for safe disposal and the adverse effects on the environment when inhalers are disposed of in domestic waste. There is no set training course for this requirement, however the PSNC (soon to be called Community Pharmacy England) has published a briefing 'Reducing the climate change impact of inhalers; environmentally safe disposal' 'Reducing the climate change impact of inhalers; environmentally safe disposal' which contractors can choose to use to meet this requirement.

By the end of 31 March 2024, the pharmacy must be able to evidence that they have spoken (a verbal conversation rather than written communication) with all patients, their carer or representatives, for whom they have dispensed an inhaler between 1 June 2023 and the day of the declaration, about the environmental benefits of safe and environmentally friendly disposal. Discussions can be supplemented with other communication methods such as leaflets, emails, and texts.

Use of a spacer in patients aged 5 to 15 years

By the end of 31 March 2024, the pharmacy must be able to evidence that between 1 June 2023 and the day of the declaration they have:

• Checked that all children aged 5 to 15 (inclusive) dispensed an inhaled press and breathe pMDI for asthma have a spacer device where appropriate, in line with NICE TA38.

• Referred children aged 5 to 15 (inclusive) with asthma to an appropriate healthcare professional where this is not the case.

Personalised asthma action plan (PAAP)

By the end of 31 March 2024, the pharmacy must be able to evidence that they have checked that all patients aged five years and above dispensed an inhaler for asthma between 1 June 2023 and the day of the declaration have a PAAP.

The pharmacy contractor must be able to show that pharmacy staff have referred all patients aged five years above dispensed an inhaler for asthma between 1 June 2023 and the day of the declaration, to an appropriate healthcare professional where this is not the case.

Referrals for patients using 3 or more bronchodilators in six months

By the end of 31 March 2024, the pharmacy must be able to evidence that between 1 June 2023 and the day of the declaration that patients with asthma, for whom three or more short-acting bronchodilator inhalers were dispensed without any corticosteroid inhaler within a six-month period have, since the last review point, been referred to an appropriate healthcare professional for an asthma review.

Domain 3 – Prevention

PLEASE NOTE: If you wish to claim for this domain, you must get started on No.2 below from Friday 1st September.

Antimicrobial Stewardship

1. TARGET Antibiotic Checklist:

IMPORTANT: No patient identifiable data should be entered into the MYS data collection tool. There must be follow up of any patient where the prescriber was contacted to identify what actions were taken.

By the end of 31 March 2024, contractors must have implemented, into their day-to-day practice, the recommendations for community pharmacy from the first TARGET antibiotic checklist review from the PQS 2021/22 found in the Findings from the antimicrobial stewardship initiatives report. Contractors must also have reviewed their current practice using the TARGET antibiotic checklist, in order to provide tailored advice to patients and promote antibiotic awareness and stewardship.

This review must be completed by the end of 31 March 2024 and carried out over four

weeks with a minimum of 25 patients; or up to eight weeks if the minimum number of patients are not achieved within four weeks. Contractors should make a record of the start and end date of the review as they will be required to enter this information into the MYS application when they make their declaration.

Using the TARGET antibiotic checklist, appropriately trained staff must discuss the antibiotic prescribed with the patient or representative to help ensure safe and effective use. Attempts should be made for this discussion to occur with all relevant patients to promote AMS. It may be appropriate to speak to an identified patient representative, family member or member of care staff.

If there is a potential risk of antibiotic related adverse effects (for example, change in allergy status) or concerns about the patient's therapy, the prescriber must be contacted to suggest a review is undertaken and the details of this intervention recorded in the PMR. The pharmacy team should support the patient to reduce the risk of adverse effects arising from ongoing antibiotic therapy and optimise outcomes through education and advice as well as adopting principles of shared decision-making.

The data from the checklists must be added to the MYS data collection tool by the end of 31 March 2024.

In the extremely unlikely event that a contractor is unable to complete the antibiotic review due to the fact that they have not identified any eligible patients during the audit period, the contractor will still be eligible for payment if they can evidence that they have robustly attempted to identify suitable patients. They will need to declare no patients have been identified as being suitable for review on the data collection tool on MYS by the end of 31 March 2024.

2. TARGET Treating Your Infection Leaflets:

To be completed between 1 September 2023 and end of 31 March 2024

IMPORTANT: No patient identifiable data should be entered into the MYS data collection tool. There must be follow up of any patient where the prescriber was contacted to identify what actions were taken.

Pharmacy staff must have reviewed their practice to include two TARGET leaflets:

• Treating your infection - Urinary Tract Infection (UTI) and

• Treating your infection - Respiratory Tract Infection (RTI)

to help them assess walk-in / Community Pharmacist Consultation Service (CPCS) patients presenting to the pharmacy for advice and/or requesting antibiotics with

suspected UTIs or RTIs without a prescription, who have not already seen a GP or other healthcare professional for the current illness and provide tailored advice to patients and promote awareness of AMR and AMS.

The leaflets are designed to be used interactively with the patient by a trained member of the pharmacy team to help them assess the patient's condition and facilitate discussions on when they would need to seek additional clinical/medical help and when self-care is the most appropriate option. Pharmacies will have received a laminated copy of both the UTI and RTI leaflets as well as a flowchart to aid their consultations from the UK Health Security Agency (UKHSA) as part of PQS 2022/23, but further printable copies are available here.

Contractors should review the recommendations of the 2022/23 TARGET Treating Your Infection leaflet data collection report, which will be published alongside new data collection sheets by 1 September 2023 by NHS England prior to completing the 2023/24 review.

This review must be completed by the end of 31 March 2024 and must be carried out over four weeks with a minimum of 15 patients for each leaflet, or up to eight weeks if the minimum number of patients are not achieved within four weeks for each leaflet. The data from the leaflets must be submitted via the MYS data collection tool by the end of 31 March 2024. The contractor must enter the start and finish dates of the data collection period on the MYS application at the point of declaration (which may be different from the date data is first entered on the MYS portal).

Where no patients are identified for the review, the contractor will still be eligible for payment if they can evidence that they have robustly attempted to identify suitable patients. This might be demonstrated through action plans, training or SOPs. They will need to declare no patients have been identified as being suitable for review on the data collection tool on MYS by the end of 31 March 2024. Information from the NHSBSA dispensing data will be checked to confirm this declaration.

3. Training:

By the end of 31 March 2024, all non-registered staff working at the pharmacy on the day of the declaration must have satisfactorily completed, within the last three years (between 1 April 2021 and 31 March 2024), the Infection prevention and control Level 1 e-learning and assessment on the elearning for healthcare (elfh) website.

By the end of 31 March 2024, all registered pharmacy professionals working at the pharmacy on the day of the declaration must have satisfactorily completed, within the last three years (between 1 April 2021 and 31 March 2024), the Infection prevent and control Level 2 e-learning and assessment on the elfh website.

By the end of 31 March 2024, all patient-facing pharmacy staff that provide advice on medicines or healthcare working at the pharmacy on the day of the declaration must have satisfactorily completed, within the last three years (between 1 April 2021 and 31 March 2024), Antimicrobial Stewardship for Community Pharmacy e-learning and assessment on the elfh website.

4. Antibiotic Guardian pledge:

By the end of 31 March 2024, all patient-facing staff that provide health advice working in the pharmacy on the day of the declaration, must have become Antibiotic Guardians, if they have not already done so, and have an awareness of the local antibiotic formulary and how to access it.

5. Action plan:

By the end of 31 March 2024, contractors must have available, at premises level, an AMS Action Plan for the pharmacy, which details how they will promote AMS available for inspection. 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. While the action plan needs to be available for inspection from 31 March 2024, contractors are encouraged to have this ready before using the leaflets to aid consultations with patients.

For contractors who claimed for the Prevention domain in the PQS 2022/23, an update to the previous action plan will be required. Pharmacy teams must have reviewed and updated their existing AMS action plan and have implemented changes to further promote AMS in their day-to-day practice.

6. Safe disposal:

By the end of 31 March 2024, all patient-facing pharmacy staff working in the pharmacy on the day of the declaration must have been trained on the reasons why unwanted and expired antibiotics should be returned to the pharmacy for safe disposal and the adverse effects on the environment and AMR when antibiotics are disposed of in domestic waste. The Royal Pharmaceutical Society has provided some short videos and material available here.

The pharmacy must be able to evidence they have spoken (a verbal conversation rather than written communication) with all patients, their carer or representative, for whom they have dispensed antibiotics between 1 June 2023 and the day of the

declaration, about the benefits of them returning all unwanted antibiotics to a community pharmacy for safe and environmentally friendly disposal.