



# Quality Payments

**Guidance for the February 2019 Review Point**

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<b>Cross Reference</b>	Pharmacy Quality Payments Gateway Criteria Guidance. Pharmacy Quality Payments Quality Criteria Guidance. Drug Tariff November 2018	
<b>Superseded Docs (if applicable)</b>	Pharmacy Quality Payments Guidance for the June 2018 Declaration	
<b>Action Required</b>	Contractors should use this guidance to support making claims for Quality Payments at the February 2019 review point. It should be read in conjunctions with the previous guidance cross-referenced above	
<b>Timing / Deadlines (if applicable)</b>	<b>The Quality Payment review point is 15 February 2019.</b>	
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IRB .....	2
Contents .....	3
1 Executive Summary.....	4
2 Background .....	5
3 Claiming quality payments.....	5
3.1 Validation of Claims .....	7
4 Gateway Criteria.....	10
4.1 Advanced Services .....	10
4.1.1 Validation.....	10
4.2 The NHS Website (formerly NHS Choices).....	11
4.2.1 Distance Selling Pharmacies (DSPs) .....	14
4.2.2 Validation.....	15
4.3 Community Pharmacy Patient Questionnaire results .....	16
4.3.1 Distance Selling Pharmacies (DSPs).....	17
4.3.2 Validation.....	18
4.4 NHSmail .....	18
4.4.1 Validation.....	21
4.5 Electronic Prescription Service .....	21
4.6 NHS Digital Warranted Environment Specification (WES) .....	21
4.6.1 Validation.....	22
5 Quality Criteria Payments.....	22
6 Quality Criteria.....	25
6.1 Written Safety Report.....	25
6.2 Safeguarding .....	26
6.3 CPPE Risk Management training .....	26
6.3.1 Aim/Rationale .....	26
6.3.2 Reporting.....	27
6.4 Non-Steroidal Anti-Inflammatory Drugs and Gastro-Protection Audit.....	28
6.4.1 Aim .....	28
6.4.2 Rationale .....	28
6.4.3 Reporting.....	29
6.5 Healthy Living Pharmacy (HLP) Level 1 and CPPE Children’s Oral Health Training.....	30
6.6 NHS 111 Directory of Services .....	32
6.7 Referral for asthma review .....	35
6.7.1 Aim .....	35
6.7.2 Rationale .....	35
6.7.3 Reporting.....	36
6.8 Dementia Friends.....	37
7 Declaration Data.....	38
Annex 1 – Monthly Patient Safety Report .....	39
Annex 2 – Annual Patient Safety Report.....	41

## 1 Executive Summary

A Community Pharmacy Quality Payments Scheme, which forms part of the Community Pharmacy Contractual Framework (CPCF), was introduced in December 2016. The Quality Payments Scheme was designed to reward community pharmacies for delivering quality criteria in all three of the quality dimensions: Clinical Effectiveness, Patient Safety and Patient Experience.

There have been three previous review points in April and November 2017 and in June 2018. An additional interim arrangement has been agreed for the second six months of 2018/19 with a further £37.5 million to be invested in a February 2019 review point. Details of the Quality Payments Scheme have been provided in Part VIIA of the [Drug Tariff](#)<sup>1</sup> Quality Payment Scheme (England).

This guidance replaces supplementary guidance issued regarding the November 2017 and June 2018 review points and updates elements of the guidance on gateway criteria ([Pharmacy Quality Payments Gateway Criteria Guidance](#)<sup>2</sup>) and quality criteria ([Pharmacy Quality Payments Quality Criteria Guidance](#)<sup>3</sup>) published in 2017. Where new criteria have been introduced the aim, rationale and reporting sections are included in this guidance.

For the 15 February 2019 review point, contractors will need to complete their online declaration via the NHS Business Services Authority between 09:00 on **Monday 4 February 2019** and 23:59 on **Friday 1 March 2019**.

NHS England has worked with stakeholders to review the Quality Payments Scheme. This has led to developments in both the declaration, and the supporting processes that enable contractors to demonstrate that they are meeting the scheme requirements. It is recommended that contractors familiarise themselves with all three guidance documents and understand the developments in the scheme before undertaking the February 2019 declaration.

Any declarations made in 2017 or 2018 have no bearing on the February 2019 declaration. All contractors wishing to claim this quality payment are required to meet the requirements of the February 2019 declaration. They must have the appropriate, up-to-date evidence and cannot rely on evidence used for the previous declarations. Contractors must retain evidence of meeting both gateway and quality criteria for validation purposes. Details of the validation process and the evidence required are provided in this guidance.

No reconciliation payments will be made for the February 2019 declaration.

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<sup>1</sup> <https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/community-0>

<sup>2</sup> <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/12/pharm-qual-payments.pdf>

<sup>3</sup> <https://www.england.nhs.uk/wp-content/uploads/2017/02/quality-payments-quality-criteria-guidance-1.pdf>

## 2 Background

A Community Pharmacy Quality Payments Scheme, which forms part of the Community Pharmacy Contractual Framework (CPCF), was introduced in December 2016. The Quality Payments Scheme was designed to reward community pharmacies for delivering quality criteria in all three of the quality dimensions: Clinical Effectiveness, Patient Safety and Patient Experience.

There have been three previous review points in April and November 2017 and in June 2018. An additional interim arrangement has been agreed for the second six months of 2018/19 with a further £37.5 million to be invested in a February 2019 review point. Details of the Quality Payments Scheme have been provided in Part VIIA of the [Drug Tariff](#)<sup>4</sup> Quality Payment Scheme (England).

This guidance replaces supplementary guidance issued regarding the November 2017 and June 2018 review points and updates elements of the guidance on gateway criteria ([Pharmacy Quality Payments Gateway Criteria Guidance](#)<sup>5</sup>) and quality criteria ([Pharmacy Quality Payments Quality Criteria Guidance](#)<sup>6</sup>) published in 2017. Where new criteria have been introduced the aim, rationale and reporting sections are included in this guidance.

Previous guidance documents relating to the November 2017 and June 2018 review points can be obtained by contacting the NHS England community pharmacy team at [ENGLAND.CommunityPharmacy@nhs.net](mailto:ENGLAND.CommunityPharmacy@nhs.net).

## 3 Claiming quality payments

As for previous declarations, contractors wishing to claim a quality payment will be required to submit their declaration online to the NHS Business Services Authority (NHS BSA). For contractors to become eligible for the Quality Payments Scheme they must be able to demonstrate that they meet all five gateway criteria. They must also then be able to demonstrate that they have met each of the quality criteria that they subsequently claim for.

Contractors should therefore ensure that they have the evidence required to support any quality payments claim before making their declaration submission.

The February 2019 declaration will be hosted on the NHS BSA Manage Your Service application rather than the previous SNAP survey tool. This is a new process that has been developed in conjunction with this interim Quality Payments Scheme which provides added benefits over the previous SNAP survey tool. This includes the ability to provide contractors with real time confirmation when they have met the gateway criteria – as well as longer term benefits outside of this scheme.

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<sup>4</sup> <https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/community-0>

<sup>5</sup> <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/12/pharm-qual-payments.pdf>

<sup>6</sup> <https://www.england.nhs.uk/wp-content/uploads/2017/02/quality-payments-quality-criteria-guidance-1.pdf>

This development work has been tested with a representative group of contractors who have found accessing and using the Manage Your Service application relatively simple. However, it has not been possible to trial the application more widely ahead of the declaration in February. To avoid the potential theoretical risk of some contractors experiencing difficulties in accessing the Manage Your Service application, an alternative arrangement has been put in place. This will be made available should any repeated difficulties with accessing the Manage Your Service application declaration process arise.

Contractors are encouraged to register with the Manage Your Service application well ahead of the declaration window opening, to confirm that they can make their declaration. Once sufficient numbers have attempted to access the application a decision will then be made on whether the alternative process is required.

Should the alternative arrangement be necessary this will be communicated to contractors via email to their shared NHSmail accounts. PSNC will also alert contractors via their normal communication channels.

Where this guidance uses the term Manage Your Service application, it also includes this alternative arrangement, should this need to be activated ahead of, or during, the declaration window.

To enable pharmacy contractors to access the portal they will receive an automated email to their shared NHSmail account from [nhsbsa.pharmacysupport@nhs.net](mailto:nhsbsa.pharmacysupport@nhs.net) with a link to the Manage Your Service application. This will give instructions on how to register for the Manage Your Service application and details of how to log-in with an NHSmail account. Additional information, including how multiples can access the declaration for all pharmacies in their estate, will be available on the same web page. This email will be sent w/c 3 December 2018.

Should a contractor not receive their email by 10 December 2018, they are advised to check their junk mail; if they still cannot locate the email, they should contact the NHS BSA Provider Assurance Team ([nhsbsa.pharmacysupport@nhs.net](mailto:nhsbsa.pharmacysupport@nhs.net)) who will be able to investigate and provide the required support.

<p>The Manage Your Service application will open for declarations for the <b>15 February 2019</b> review point on <b>Monday 4 February 2019</b> at 09:00 and will close on <b>Friday 1 March 2019</b> at 23:59. Responses can be entered as soon as the system goes live and must be submitted before the closure of the declaration website. Please note that actions to demonstrate compliance with criteria must be completed by 15 February 2019.</p>
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Unless a contractor makes a valid claim by submitting the declaration via the NHS BSA Manage Your Service application during this claim window, they will not be paid the quality payment.

**Important:** A payment can only be made once the declaration has been submitted to the NHS BSA via the **Manage Your Service application**. Once a contractor has **submitted** their online declaration **it cannot be altered\***. The contractor is responsible for the information included in the submitted declaration. It is therefore imperative that contractors check their declaration thoroughly before submitting it, and then confirm that the declaration has been submitted.

\*In exceptional circumstances, where a declaration submitted is incorrect and needs to be corrected, a contractor should contact the NHS BSA Provider Assurance Team ([nhsbsa.pharmacysupport@nhs.net](mailto:nhsbsa.pharmacysupport@nhs.net)) who will provide the required support.

The contractor will receive an email to their shared NHSmail account from the NHS BSA confirming the successful declaration submission, and the details that have been declared. This email should be retained by the pharmacy as proof that the declaration was submitted and the claim was made during the claim window. The email will show the verification status of the gateway criteria and how the contractor responded to each of the quality criteria questions. Contractors who do not receive an email as expected, are advised to check their junk mail; if they still cannot locate the email they are advised to contact [nhsbsa.pharmacysupport@nhs.net](mailto:nhsbsa.pharmacysupport@nhs.net) to confirm their submission has been received. Please include the pharmacy name and ODS code in the email to avoid processing delays.

Contractors also have the option of providing an additional email address so proof that the declaration was submitted can be sent to another email address in the organisation such as a pharmacy's head office.

Proof of submitting the declaration may be required for validation purposes. It is the contractor's responsibility to ensure that they have this evidence of submission, as well as the evidence to demonstrate how they have met each of the gateway and quality criterion requirements claimed. These may be required for both pre and post-payment validation and are essential to ensure payment.

Where contractors require support or advice in regard to making their declaration or the verification process please contact [nhsbsa.pharmacysupport@nhs.net](mailto:nhsbsa.pharmacysupport@nhs.net)

### 3.1 Validation of Claims

It is the responsibility of contractors making a claim for a quality payment to be able to demonstrate how they have met all of the gateway and quality criteria for which the payment is being claimed. Contractors will need to be able to provide this evidence on request.

NHS England has, and will continue to, work with the NHS BSA to undertake validation checks of all declarations submitted during the past review points. The validation checks compare the information provided by contractors in their declarations against datasets available to NHS England.

In cases where NHS England considers that a claim has been made for a quality payment for which the contractor is not eligible, it will be treated as an overpayment. In such cases, contractors will be contacted by the NHS BSA and notified of the overpayment recovery process.

Any overpayment recovery would not prejudice any action that NHS England may also seek to take under its performance related sanctions and market exit powers under [The National Health Service \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013](#)<sup>7</sup> should this be necessary.

### **New process for validation of gateway criteria claims**

A new process for validation of the gateway criteria has been introduced for the February 2019 review point.

An assessment of whether a contractor has met the gateway criteria or not will now be made when the contractor makes their declaration. The NHS BSA Manage Your Service application will pull information from national datasets (see below) so that when a contractor starts their declaration, the gateway criteria that the contractor has met will be displayed.

Contractors will need to be aware that the national datasets used to make this assessment will be updated weekly. Contractors are advised to meet the gateway requirements early to ensure that their assessment recognises this. If the criteria requirements are not met until later in the declaration window the contractor may need to do extra work to assure themselves that the criteria have been met.

Where gateway criteria have been validated during the declaration submission, this will be confirmed to contractors in their declaration submission email. If the contractor has met all five gateway criteria, they can continue and declare which quality criteria they wish to claim payment for. These contractors will not be asked to provide any further evidence of how they have met the gateway criteria.

If the contractor is not assessed as meeting all five gateway criteria this will be stated by the NHS BSA Manage Your Service application. In such cases the contractor is encouraged to postpone completing the declaration until they have reviewed the gateway criteria, taken any corrective action, and once sure all five gateway criteria are met, complete the declaration.

Contractors are therefore also encouraged to make their declaration early in the declaration window to maximise the time they have available to take any corrective action.

If a contractor wishes to continue with the declaration at the point when they are told they do not meet the five gateway criteria, the system will allow for this. However, contractors will be advised that they will need to email the NHS BSA Provider Assurance Team ([nhsbsa.pharmacysupport@nhs.net](mailto:nhsbsa.pharmacysupport@nhs.net)) after the declaration to provide details of corrective action undertaken to demonstrate how they meet the gateway criteria where the system has not verified this. The deadline for this is 29 March 2019.

In cases where a contractor has been assessed as failing one or more gateway criteria, it is expected that they will seek corrective action to fulfil any shortfall. For example, if there are details missing in the pharmacy's NHS website profile it is expected that the contractor would update all relevant details in order to meet this criterion. If there is an insufficient number of active NHSmail accounts linked to the

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<sup>7</sup> <https://www.legislation.gov.uk/ukxi/2013/349/contents/made>

shared NHSmail account, it is expected that the contractor will meet this criterion by ensuring that a minimum of two individual NHSmail accounts are linked to the shared NHSmail account, perhaps by adding another NHSmail account and/or unlocking a password of a linked inactive account to make that account active.

**Important:** Please note that contractors are making a declaration that they meet the gateway criteria when they submit the declaration, so contractors should be confident that they have followed the correct process to meet all the gateway criteria on this date before they submit their declaration.

Where contractors are required to take corrective action and/or supply evidence they should do so within 7 days of notification or no later than 29 March 2019, whichever is sooner. Where contractors fail to meet this deadline they will not receive a quality payment for the February declaration.

The Provider Assurance Team will review all corrective activity provided and where it is sufficient to enable verification, contractors will receive a quality payment. If the evidence is not sufficient to enable verification, contractors will be informed and asked to provide alternative evidence no later than midnight of 29 March 2019. It is the contractor's responsibility to provide evidence of meeting the gateway criteria before this date and any evidence submitted after this deadline will not be accepted. Early engagement in this process is therefore encouraged to give contractors sufficient time to demonstrate gateway criteria compliance.

#### **Datasets for gateway criteria**

So that contractors can be confident that they meet the gateway criteria before they complete their declaration, the NHS BSA will publish a list of contractors who have been assessed, using national datasets, as meeting four of the gateway criteria (Advanced Services, NHS website, Community Pharmacy Patient Questionnaire and NHSmail account). This list will be published on the Quality Payments Scheme page of the [NHS BSA website](#)<sup>8</sup>, and will be updated regularly until the end of the declaration window. The publication schedule for these lists will be posted on the NHS BSA website by 30 November 2018.

Contractors are advised to review this webpage regularly to check whether the reports show they meet these four gateway criteria.

For security reasons, the details of the fifth gateway criterion – compliance with the NHS Digital Warranted Environment Specification (WES) – will be sent by the NHS BSA to each pharmacy contractor's shared NHSmail account. Each contractor will be informed of whether their operating system and browser versions have met this requirement or not during the first two weeks of December 2018. Contractors that have been assessed as not meeting this gateway criterion will get further regular updates of this assessment, via their shared NHSmail account, until the end of the declaration window (1 March 2019).

The schedule for sending these emails will be posted on the NHS BSA website.

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<sup>8</sup> <https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/community-0>

## 4 Gateway Criteria

To qualify for a quality payment, pharmacy contractors will have to meet the five gateway criteria, outlined below, on the day of the review, 15 February 2019. As for previous declarations, meeting the gateway criteria will not, in itself, earn a quality payment for the pharmacy. Quality payments will depend on how many of the quality criteria are met by the pharmacy.

**Important:** The gateway criteria for the 15 February 2019 review point are different to the previous gateway criteria. The below criteria **must** be met on the day of the review in order to qualify for payment.

### 4.1 Advanced Services

The requirements for this gateway criterion have not changed since the 2017 and 2018 review points – see section 3.1 of the [Pharmacy Quality Payments Gateway Criteria Guidance](#)<sup>9</sup>. Community pharmacies must be satisfactorily complying with their obligations under Schedule 4 to [The NHS \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013](#)<sup>10</sup> (terms of service of NHS pharmacists) in respect of the provision of Essential Services and in respect of an acceptable system of clinical governance to be able to deliver any Advanced Service.

On the day of the review the contractor must be offering at the pharmacy Medicines Use Reviews (MURs); and/or the New Medicine Service (NMS); and/or must be registered for the NHS Urgent Medicine Supply Advanced Service (NUMSAS) Pilot.

The contractor will need to be able to demonstrate on the day of the review that they are offering at the pharmacy MURs and/or NMS and/or that the pharmacy is registered for the NUMSAS Pilot.

Offering the MUR service or the NMS could be evidenced by claims for payments made by contractors for these Advanced Services in the period leading up to the review point. Where such claims have not been received by the NHS BSA, contractors may need to decide how else they will be able to evidence the offering of these Advanced Services should they be asked to do so by NHS England. Having registered with the NHS BSA to provide NUMSAS will be accepted as evidence of offering this Advanced Service. Details of how to register for NUMSAS are available on the [NHS BSA website](#)<sup>11</sup>.

#### 4.1.1 Validation

The NHS BSA will review the contractor against three datasets:

- Contractors who have claimed for a MUR and/or the NMS in the previous year.
- Contractors who are registered to provide NUMSAS.

<sup>9</sup> <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/12/pharm-qual-payments.pdf>

<sup>10</sup> <https://www.legislation.gov.uk/uksi/2013/349/contents/made>

<sup>11</sup> <https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/nhs-urgent>

- Contractors who have listed that they are offering MURs and/or NMS on their NHS website profile.

Contractors appearing in these data sets will be assessed as meeting this criterion and will not be required to provide any further evidence. Those contractors that do not appear in these datasets will not be validated and will be asked to provide evidence of how they meet the requirements of this criterion.

## 4.2 The NHS Website (formerly NHS Choices)

During August 2018, NHS Digital removed the NHS Choices logo from the NHS website. It retains the trusted NHS brand and the NHS.UK URL.

Contractors may have references to 'NHS Choices' on printed materials, websites and social media platforms, which should be removed. New graphics and advice on how to reference the NHS website are available on the [NHS website](#)<sup>12</sup>.

On the day of the review the NHS website entry, including bank holiday opening hours for the pharmacy must be up to date.

### NHS website gateway requirements

The requirements for this gateway criterion **have changed** since the 2017 review points, however this criterion has not changed significantly since the June 2018 review point. Contractors should also note that this is the gateway criterion that has been most problematic with regard to validation of declarations for the 2017 and 2018 review points. Contractors should pay particular attention to this section to ensure they meet the validation requirements and do not put their quality payment at risk.

The NHS website entry, including bank holiday opening hours for Spring 2019, i.e. up to the second May bank holiday must be up to date.

The changes made are intended to reduce the burden on contractors, NHS Digital, NHS England Regional Teams and Directory of Services (DoS) Teams in establishing which contractors are open over the bank holidays; whilst providing better and more accurate information on opening hours to the public.

The information obtained from participating pharmacies updating their NHS website profiles as part of the Quality Payments Scheme will inform NHS Digital, the Regional Teams and DoS leads of whether and when these pharmacies are open over the bank holidays for out of hours planning purposes.

The opening hours published on the NHS website should be the hours that the pharmacy is providing NHS pharmaceutical services, i.e. their core and supplementary hours. Where a pharmacy has scheduled breaks for their pharmacist and so are not providing NHS pharmaceutical services, but may be providing other non-NHS Services, e.g. sales of other products, these must not be included in their NHS website opening hours section.

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<sup>12</sup> [https://digital.nhs.uk/services/nhs.uk/nhs.uk-website-changes?dm\\_t=0,0,0,0,0](https://digital.nhs.uk/services/nhs.uk/nhs.uk-website-changes?dm_t=0,0,0,0,0)

Additional opening hours, that are not core or supplementary hours, cannot be advertised on the NHS website, however they can be advertised in the pharmacy or locally, provided it is clear to the public that NHS Pharmaceutical Services are not available at these times.

The NHS website supports this requirement by allowing contractors to create up to three sets of opening times per day on their profile. For example, a pharmacy opening between 09:00 to 17:00 with a lunch break for the pharmacist between 13:00 to 14:00 should set two sets of opening times as follows: 09:00-13:00 and 14:00-17:00.

Contractors must edit and/or validate their NHS website entry between 00:00 on **3 December 2018** and 23:59 on **15 February 2019**.

Contractors are required to update or validate each of the following three parts of their NHS website profile:

- Opening hours, including bank holiday opening hours for the first half of 2019/20, i.e. up to the second May bank holiday, must be up to date.
- Services the pharmacy provides, including any advanced services being offered.
- Facilities available.

Contractors making declarations to the NHS BSA that they are offering either the NMS or MURs under the Advanced Service gateway criterion must ensure that the service is visible on their NHS website profile on the review date.

The bank holidays that contractors must edit and/or validate for their NHS website entry are:

Friday, 19 April 2019	Good Friday
Sunday, 21 April 2019	Easter Sunday*
Monday, 22 April 2019	Easter Monday
Monday, 6 May 2019	May Day bank Holiday
Monday, 27 May 2019	Spring bank Holiday

Contractors will be required to add opening hours for **all** of the above bank holidays on their NHS website profile in order to pass this gateway criterion.

\*Although Easter Sunday is not officially a bank holiday, NHS England has requested that contractors add their opening hours for this date to assist local NHS England teams and DoS leads to they know which pharmacies will be open over the Easter weekend.

For these bank holidays, contractors will need to create a 'Public holiday and other special day' entry on their NHS website profile; see the [Quality Payments Scheme User guide](#)<sup>13</sup> for further information.

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<sup>13</sup> <https://assets.nhs.uk/prod/documents/Pharmacy-QPS-user-guide-for-February-2019-declaration.pdf>

If contractors do not add bank holiday opening times, the NHS website will default to normal opening hours. Therefore, if a contractor has not amended their opening hours by entering them in the '**Public holidays and other dates**' section, they may be advertising incorrect opening hours to patients and the public, and will therefore be non-compliant with the gateway criteria.

NHS England's local teams will use the bank holiday opening hours entered in each pharmacy's profile to plan provision of services on those dates. If the pharmacy's planned opening hours for these bank holidays change after the editing and/or validation of their NHS website profile, the contractor should update the bank holiday opening hours within their NHS website profile **and** notify their local NHS England team.

Contractors should not validate their opening times information if they have not entered the above bank holiday opening times information. Failure to do this will result in failing this NHS website gateway criterion unless their opening hours for the above bank holidays are the same as their normal opening hours for those days.

### **The NHS website profile editor and the assignment of editing rights**

Each contractor is able to amend their NHS website profile or validate the profile as being accurate and up-to-date by using the NHS website profile editor. Guidance on how to do this is provided in the [Quality Payments Scheme User guide](#)<sup>14</sup>. Amending or validating the NHS website profile will create a record which will act as evidence to NHS England that these actions have been undertaken.

Please note that the log-in link to the NHS website profile editor has moved. It is now in the footer of each page on the NHS website.

Contractors who do not have editing rights to their profile will need to email the NHS website service desk ([nhswebsite.servicedesk@nhs.net](mailto:nhswebsite.servicedesk@nhs.net)).

In order to help further integrate community pharmacies with other NHS providers and to support secure communication to and from pharmacies of patient information to support clinical care the Quality Payment Scheme encourages and promotes the use of NHSmail. Contractors are therefore encouraged to use the pharmacy's shared NHSmail account when requesting editing rights. It has been agreed with the NHS website team that shared NHSmail accounts will be used to validate requests for editing rights. Use of other email accounts may lead to a delay in editing rights being granted as these will require manual validation by the service desk. To apply for editing rights, contractors should supply the below information, ideally by copying the details from Table 1 below into an email and completing all the required information.

The code 'QPSAPPLICATION' should be added to the subject line of the email; failure to add the code to the subject line may result in a processing delay and increase the risk of a failure to achieve this gateway criterion.

<sup>14</sup> <https://assets.nhs.uk/prod/documents/Pharmacy-QPS-user-guide-for-February-2019-declaration.pdf>

Table 1: Information required when applying for editing rights

Name:	
NHSmail address:	(This will be used as your username on the website).
Telephone number:	
Job title:	
Organisation:	
ODS code:	

For pharmacy multiples applying for editing rights for more than one pharmacy location, contractors should send the additional pharmacy names and ODS codes with their email.

Contractors who request their editing rights before 17:00 on 8 February 2019 via their shared NHSmail account, will be assured of having these enabled. Any requests after this deadline, or requests made via non-NHSmail accounts increase the risk of a contractor not obtaining editing rights in time, which could result in non-compliance with the gateway criterion. Any NHS website service desk request created after 8 February 2019 will not be accepted as mitigation for not meeting the NHS website gateway criterion of the February 2019 declaration.

Existing web editors, who have lost their password, can reset their passwords from the [NHS website](#)<sup>15</sup> using the profile editor log-in.

#### 4.2.1 Distance Selling Pharmacies (DSPs)

Distance selling pharmacies (DSPs) do not, currently, have full NHS website entries, so DSPs will be required to:

- a) Check the name of their pharmacy on the NHS website – it must be the trading name rather than the registered company name (unless the registered company name is the same as the trading name).
- b) Check the telephone number and website URL on their profile.
- c) Check the provision of EPS is correctly indicated on their profile.
- d) Email the NHS BSA Provider Assurance Team ([nhsbas.pharmacysupport@nhs.net](mailto:nhsbas.pharmacysupport@nhs.net)), including “QPSFEBREVIEW” **and** the pharmacy ODS code in the subject line, and confirming in the body of the email that the current information is correct or providing the correct information.

For example a DSP contractor with an ODS code AAA001 will need to submit an email with the subject line:

QPSFEBREVIEW AAA001

Failure to add the ODS code and “QPSFEBREVIEW” in the subject line will result in the email not being recorded in the NHS website summary report of DSP contractors that have achieved this gateway criteria, which will be provided to NHS England. This

<sup>15</sup> <https://www.nhs.uk/Personalisation/ResetPassword.aspx>

will mean that the contractor fails the validation process which will be undertaken by the NHS BSA.

DSPs will need to send their email to [nhsbas.pharmacysupport@nhs.net](mailto:nhsbas.pharmacysupport@nhs.net) between 00:00 on 3 December 2018 and 23:59 on Friday 15 February 2019.

Please note that this is a change to previous declarations where DSPs informed the NHS website service desk.

Where DSPs have informed the NHS website service desk that the current information on the NHS website is correct or have provided the correct information for a previous declaration, they will still be required to email the NHSBSA Provider Assurance Team at [nhsbsa.pharmacysupport@nhs.net](mailto:nhsbsa.pharmacysupport@nhs.net) as detailed above for the February 2019 declaration.

DSPs that are not listed on the NHS website should email the NHSBSA Provider Assurance Team (including 'UNABLETOVERIFYPROFILE' in the subject line) with the following information:

- Pharmacy name (Trading name)
- ODS code
- Address
- Telephone number
- Website URL
- EPS enabled (Yes/No)

DSPs will need to send their email to the NHSBSA Provider Assurance Team between 00:00 on 3 December 2018 and 23:59 on 15 February 2019.

Once this information has been received by the NHSBSA Provider Assurance Team this will count as passing the gateway criteria. Contractors should retain a copy of the email sent as evidence of meeting this requirement.

DSP contractors can check that they are listed as a DSP pharmacy in the DSP section of the NHS Website by using the [DSP directory](#)<sup>16</sup>.

If a DSP contractor finds they are listed with a non-DSP community pharmacy profile, and not in the DSP section, they should email the NHS Provider Assurance Team following the steps outlined above and inform them that they are listed in the incorrect section of the website.

#### **4.2.2 Validation**

Contractors are advised to check the validation report, on the NHS BSA website, to ensure that they have met the NHS website gateway criterion. The report will be published regularly during the review window (the publication schedule will be posted on the [NHS BSA website](#)<sup>17</sup> by 30 November 2018.

<sup>16</sup> <https://www.nhs.uk/Service-Search/pharmacies/internetpharmacies>

<sup>17</sup> <https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/community-0>

The report will highlight which pharmacies have successfully edited or validated their opening times, service and facilities information within the review window. Contractors will still need to ensure that the Advanced Service information in the report is consistent with their declared service provision for the Advanced Services gateway criterion. If it is not, it will need to be amended so the relevant service information in their profile is included otherwise the contractor will not meet this criterion.

### 4.3 Community Pharmacy Patient Questionnaire results

This criterion was previously a quality criterion; for the February 2019 review point it is a gateway criterion.

On the day of the review, the results of the last completed Community Pharmacy Patient Questionnaire are publicly available on the pharmacy's NHS website profile page, or for distance selling pharmacies, displayed on their website.

All pharmacies are required to conduct an annual Community Pharmacy Patient Questionnaire (CPPQ) as part of their terms of service.

To pass this gateway criterion, contractors are required to publish the results of their latest completed CPPQ on the pharmacy's NHS website page in a Portable Document Format (PDF) file format.

For this review point, contractors should therefore be publishing their CPPQ results for 2017/18 (for contractors who have not yet completed their CPPQ for 2018/19) or 2018/19 (if this has been completed for the 2018/19 financial year) on the NHS website.

Contractors who have already published their latest CPPQ as a PDF on the NHS website and have followed the correct naming convention in the title of the news item (i.e. "Community Pharmacy Patient Questionnaire 2017/18" or "Community Pharmacy Patient Questionnaire 2018/19") will have passed this gateway criterion and do not need to do anything new for this review point.

Contractors that have uploaded their latest CPPQ but not followed the correct naming convention in the title of the news item, for example, calling the news item 'Patient Questionnaire', will need to change the title of the relevant news item so that it is correctly labelled in order to be assessed as passing this gateway criterion in the NHS Digital validation report. The CPPQ user guide provides guidance on uploading onto the NHS website profile and is available on the [NHS website](#)<sup>18</sup>.

Contractors who have not uploaded their latest CPPQ will need to do so by 15 February 2019 in order to pass this gateway criterion. This is achieved by the contractor creating a news item within the overview section of the profile.

To do this, contractors must:

- a) add the text "Community Pharmacy Patient Questionnaire 2017/18" or "Community Pharmacy Patient Questionnaire 2018/19" in the Title of the news item;

<sup>18</sup> <https://assets.nhs.uk/prod/documents/ CPPQ-documentation-QPS-February-2019-declaration.pdf>

- b) upload a PDF titled “CPPQ”;
- c) add “Pharmacy Patient Questionnaire” as the document title; and
- d) add “1” in the Display order field.

The PDF file must be uploaded as a news item, in the overview section of the profile with the heading CPPQ.

**Please note** that if the naming conventions are not followed as outlined above, the pharmacy will not appear on the report of pharmacies meeting this criterion, provided by NHS Digital to NHS England, to validate pharmacies meeting this gateway criterion. This could result in further validation being required.

In order that the CPPQ is presented in a way that NHS website users can easily understand and interpret, the following introductory text must be inserted by the contractor into the ‘description text’ field of the news item so that it will appear before the questionnaire report:

“Every year we undertake an annual patient survey to enable our patients to provide valuable feedback on the services that we provide. The survey, undertaken by all community pharmacies in England, is called the Community Pharmacy Patient Questionnaire. The report of our survey results allows us to identify the areas where we are performing most strongly, the areas for improvement and the actions required to address issues raised by respondents. Our results for 2017/18 or 2018/19 (select as appropriate) are provided here.”

A standard template has been developed to assist contractors with collating and analysing the responses to the CPPQ. The data can then be used to populate the CPPQ report. The template and further information on the report requirements is available on the [PSNC website](#)<sup>19</sup> or in [Annex 3](#)<sup>20</sup> of the Pharmacy Quality Payments – Quality Criteria Guidance. The CPPQ report template may be used and can be uploaded as a PDF onto the NHS website.

Contractors are strongly advised to check their NHS website profile 12 hours after uploading the CPPQ to ensure the CPPQ results are visible. Should the results not be visible, contractors are advised to ensure they have followed the steps outlined in the user guide correctly. After creating a news article contractors should see a green confirmation message.

#### 4.3.1 Distance Selling Pharmacies (DSPs)

DSP contractors are subject to the same terms as non-DSP pharmacies in regards to publishing their CPPQ on an annual basis, however as they do not currently have editable NHS website entries they cannot publish the CPPQ on their pharmacy’s NHS website page. To pass this gateway criterion DSPs must upload and display the results of their latest CPPQ on their website. The DSP website used for publication should be the same website that is listed in the DSP’s NHS website entry.

<sup>19</sup> <http://psnc.org.uk/contract-it/essential-service-clinical-governance/cppq/>

<sup>20</sup> <https://www.england.nhs.uk/wp-content/uploads/2017/02/quality-payments-quality-criteria-guidance-1.pdf>

Once a DSP has published their latest CPPQ results on their website, to meet the criterion, they must notify the NHS BSA Provider Assurance Team ([nhsbsa.pharmacysupport@nhs.net](mailto:nhsbsa.pharmacysupport@nhs.net)) by sending a link to the page on which the CPPQ is published and including CPPQFEB and the pharmacy ODS code in the subject line of the email.

Please note that this is a change to previous declarations where DSPs informed the NHS website service desk.

For example a DSP contractor with an ODS code AAA001 will need to submit an email with the subject heading:

CPPQFEB AAA001

Failure to add the ODS code or “CPPQFEB” in the subject line will result in the email not being recorded in the NHS website summary report of DSP contractors who have achieved this gateway criterion which will be provided to NHS England. This will mean that the contractor fails the validation process which will be undertaken by the NHS BSA, and then will be requested to provide further information to enable the payment to be made.

Please note, where DSP contractors have informed the NHS Website service desk that they have uploaded their CPPQ to their website for a previous declaration, they will still be required to email NHS BSA Provider Assurance Team with a link to the appropriate page to inform them of this for this declaration in February 2019.

#### 4.3.2 Validation

Contractors are advised to check the validation report, to be published on the NHS BSA website, that they have met the CPPQ gateway criterion. The report will be published regularly during the declaration period (the publication schedule will be posted on the [NHS BSA website](#)<sup>21</sup> by 30 November 2018).

The report will highlight which pharmacies have successfully published their CPPQ results. Contractors not on this list will have to either review their entry to ensure the CPPQ is correctly identified or upload their latest CPPQ results as detailed above.

#### 4.4 NHSmail

The requirements for this gateway criterion **have changed** since the 2017 and 2018 review points.

Pharmacy staff at the pharmacy must be able to send and receive NHSmail from their shared premises NHSmail mailbox, which must have at least **two** active linked accounts.

NHS England is committed to developing the infrastructure to better integrate community pharmacy into the wider NHS allowing secure transfer of patient information to and from pharmacies to support clinical care. To support this NHSmail accounts have been set up for all community pharmacies in England that have

<sup>21</sup> <https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/community-0>

previously requested one. This criterion aims to encourage use of these premises specific NHSmail accounts which enable secure transfers of sensitive patient data. They also provide system resilience for direct messaging to and from GPs, hospitals and integrated urgent care clinical assessment services. It is vital pharmacies use their NHSmail address regularly if they want to be able to receive NHS referrals in the future. From April 2019 action will be taken to suspend and then terminate inactive user NHSmail accounts.

A shared NHSmail account needs to have individual user NHSmail accounts linked to it to enable access. For business continuity purposes there should be at least two, and preferably more, active linked NHSmail accounts.

An active linked NHSmail account is one that has been accessed within the last three months and is enabled to allow the user access to the shared NHSmail account. Contractors are reminded that unless the password of a user NHSmail account is updated every 90 days the account will become inactive and the user will not be able to access it. Any such inactive accounts on the review date will not be considered as active. Linked NHSmail account holders are encouraged to ensure their passwords have been updated ahead of the review date to avoid becoming inactive.

Contractors can now utilise the self-service password reset and unlock function. In order to access this function, contractors need to first review their security question information and ensure that a mobile phone number is included within their user account profile. Mobile numbers can be hidden and will only be used by NHSmail to issue a temporary account password as part of the reset process. A mobile number will still be required to if you wish to unlock your account without resetting your password. Further information is available on the [NHSmail Portal](#)<sup>22</sup>

Contractors **will not** be required to provide the details of their shared NHSmail account in their declaration. Contractors who meet this gateway criterion will be validated by NHS BSA against data from NHS Digital showing all shared NHSmail accounts with at least two active linked user accounts held for contractors.

Unless a contractor can send and receive email from their shared NHSmail account, they **will not** meet the gateway criterion. Sending and receiving email from a personal NHSmail account **will not** be considered as having met the gateway criterion. To establish whether your shared NHSmail account is compliant with the Quality Payment Scheme, please confirm the following naming conventions are adhered to:

- **NHS pharmacy shared NHSmail account**  
Shared NHSmail account managed by the National Administration Service (NAS) inside the 'nhspharmacy' container will have the prefix 'nhspharmacy' and will follow the below naming convention:  
[nhspharmacy.location.pharmacynameODScode@nhs.net](#)
- **Legacy shared account**  
Shared NHSmail accounts that were created prior to the introduction of the NHS pharmacy naming convention typically include the prefix of the organisation that sponsored the creation of the account, i.e. the commissioning organisation that set the account up.

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<sup>22</sup> <https://portal.nhs.net/help/selfservice>

A legacy shared NHSmail account will not be included in the NHS Digital data set as it has not been created in the pharmacy 'container' and so will not be recognised as a shared NHSmail account by the NHS BSA Manage Your Service application. If a contractor is using a legacy shared NHSmail account then they will need to inform the NHS BSA Provider Assurance Team ([nhsbsa.pharmacysupport@nhs.net](mailto:nhsbsa.pharmacysupport@nhs.net)), who will assist in supporting the contractor to meet the QPS requirements. This will require the contractor to move to a shared NHSmail account within the pharmacy container.

If a pharmacy is using an individual user account as a shared account this is an information governance breach and will not meet the gateway criterion. In such cases contractors will be required to register for a new shared NHSmail account using the [NHSmail Portal](#)<sup>23</sup>

Contractors are reminded of the need to ensure that only appropriate NHSmail accounts, for example, members of staff, regular locums etc., should be linked to their shared NHSmail accounts. It would be considered a serious information governance breach if a shared NHSmail account was linked to a NHSmail account of a member of staff no longer working in the pharmacy.

In order to check the user accounts linked to the shared NHSmail account please refer to the guidance available on the [NHS website](#)<sup>24</sup> where further information regarding pharmacy shared NHS accounts can also be found.

Further guidance on setting up, using and maintaining your account can be found in the [Guide for Community Pharmacies using NHSmail](#)<sup>25</sup>.

Setting up a shared NHSmail account will include the creation of up to three user accounts, which will be used to access the shared NHSmail account. Once a contractor has completed the registration using the automated portal, they will be sent log in details for the user accounts so that they can activate them, thereby by allowing constant access to the shared NHSmail account.

A contractor can demonstrate that they have a shared NHSmail account with two linked accounts by sending an email from the shared account to two or more of the linked user account during the declaration window. This email should then be saved so that it is accessible to resend to the Provider Assurance Team at the NHS BSA, if required, to demonstrate that the account meets the requirements of this criterion.

Any problems or maintenance issues with pharmacy NHSmail accounts can be emailed to the helpdesk: [pharmacyadmin@nhs.net](mailto:pharmacyadmin@nhs.net).

Any contractors who are having any issues with NHSmail in relation to transfer of ownership are encouraged to contact the NHS BSA Provider Assurance Team ([nhsbsa.pharmacysupport@nhs.net](mailto:nhsbsa.pharmacysupport@nhs.net)) as soon as possible in order to resolve these issues ahead of the review date.

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<sup>23</sup> <https://portal.nhs.net/pharmacyregistration#/>

<sup>24</sup> <https://portal.nhs.net/Help/joiningnhsmail>

<sup>25</sup> <https://s3-eu-west-1.amazonaws.com/comms-mat/Comms-Archive/Guide+for+Pharmacies.pdf>

#### 4.4.1 Validation

Contractors are advised to check the validation report, to be published on the NHS BSA website, to ensure that they have met the NHSmail gateway criterion. The report will be published regularly during the review window (the publication schedule will be posted on the [NHS BSA website](#)<sup>26</sup> by 30 November 2018).

The report will highlight which pharmacies have a shared NHSmail account with a minimum of two active linked accounts at the time the report was collated.

#### 4.5 Electronic Prescription Service

This gateway criterion has now been retired and is no longer a requirement for the February 2019 Quality Payment Scheme declaration.

#### 4.6 NHS Digital Warranted Environment Specification (WES)

This is a new gateway criterion.

On the day of the review, the contractor must have consulted the NHS Digital Warranted Environment Specification (WES) and/or their System Supplier(s) and have assured themselves, and can demonstrate, that all the operating system and browser versions currently in use in their pharmacy to link to NHS Digital systems, such as the Electronic Prescription Service and Summary Care Record, comply with the WES; and are therefore supported by NHS Digital for connectivity to NHS Spine systems.

This criterion has been introduced to improve cyber security by ensuring that computer systems which access NHS Digital services through the NHS Spine meet certain technical standards for operating systems and browsers and are therefore supported by NHS Digital. Operating systems and browsers that do not meet these standards have been identified as a major threat to the cyber security of NHS Digital systems.

The Warranted Environment Specification (WES) can be found on the [NHS Digital website](#)<sup>27</sup>. The operating systems listed in the current WES are:

- Windows Server 2012 R2
- Windows 7 SP1 32-bit / 64-bit
- Windows 8.1 32-bit / 64-bit
- Windows 10 64-bit

The browser versions listed in the current WES are:

- Microsoft Internet Explorer (IE) 11
- Microsoft Edge
- Google Chrome
- Mozilla Firefox

<sup>26</sup> <https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/community-0>

<sup>27</sup> <https://digital.nhs.uk/services/spine/spine-technical-information-warranted-environment-specification-wes>

Contractors are required to confirm that the operating systems and browser versions that they are using when accessing the NHS Spine at any time conform to the WES requirements, and if not, work with their system suppliers to update to one listed above by the 15 February 2019 review date.

Further information to help contractors meet their responsibilities for cyber security can be found in a number of good practice guides published on the [NHS Digital website](#)<sup>28</sup>.

#### 4.6.1 Validation

NHS Digital will validate this criterion when a pharmacy accesses the NHS Spine through connection to the Summary Care Record (SCR) and so pharmacies must log-in to the SCR system at least once prior to the review date between 14 November 2018 and 15 February 2019.

For information ahead of the declaration window, NHS Digital will provide details of which contractors have been assessed as complying with the WES to enable contractors to take appropriate action. Due to the sensitive nature of this information, the NHS BSA will send these details out to each pharmacy contractor's shared NHSmail account, rather than publishing this on their website. This will be sent out in December 2018 and will detail whether the contractor has met this gateway criterion or not from the information available at that time.

Contractors that have been assessed as not meeting this gateway criterion in December 2018 will get regular updates on this assessment until the end of the declaration window or until they have been validated as meeting the WES. This is so that where they have taken corrective action, they can see that this has been confirmed in the NHS Digital report. Contractors who have been confirmed as meeting the WES requirements will not receive repeated emails confirming compliance, but they should keep the original email as evidence of compliance.

In the event of the contractor being assessed as not being compliant, it is expected that they will take corrective action to update their system or browser well in advance of the review date by the 15 February 2019. This action will then be confirmed when the contractor next accesses the NHS Spine through connection to the SCR. Should a contractor not have an opportunity to access the NHS Spine via the SCR again, ahead of the review date then they should contact the NHS BSA Provider Assurance Team ([nhsbsa.pharmacysupport@nhs.net](mailto:nhsbsa.pharmacysupport@nhs.net)) to make them aware of the situation and to provide evidence of WES compliance.

## 5 Quality Criteria Payments

Payment for the February 2019 review point will be paid as part of the payment made by the NHS BSA to contractors for their March 2019 FP34C submission.

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<sup>28</sup> <https://digital.nhs.uk/services/data-and-cyber-security-protecting-information-and-data-in-health-and-care/cyber-and-data-security-policy-and-good-practice-in-health-and-care/cyber-guides-and-policies/cyber-and-data-security-good-practice-guides>

There is only a single declaration point for this scheme and the payment made to contractors will therefore be calculated to distribute the full £37.5m funding in this one payment. Therefore there will be no need for a further reconciliation payment.

Contractors passing the gateway criteria on the review date, 15 February 2019, will receive a quality payment if they meet one or more of the criteria in Table 2.

Table 2: A summary of the quality criteria and point weighting for each domain

Domain	Criteria	Points
Patient Safety	<p>A written safety report (updated since 29 June 2018, i.e. the last review date, or covering the last year if not previously claimed) at premises level available for inspection at review point, covering analysis of incidents and incident patterns (taken from an ongoing log), evidence of sharing learning locally and nationally, and actions taken in response to national patient safety alerts; and</p> <p>Demonstrably, the pharmacy contractor actively identifies and manages the risks at premises level associated with specified look-alike sound-alike errors (LASA) identified from the National Reporting and Learning System (NRLS)**. Demonstrably, the pharmacy contractor has put in place actions to prevent these, for example physical separation, staff awareness raising, visual warnings, tags or labels on shelving, fatigue reduction strategies, enhanced checking procedures for these medicines.</p> <p>Demonstrably, the pharmacy contractor uploads any LASA incident reports to the NRLS and keeps a record for confirmation of this activity at the pharmacy premises or within any electronic reporting system used by the contractor. In the description of what happened in the NRLS report, the contractor must include the text 'LASA' as a unique identifier to facilitate future national learning.</p> <p>** NHS Improvement top combinations by likelihood and harm caused - propranolol and prednisolone, amlodipine and amitriptyline, carbamazepine and carbimazole, azathioprine and azithromycin, atenolol and allopurinol.</p>	20

Domain	Criteria	Points
Patient Safety	On the day of the review, 80% of all registered pharmacy professionals working at the pharmacy have satisfactorily completed the CPPE Risk Management training; and the pharmacy has available for inspection at the review point, at premises level, an example of a risk review that the pharmacy team at the premises have drawn up for a risk in that pharmacy that has been identified and prioritised with identified risk minimisation actions that the pharmacy team is taking.	20
Patient safety	On the day of the review the pharmacy must have completed the audit of non-steroidal anti-inflammatory drugs and gastro-protection available on the <a href="#">Specialist Pharmacy Service Website</a> <sup>29</sup> , for patients 65 or over, notified the patient's GP where professional concerns were identified, shared their anonymised data with NHS England and incorporated the learning of the audit into future practice.	20
Public Health	On the day of the review the pharmacy is a Healthy Living Pharmacy level 1 (self-assessment) and; 80% of staff working at the pharmacy (including pharmacy professionals) that provide healthcare advice to the public have successfully completed the CPPE children's oral health training assessment.	15
Digital/ Urgent Care	On the day of the review, the pharmacy's NHS 111 Directory of Service entry is up to date.	2.5
Clinical effectiveness	On the day of the review, the pharmacy can show evidence that asthma patients, for whom more than 6 short-acting bronchodilator inhalers were dispensed without any corticosteroid inhaler within a 6 month period, have since that last review date (29 June 2018) 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.	20
Workforce	On the day of the review, 80% of pharmacy staff working in patient facing roles are Dementia Friends (Alzheimer's Society).	2.5
	<b>Total number of points</b>	<b>100</b>

<sup>29</sup> <https://www.sps.nhs.uk/articles/nsaid-safety-audit-2018-19/>

## 6 Quality Criteria

This 2018/19 interim Quality Payment Scheme offers **one** declaration where contractors can make a claim; therefore, all of the quality criteria can only be met and claimed for at the one review point, 15 February 2019.

Whether the contractor met the gateway and quality criteria and made a declaration in any of the previous Quality Payments Schemes will hold no bearing on the declaration covering the 15 February 2019 review point.

Contractors will need to have evidence of how they meet the requirements on 15 February 2019 and declare this via the NHS BSA Manage Your Service application to be eligible for the February 2019 review point payment. For each of the quality criteria below, contractors should review the requirements and their evidence from any previous declarations and ensure that the evidence in February 2019 is updated where necessary.

### 6.1 Written Safety Report

This quality criterion has changed since the 2017 and 2018 review points.

<b>Patient Safety</b>
A written safety report (updated since 29 June 2018 i.e. the last review date where claimed before) at premises level available for inspection at review point, covering analysis of incidents and incident patterns (taken from an ongoing log), evidence of sharing learning locally and nationally, and actions taken in response to national patient safety alerts. Contractors must show evidence of learning from others on prevention of look-alike sound-alike (LASA) errors.

Contractors who claimed for this criterion in the previous declarations **will not** be able to use the same patient safety report to make a claim in February 2019. For the February 2019 declaration they will need to update their previous report to show how the following details have been updated and refreshed since their previous patient safety report was completed:

- collated incidents and near misses from an ongoing log
- analysed these and have looked for patterns
- reflected on learning from these
- recorded action taken to minimise future risk from repeated errors
- shared learning (both nationally and locally)
- evidenced specific actions taken by the pharmacy in response to local errors and national patient safety alerts issued by the [Central Alerting System](#)<sup>30</sup>.

In addition to the above, contractors must evidence learning from others on prevention of NHS Improvement's list of top five look-alike sound-alike (LASA) errors and put in place actions to prevent these, for example, physical separation, staff awareness raising, visual warnings such as tags or labels on shelving, fatigue reduction strategies, or enhanced checking procedures for these medicines.

<sup>30</sup> <https://www.cas.mhra.gov.uk/Home.aspx>

NHS Improvement's top five LASA errors are listed below. These pairs have been the subject of Coroners' reports and/or National Reporting Learning System (NRLS) incidents reported which have been associated with serious harm with considerable frequency of reporting and are pharmacologically disparate. They are:

propranolol	↔	prednisolone
amlodipine	↔	amitriptyline
carbamazepine	↔	carbimazole
azathioprine	↔	azithromycin
atenolol	↔	allopurinol

Contractors already have a contractual requirement to report patient safety incidents to the NRLS. This can be done via the e-form following guidance on the [PSNC website](#)<sup>31</sup>, and some contractors collate reports via corporate systems, which then report centrally to NRLS. When LASA incidents are reported to NRLS directly or via other systems, in the description of what happened in the incident, 'LASA' should be included. This will enable NHS Improvement to search for LASA-related reports and information and learning from such incidents can be maximised.

Contractors may wish to use the template in Annex 1 to collate and review patient safety incidents each month. Contractors can use the output of these forms to complete their annual report. Annex 2 provides a template to create this report. Copies of patient safety incident reports made by a pharmacy to NRLS or to corporate or other incident reporting systems should be retained by the contractor.

## 6.2 Safeguarding

This criterion has now been retired and is no longer a requirement for the February 2019 Quality Payment Scheme.

## 6.3 CPPE Risk Management training

### Patient Safety

On the day of the review 80% of all registered pharmacy professionals working at the pharmacy have satisfactorily completed the Centre for Pharmacy Education (CPPE) Risk Management training; and the pharmacy has available for inspection at the review point, at premises level, an example of a risk review that the pharmacy team at the premises have drawn up for a risk in that pharmacy that has been identified and prioritised with identified risk minimisation actions that the pharmacy team is taking.

### 6.3.1 Aim/Rationale

The aim of this quality criterion is to ensure that all pharmacy professionals understand the risks associated with their professional practice, prioritise the risks in the workplace and are able to identify steps that can be taken to reduce risk associated with their practice.

<sup>31</sup> <https://psnc.org.uk/contract-it/essential-service-clinical-governance/patient-safety-incident-reporting/>

### 6.3.2 Reporting

This requirement covers all registered pharmacy professionals (pharmacists and pharmacy technicians) working in the pharmacy including locums. This excludes pre-registration trainee pharmacists and pre-registration trainee pharmacy technicians, although it is good practice that they are trained in risk management. Each registered pharmacy professional working in the pharmacy on the day of the review (15 February 2019) counts as one, regardless of how many hours they have worked.

Managing risk forms an important part of the General Pharmaceutical Council's (GPhC) standards for pharmacy professionals. Risk management training is available via the CPPE website to all pharmacists and pharmacy technicians registered with the GPhC. Pharmacists and pharmacy technicians must create an account on the CPPE website in order to complete the training and e-assessment. Further details on completing CPPE online assessments is given on page 31 of this guidance.

Once the training and associated e-assessment have both been completed, a certificate of completion is stored by CPPE in the personal record for each learner. Pharmacists and pharmacy technicians can download the certificate to provide evidence of completion. Contractors should ensure that evidence of this assessment is kept within the pharmacy, including for any locums. Pharmacy teams working in multiple pharmacies should follow guidance issued by their head office.

Contractors will be required to confirm that 80% of pharmacy professionals working on the review date have completed the CPPE Risk Management training and passed the e-assessment. This should be declared during the declaration period via the NHS BSA online declaration page.

The learning from the CPPE Risk Management training is intended to encourage the development of local risk reviews. Risks should be identified, reviewed and an action plan put in place to minimise the risk. In some cases, risk minimisation strategies or action plans may be agreed at an organisational level.

In addition to the Risk Management training, this criterion requires a risk review to have been developed and be available for inspection on the pharmacy premises, including actions that have been identified, assessment of priority and measures that have been implemented by the pharmacy team to minimise the risk. The risk review should be a team approach specific to the individual setting but can focus on any area where risk or potential risk has been highlighted.

This risk review should demonstrate how the learning from the risk management training has been applied. It would be expected to include:

- A description of the risks that have been identified
- A risk rating, or completed risk matrix based on:
  - the probability of the risk manifesting into harm
  - the severity of harm (or potential harm) caused and any associated consequences
- An action plan detailing risk minimisation actions required, action owners and timelines for when the actions need to be completed by.

The risk review could, for example, incorporate a Root Cause Analysis, 'Fishbone' analysis or use of the 'Five Whys' technique. Different strategies can be used to

manage risk and the Superintendent Pharmacist may be involved in determining any organisational-level risk minimisation strategies.

Pharmacy professionals will find more information in sections 3 and 4 of the CPPE Risk Management guide which can be found on the [CPPE website](#)<sup>32</sup>. In addition, PSNC and the Community Pharmacy Patient Safety Group will be publishing resources to assist contractors meet the risk review element of the criterion. An example template will be hosted on PSNC website.

## 6.4 Non-Steroidal Anti-Inflammatory Drugs and Gastro-Protection Audit

### Patient Safety

On the day of the review the pharmacy must have completed the audit of non-steroidal anti-inflammatory drugs and gastro-protection available on the [Specialist Pharmacy Service website](#)<sup>33</sup> for patients 65 or over, notified the patient's GP where professional concerns were identified, share their anonymised data with NHS England, and incorporated the learning of the audit into future practice.

#### 6.4.1 Aim

The aim of this quality criterion is to reduce preventable patient harm from adverse effects of non-steroidal anti-inflammatory drugs (NSAIDs) including cyclooxygenase-2 (COX-2) inhibitors.

#### 6.4.2 Rationale

The World Health Organization (WHO) launched a [Global Patient Safety Challenge](#) with a medication safety theme<sup>34</sup>. The challenge focuses on improving medication safety by strengthening systems to reduce medication errors; its over-arching aim is to reduce the level of severe avoidable harm related to medications by 50% over 5 years, globally.

Evidence identifies NSAIDs as a class of medication that is commonly implicated in medication associated harm<sup>35</sup>. Adverse effects resulting from NSAID use such as gastro-intestinal (GI) bleeding, stroke and heart attacks are a frequent cause of potentially preventable hospital admissions. The risk of GI bleeding from NSAIDs can be reduced by co-prescribing a protective agent.

In early 2014, a [clinical audit on NSAID safety](#)<sup>36</sup> was conducted in England where 1,278 pharmacies took part, providing data on 16,366 patients. Over 2,000 patients without gastro-protection were referred to prescribers for review, which is likely to have prevented well-recognised avoidable NSAID harm as well as consequent morbidity and associated healthcare costs. This criterion encourages pharmacists to identify patients requiring gastro-protection, thus conducting significant clinical interventions with an overall benefit to population health.

<sup>32</sup> [CPPE - Centre for Pharmacy Postgraduate Education](#)

<sup>33</sup> <https://www.sps.nhs.uk/articles/nsaid-safety-audit-2018-19/>

<sup>34</sup> <http://apps.who.int/iris/bitstream/handle/10665/255263/WHO-HIS-SDS-2017.6-eng.pdf;jsessionid=E1E0888FB03BD973BBFCA9A330364E16?sequence>

<sup>35</sup> <http://www.eepru.org.uk/wp-content/uploads/2018/02/eepru-report-medication-error-feb-2018.pdf>

<sup>36</sup> [https://www.sps.nhs.uk/wp-content/uploads/2015/01/Community\\_pharmacy\\_Non-Steroidal\\_Anti-Inflammatory\\_Drug\\_safety\\_audit.pdf](https://www.sps.nhs.uk/wp-content/uploads/2015/01/Community_pharmacy_Non-Steroidal_Anti-Inflammatory_Drug_safety_audit.pdf)

The [risk](#)<sup>37</sup> of suffering from NSAID related adverse effects is increased in patients as they get older. This audit is about this risk in patients aged 65 and over who are using NSAIDs. [The National Institute for Health and Care Excellence \(NICE\) guidance](#)<sup>38</sup> for NSAID prescribing advises that protection with a proton pump inhibitor (PPI) is prescribed to all patients receiving NSAIDs for the management of osteoarthritis and rheumatoid arthritis.

This quality criterion encourages contractors to routinely carry out surveillance of patients' (aged 65 and above) use of NSAIDs to ensure that their GPs are notified that the patient may require a clinical review if they have not been prescribed a gastro-protective agent.

Whilst the benefits of appropriate gastro-protection are clear, pharmacy professionals are reminded of the [potential risks](#)<sup>39</sup> of inappropriate proton pump inhibitor (PPI) prescribing, including theoretical risks of infections such as *Clostridium difficile* and community acquired pneumonia, bone fractures and nutritional deficiencies as well as significant costs to the NHS. Current national recommendations are detailed in NICE guidance CG184, which recommends using the lowest effective dosage with an annual review of this class of drugs. Further information can be found on the [NICE website](#)<sup>40</sup>.

This criterion promotes patient-centred care from pharmacy professionals who are in an ideal position to detect NSAIDs prescribed without gastro-protection through surveillance of patients' (aged 65 and above) medication use, and clinically assess whether the patient would benefit from a review from their prescriber. These interventions may already be commonplace in community pharmacies but this quality criterion seeks to ensure this vital information is used to trigger a review.

### 6.4.3 Reporting

On the day of the review, contractors must have submitted their audit results to NHS England. This can either be via the [NHS BSA audit data collection tool](#)<sup>41</sup> or via other platforms that allows this data to be shared with NHS England – see the [PSNC website](#)<sup>42</sup> for further details. Data must be collected for two weeks with a minimum sample size of 10 patients. In cases where there is difficulty in obtaining the minimum sample size, the audit should be extended to four weeks after which contractors will be able to submit the data with the number of patients they have even if less than 10. Contractors must enter start and finish data collection dates on the audit data collection tool. Contractors must have submitted data declaring that all patients 65 years and over regularly taking an oral NSAID or COX-2 inhibitor without gastro-protection have been referred to the patient's GP/appropriate healthcare professional for a review, unless such a referral has been made in the previous six months.

<sup>37</sup> [https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(13\)61128-9.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(13)61128-9.pdf)

<sup>38</sup> <https://www.nice.org.uk/advice/ktt13>

<sup>39</sup> [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3388523/pdf/10.1177\\_1756283X12437358.pdf](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3388523/pdf/10.1177_1756283X12437358.pdf)

<sup>40</sup> <https://www.nice.org.uk/guidance/cg184>

<sup>41</sup> [https://www.snapsurveys.com/wh/SURVEY\\_PREVIEW.asp?k=153865681795](https://www.snapsurveys.com/wh/SURVEY_PREVIEW.asp?k=153865681795)

<sup>42</sup> <https://psnc.org.uk/services-commissioning/essential-services/quality-payments/quality-payments-nsaids-audit/>

The pharmacist should discuss with the patient the risks associated with NSAID use, the benefits of gastro-protection and being referred for a review. Identified patients should be referred to their prescriber with a recommendation to review the need for gastroprotection. Examples of referral/intervention letters can be found within the audit tool. The pharmacy team should support the patient to reduce the risk of adverse effects arising from ongoing NSAID use without gastro-protection by education and counselling.

Pharmacies must be able to evidence ongoing learning from this audit. It is up to the contractor how they choose to engage and implement regular surveillance of patients' use of NSAIDs without gastro-protection into their processes and procedures but at a minimum, all patients and carers requesting oral NSAID or COX-2 inhibitors should initially be offered advice about their medicines. Best practice would suggest that a standard operating procedure (SOP) recommends documentation of interventions in the patient medication record (PMR) and/or interventions log to aid this practice.

## 6.5 Healthy Living Pharmacy (HLP) Level 1 and CPPE Children's Oral Health Training

This quality criterion **has** changed since the 2017 and 2018 review points.

Public Health
On the day of the review the pharmacy is a Healthy Living Pharmacy level 1 (self-assessment) and; 80% of staff working at the pharmacy (including pharmacy professionals) that provide healthcare advice to the public have successfully completed the CPPE children's oral health training assessment.

### HLP Level 1 accreditation

The Royal Society for Public Health (RSPH) has confirmed that their online [register](#)<sup>43</sup> will remain open until March 2019. However, contractors who wish to meet this quality criterion will need to register before the 15 February 2019 review point.

Contractors should be aware that there is a time delay between completing the assessment of compliance on the RSPH website and receiving a return that confirms registration. The RSPH will endeavour to contact contractors by mail or email within 10 working days. This should be taken into account by a contractor wishing to claim for this criterion.

For pharmacies that qualify under the RSPH registration provision, the pharmacy must have been accredited as an HLP between 16 February 2017 and 15 February 2019 as the RSPH process requires pharmacies to re-accredit every 2 years. Contractors are advised to review their registration and take action if required in order to maintain their accredited HLP status. Further information can be found on the [RSPH website](#)<sup>44</sup>.

It is expected that pharmacies that have qualified under the local registration provision will have a similar requirement to re-accredit within two years. Contractors

<sup>43</sup> <https://www.rsph.org.uk/our-services/registration-healthy-living-pharmacies-level1/assessment-of-compliance.html>

<sup>44</sup> <https://www.rsph.org.uk/our-services/registration-healthy-living-pharmacies-level1.html>

requiring re-accreditation will need to complete the RSPH self-assessment via the [RSPH website](#)<sup>45</sup>.

Pharmacies can demonstrate that they meet this requirement by having a copy of the signed and dated documentation confirming that between 16 February 2017 and 15 February 2019 the pharmacy was accredited as an HLP level 1 locally or via the RSPH self-assessment process.

Pharmacies are reminded of the ongoing commitments of HLPs which include:

- workforce development – a skilled team to pro-actively support and promote behaviour change, improving health and wellbeing
- premises that facilitate health promoting interventions; and
- engagement with the local community, other health professionals (especially GPs), social care and public health professionals and local authorities.

### **CPPE children’s oral health training**

The CPPE children’s oral health training has been introduced to support National Smile Month – taking place during May 2019 – and as preparation for a community pharmacy public health campaign on this topic, which will be running concurrently. The training is available to all staff working at the pharmacy via the quality payments page of the [CPPE website](#)<sup>46</sup> and comes in the form of a Children’s Oral Health e-learning video.

Contractors are advised to encourage all of their staff members that provide healthcare advice to the public to complete the training in good time ahead of the review point. This is an opportunity for pharmacy professionals to work with their support staff and learn together. The training video is 16 minutes long, however it does contain a significant quantity of important and necessary detail about oral health, the process of tooth decay and how this can be prevented, which the whole pharmacy team will need to be aware of to give appropriate advice on this priority public health topic.

Contractors may wish to download the transcript of the learning to support those in the pharmacy team who prefer to read through the text as well as watch the video. The text includes some of the associated slides from the learning video and will be a useful summary when advising on children’s oral health and when completing the assessment.

Ideally any staff member undertaking the training should register on the CPPE website in order to complete the assessment. As well as providing CPPE with a record of the assessment, registration enables CPPE to assist the registrant with the assessment process if required. Registration can be completed directly from the link via the quality payments page of the [CPPE website](#)<sup>40</sup>.

It is normal to need more than one attempt at CPPE assessments before passing. Contractors should be aware of this when planning time for staff to complete their training. The assessment is deliberately rigorous to ensure public health information is understood and should be challenging for both professionals and non-professionals alike. The ten multiple-choice questions and answers in the

<sup>45</sup> <https://www.rsph.org.uk/our-services/accreditation/enquiry-form.html>

<sup>46</sup> <https://www.cppe.ac.uk/services/quality-payments>

assessment are carefully worded to ensure the assessment candidate has to carefully choose from a number of plausible answers. Candidates have 45 minutes to complete the assessment. Access to the course materials (such as the video transcript) during the assessment can be helpful to further aid the learning process.

If a candidate fails the assessment or runs out of time, CPPE has an assessment lockout period to allow learners to review their feedback and improve knowledge where needed before trying again. The lockout period is 20 hours no matter how many times you attempt the assessment. A period of 20 hours means that candidates have the opportunity to try again at a similar time the following day.

Should a candidate need to attempt the assessment again, they will be asked what learning they needed to meet their development needs. If candidates contact CPPE for support with this assessment, they will use the information provided to help them. Candidates may find it helpful to contact CPPE for guidance and direction (email: [info@cppe.ac.uk](mailto:info@cppe.ac.uk)) if they have failed this assessment more than three times.

Once the training and associated e-assessment have been completed, a certificate of completion is stored by CPPE in the personal record for each learner. Anybody completing the training is advised to download the certificate to provide evidence of completion. Contractors should ensure that evidence of this training is kept within the pharmacy.

If contractors have members of staff who are unable to register with CPPE, e.g. those not having a work or personal email address to access registration, then they can complete an open assessment for Children's Oral Health without registration on the quality payments page of the [CPPE webpage](#)<sup>47</sup>. Whilst this will enable the staff member to undertake the assessment and, when successful, print off or save the PDF certificate as evidence of meeting this criterion, However this will need to be done immediately after the assessment as it cannot be saved on the CPPE website. It will not be possible for CPPE to provide any personalised support, feedback or a CPPE record for that member of staff. Contractors are therefore recommended to encourage staff members to register with CPPE to complete the assessment if at all possible.

## 6.6 NHS 111 Directory of Services

The requirements for this quality criterion have not changed since the 2018 review point.

Digital
On the day of the review, the pharmacy's NHS 111 Directory of Services entry is up to date.

The user will be able to search and update their NHS 111 DoS profile using the DoS Profile Updater. All DoS profiles should now contain an ODS code (F code). Contractors should search by ODS code or postcode to ensure all of their service profiles are included on the 111 DoS.

<sup>47</sup> <https://www.cppe.ac.uk/services/quality-payments>

Access to the DoS Profile Updater can be found via the following link: <https://dos-profile.service.nhs.uk/>

**Please note:** Pharmacies are profiled on the NHS 111 DoS using a series of different profiles. The number of these profiles varies, depending on where in the country the pharmacy is located. In order to understand the number of profiles contractors should expect to see, please refer to the guidance on the [NHS Digital website](#)<sup>48</sup>. Contractors will be asked to update their profile information that will appear as shown in Figure 1.

**Figure 1: Example of the information the DoS Profile Updater asks you to review**



The image shows a rectangular box representing a form. Inside the box, there are four text labels stacked vertically: 'DoS Service name', 'ODS code', 'Public phone', and 'Website'. Each label is centered within its respective field.

For the February 2019 review point, contractors will be required to edit or confirm that the information in the pharmacy's NHS 111 DoS profile is correct on the DoS Profile Updater. This must be done between **10:00 on 5 November 2018 and 23:59 on 15 February 2019** to meet the quality criterion.

Any changes, additional information, or confirmation that the profiles are accurate can be input directly into the DoS Profile Updater.

Contractors should note that the DoS Profile Updater should be used to correct information on DoS profiles; it is **not** the process for changing existing opening hours. The regulatory processes required to amend either core or supplementary hours described in [The National Health Service \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013](#)<sup>49</sup> must be followed.

**Access to the DoS Profile Updater**

The DoS Profile Updater requires contractors to have an NHSmail account. If they do not have this, a link to the [NHSmail portal](#)<sup>50</sup> can be used to obtain one. This allows user validation to support security of the DoS Profile Updater website.

Once the details on the DoS Profile Updater have been submitted, the contractor will receive an email confirming submission. If a reviewer is reviewing the profiles for more than one pharmacy on behalf of a multiple, they should receive an email for each pharmacy reviewed. This should be instantaneous, however, please allow up to two hours for the emails to be delivered. If the emails are not received, please check junk mail first before emailing [exeter.helpdesk@nhs.net](mailto:exeter.helpdesk@nhs.net) with 'Profile Updater Email

<sup>48</sup> <https://dos-profile.service.nhs.uk/guidance>

<sup>49</sup> <http://www.legislation.gov.uk/ukxi/2013/349/contents/made>

<sup>50</sup> <https://portal.nhs.net/pharmacyregistration#/>

Access' in the subject line of the email to confirm that the submission has been received.

Contractors are advised to retain these confirmation emails as evidence of meeting this criterion. These confirmation emails will be sent to the NHSmail address that the contractor provided.

To help ensure contractors receive their confirmation emails, contractors are advised to add [noreply@dos-profile.service.nhs.uk](mailto:noreply@dos-profile.service.nhs.uk) to their safe senders list before they update their profile. Alternatively, contractors will need to check their junk email folder in case the email has been inappropriately filed.

### **Bank holiday opening**

Contractors will be asked to enter information about planned opening for bank holidays, which will be used to confirm information previously held on NHS 111 DoS. This should be the same as the information provided on the pharmacy's NHS website (previously NHS Choices) profile. Work is ongoing to ensure that the DoS Profile Updater tool feeds into both the NHS website and NHS 111 DoS entries in the future.

To meet this quality criterion, contractors will be required to enter their bank holiday opening hours for all of the below:

Friday, 19 April 2019	Good Friday
Sunday, 21 April 2019	Easter Sunday*
Monday, 22 April 2019	Easter Monday
Monday, 6 May 2019	May Day bank holiday
Monday, 27 May 2019	Spring bank holiday

\*Although Easter Sunday is not officially a bank holiday, NHS England requests that contractors add their opening hours for this date to assist local NHS England teams and DoS leads to they know which pharmacies will be open over the Easter weekend.

Further guidance on how to use the DoS Profile Updater is available on [NHS Digital's website](#)<sup>51</sup>.

### **Submission review timeline**

Following the contractor's submission, any changes to the DoS will be approved by the NHS England Pharmacy Contracts Manager and/or the local DoS Lead.

The information provided by contractors on the DoS Profile Updater will be reviewed by the local DoS Lead within 7 calendar days of the information being submitted. Where DoS Leads or local NHS England teams have queries regarding the information provided, they will contact the contractor to resolve the query. Where the proposed changes can be accepted without reference back to the pharmacy, no follow up contact will be made.

It is intended that the DoS Profile Updater is updated once by each contractor claiming for this criterion. However, if a contractor was to find that the details that

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<sup>51</sup> <https://dos-profile.service.nhs.uk/guidance>

have been submitted are incorrect, or changed before 15 February 2019, then the DoS Profile Updater can be accessed again and the details updated.

Please note that this revised information will need to be reviewed by the DoS Lead and may initiate a query as to why the information has been changed after the original submission.

### Technical help and support

If contractors have any technical difficulties accessing the DoS Profile Updater, they can email the NHS Digital helpdesk ([exeter.helpdesk@nhs.net](mailto:exeter.helpdesk@nhs.net)) or call them on 0300 303 4034.

NHS Digital will prepare a report for NHS England of the contractors that have made a submission to the DoS Profile Updater within the above timescales which will be used by the NHS BSA to validate the declarations made by contractors for this quality criterion.

## 6.7 Referral for asthma review

This quality criterion **has changed** since the 2017 and 2018 review points.

Clinical Effectiveness
On the day of the review, 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 29 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 between 5 and 15 years that have been 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.

### 6.7.1 Aim

The aim of this quality criterion is for community pharmacy to contribute to reducing preventable deaths from asthma through clinical surveillance and evidence based interventions.

### 6.7.2 Rationale

This quality criterion encourages the surveillance of people with asthma by contractors:

- to routinely monitor patients' use of inhalers by ensuring they are given appropriate advice and are referred for an asthma review where appropriate
- to specifically identify children aged 5-15 without a Personalised Asthma Action Plan (PAAP) and refer to an appropriate healthcare professional when this is not the case
- to specifically identify children aged 5-15 that are prescribed a corticosteroid press and breathe pressurised metered dose inhaler (pMDI), without a spacer device and refer them for clinical review.

The [National Review of Asthma Deaths \(NRAD\)](#)<sup>52</sup> made a number of recommendations to improve the care of people with asthma. These included:

- People with asthma should have a structured review by a healthcare professional with specialist training in asthma, at least annually.
- All patients who have been prescribed more than 12 short-acting reliever (bronchodilator) inhalers in the previous 12 months should be invited for an urgent review of their asthma control, with the aim of improving their asthma through education and changes in their treatment if required.

The report made further recommendations identifying:

- People with asthma should be provided with a PAAP which can help to identify worsening asthma, support corrective action and advise patients and carers of how and when to seek help. Patients with a PAAP were four times less likely to die from an asthma attack but 77% of patients included in the NRAD report had no record of having a PAAP.

In addition, the [National Institute for Clinical Excellence Technology Appraisal 38 \(NICE TA38\) guidance](#)<sup>53</sup> recommends the use of spacer devices in combination with press and breathe corticosteroid pMDIs to achieve optimum asthma management in children between the ages of 5 to 15 years.

Pharmacy professionals are in an ideal position to detect under and over usage of asthma inhalers through surveillance of patients' ordering of inhalers over a fixed period and to identify children between the ages 5 and 15 years inclusive, that may benefit from using a spacer device to aid delivery of corticosteroids and check that they have an up-to-date PAAP. These interventions may already be commonplace in community pharmacies but this quality criterion seeks to ensure this vital information is used to trigger an appropriate review as recommended by the NRAD report and support prevention of further preventable asthma deaths.

### 6.7.3 Reporting

For those contractors who claimed for this criterion previously (when the quality criterion was for asthma patients, for whom more than six short-acting bronchodilator inhalers were dispensed without any corticosteroid inhaler within a six-month period, to be referred to an appropriate health care professional for an asthma review), a new review since 29 June 2018 will be required.

Contractors will be required to declare that since then they have identified any asthma patients receiving more than six short acting bronchodilators within a six month period without any corticosteroid inhalers being dispensed and they have referred them to the appropriate health care professional. Where contractors have claimed for this criterion previously, a new review since 29 June 2018 is required. The knowledge and understanding of the process to identify suitable patients should be reviewed. Methods used to identify 'at risk' patients for referral should be reviewed for effectiveness.

In addition, contractors will now be required to meet the new requirement and declare that they have identified children aged between 5 and 15 years who are prescribed

<sup>52</sup> <https://www.rcplondon.ac.uk/file/868/download?token=JQzyNWUs>

<sup>53</sup> <https://www.nice.org.uk/guidance/ta38>

press and breathe corticosteroid pMDIs and made recommendations that they would benefit from the use of a suitable spacer device and/or a PAAP by referring them to an appropriate health care professional. Contractors should retain evidence that this has been carried out in the pharmacy for this aspect of the criterion.

Where no patients are identified for referral, the contractor will still be eligible for payment as long as they can evidence that they have been working to identify suitable patients and that they have processes in place for referrals should they identify someone. Best practice would suggest that a SOP recommends documentation of such interventions in the patient medication record PMR and/or interventions log to aid this practice.

It is up to a pharmacy how they choose to engage and implement regular surveillance of asthma patients into their processes and procedures. At a minimum, historical dispensing of short acting beta agonist (SABA) and corticosteroid inhalers for patients should be assessed at every point a SABA and/or corticosteroid inhaler is presented for dispensing for the treatment of asthma. In addition, any children aged between 5 and 15 years, prescribed a press and breathe corticosteroid pMDIs who do not have a spacer device and/or a PAAP to optimise management should be referred to their prescriber. These tasks could be undertaken by any appropriately trained staff within the pharmacy team.

The contractor will normally be referring the patient to their GP, GP practice based respiratory nurse specialist/“asthma nurse” or practice-based pharmacist.

## 6.8 Dementia Friends

The requirements for this quality criterion have not changed from the 2017 and 2018 review points – see section 7.8 of the [Pharmacy Quality Payments Quality Criteria Guidance](#)<sup>54</sup>.

<b>Workforce</b>
On the day of the review, 80% of all pharmacy staff working in patient facing roles are ‘Dementia Friends’.

Those contractors who claimed for this criterion in 2018 should review staff turnover to ensure that this criterion is met on the day of the review. NHS England would advise that any new patient facing staff should routinely be advised to become a Dementia Friend as part of their induction. Further resources regarding supporting those living with dementia and their carers can be found on the [Alzheimer’s Society’s website](#)<sup>55</sup>.

<sup>54</sup> <https://www.england.nhs.uk/wp-content/uploads/2017/02/quality-payments-quality-criteria-guidance-1.pdf>

<sup>55</sup> <https://www.alzheimers.org.uk/>

## 7 Declaration Data

The declaration data from the previous review points is available on the [NHS England website](#)<sup>56</sup> and full declaration data by pharmacy is available on the [NHS BSA website](#)<sup>57</sup>. An [infographic](#)<sup>58</sup> showing the combined declarations of the previous review points is available.

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<sup>56</sup> <https://www.england.nhs.uk/commissioning/primary-care/pharmacy/framework/pqp/quality-payments-scheme-declaration-summary/>

<sup>57</sup> <https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/community-0>

<sup>58</sup> <https://www.england.nhs.uk/wp-content/uploads/2018/03/quality-pharmacy-scheme-infographic-april-nov-2017.pdf>

**Annex 1 – Monthly Patient Safety Report**

**Community Pharmacy Quality Payments Scheme**  
**Monthly Patient Safety Report template**



Pharmacy name (and branch number, if applicable)		Month and year	
Report completed by (name)		Date of report	
Pharmacy team members who participated in preparing this report (initials)			

**Monthly summary of patient safety incidents and activity in the pharmacy** (enter numbers in the table below)

Month	Prescribing interventions	Near misses	Near misses involving high-risk LASA* (if known)	Dispensing incidents	Dispensing incidents involving high-risk LASA* (if known)	Drug recalls	Other patient safety activity†

\* ‘Look-Alike, Sound-Alike’ (LASA) medicines classified as high-risk are: propranolol & prednisolone, amlodipine & amitriptyline, carbamazepine & carbimazole, azathioprine & azithromycin, atenolol & allopurinol.

† Including national patient safety alerts actioned

**Provide an example of a significant patient safety improvement that has occurred within your pharmacy during the month.**

What was the key learning point and how was it identified?	What actions have been taken at the pharmacy as a result?	How has patient safety improved as a result?

**How have you shared what you have learned both within your team and externally?**

**What actions have been taken at the pharmacy to minimise the risks associated with high-risk LASA\* medicines?**

E.g. Physical separation, shelving labels, enhanced checking, PMR prompts etc.

**What actions have been taken at the pharmacy regarding relevant national patient safety alerts and drug recalls?**

**How have the patient safety priorities that were agreed in the last month's patient safety report been acted upon?**

**What will be the team's patient safety priorities for the next month?**

Priority 1:

  

Priority 2:

  

Priority 3:

This report may contain confidential information – retain this original copy (all pages) within the pharmacy.

## Annex 2 – Annual Patient Safety Report

# Community Pharmacy Quality Payments Scheme Annual Patient Safety Report template



Pharmacy name (and branch number, if applicable)		ODS (F code)	
Report completed by (name)		Date of report	
Dates covered by the report	to		
Pharmacy team members who participated in preparing this report (initials)			

### Summary of patient safety incidents and activity in the pharmacy (enter numbers in the table below)

Month	Prescribing interventions	Near misses	Near misses involving high-risk LASA* (if known)	Dispensing incidents	Dispensing incidents involving high-risk LASA* (if known)	Drug recalls	Other patient safety activity†
January							
February							
March							
April							
May							
June							
July							
August							
September							
October							
November							
December							
<b>TOTAL</b>							

\* 'Look-Alike, Sound-Alike' (LASA) medicines classified as high-risk are: propranolol & prednisolone, amlodipine & amitriptyline, carbamazepine & carbimazole, azathioprine & azithromycin, atenolol & allopurinol.

† Including national patient safety alerts actioned

### Provide 3 examples of significant patient safety improvements that have occurred within your pharmacy during the period specified

#### Example 1

What was the key learning point and how was it identified?	What actions have been taken at the pharmacy as a result?	How has patient safety improved as a result?
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OFFICIAL

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This report may contain confidential information – retain this original copy (all pages) within the pharmacy.

**Example 2**

What was the key learning point and how was it identified?	What actions have been taken at the pharmacy as a result?	How has patient safety improved as a result?

**Example 3**

What was the key learning point and how was it identified?	What actions have been taken at the pharmacy as a result?	How has patient safety improved as a result?

**How have you shared what you have learned both within your team and externally?**

--

**What actions have been taken at the pharmacy to minimise the risks associated with high-risk LASA\* medicines?**

E.g. Physical separation, shelving labels, enhanced checking, PMR prompts etc.

--

**What actions have been taken at the pharmacy regarding relevant national patient safety alerts and drug recalls?**

--

OFFICIAL

**How have the patient safety priorities that were agreed in last year's annual patient safety report been acted upon?**

**What will be the team's patient safety priorities for the next 12 months?**

Priority 1:

  

Priority 2:

  

Priority 3: