Community Pharmacy Birmingham & Solihull Black Country

Pharmacy Quality Scheme 2025/26 Action and Evidence Portfolio Workbook

Community Pharmacy England

April 2025, version 2

With thanks and acknowledgement to Community Pharmacy England

Contents

If having read this Community Pharmacy England Pharmacy Quality Scheme 2025/26 Action and Evidence Portfolio Workbook and the information and resources on the **Community Pharmacy England website**, you have further queries about the Pharmacy Quality Scheme (PQS) or you require more information, please email **services.team@cpe.org.uk**.

Section	Page number
Introduction	3
Important dates for the diary	5
PQS flow chart – How to use the Action and Evidence Portfolio Workbook	6
PQS 2025/26 checklist	7
Gateway criterion	
Gateway criterion: Advanced services – Pharmacy First and Pharmacy Contraception Service	8
Domains and quality criteria	
Domain 1: Medicines optimisation	9
Quality criterion a) Palliative and end of life care action plan	9
Quality criterion b) Consulting with people with mental health problems - CPPE learning	11
Quality criterion c) Respiratory: Use of a spacer in patients aged 5-15 years	13
Quality criterion d) Referrals for patients using three or more short-acting bronchodilator inhalers in six months	13
Quality criterion e) Emergency Contraception – CPPE learning and e-assessment	15
Domain 2: Patient safety	17
Quality criterion a) Antimicrobial stewardship: Pharmacy First consultations, clinical audit	17
Quality criterion b) Sepsis – CPPE learning and e-assessment	19
Quality criterion c) Regularising Enhanced DBS checks for registered pharmacy professionals	21
Action plan	
Action plan	23

Introduction

Details of the PQS 2025/26 were published on 31st March 2025, as part of the **arrangements for the Community Pharmacy Contractual Framework (CPCF) in 2024/25 and 2025/26** and as a **Drug Tariff** Update.

The 2025/26 scheme began on 1st April 2025 and has a declaration period between **9am on 2nd February 2026 and 11.59pm on 27th February 2026**. Pharmacy owners must have evidence to demonstrate meeting the domains that they have claimed for **by the end of 31st March 2026**.

The 2025/26 PQS has £30 million funding available, and pharmacy owners will be able to claim an Aspiration payment if they wish to **between 9am on 1st May 2025 and 11.59pm on 16th May 2025** (this will be paid to pharmacy owners on 1st July 2025).

Pharmacy owners who meet the gateway criterion by the end of 31st March 2026 will receive a PQS payment on 1st April 2026 if they meet the requirements of one or both of the domains. Pharmacy owners must meet all the requirements within a domain to be eligible for a PQS payment for that domain.

Drug Tariff wording

This Workbook lists the PQS 2025/26 Drug Tariff wording for the requirements of the Scheme. It does not list the information which must be recorded on the NHS Business Services Authority (NHSBSA) Manage Your Service (MYS) portal when making the PQS declaration (this information is available in Part VIIA of the **Drug Tariff**). However, this information is reflected in the questions posed within the Workbook.

Questions and actions

This Workbook contains questions in each section (based on what pharmacy owners are required to declare) for pharmacy teams to answer to see if they are meeting the requirements of the gateway/domains. If they meet all the requirements in a section, they can tick the gateway criterion/domain off the PQS checklist, which is included on page 7 in the Workbook. If they are not currently meeting the requirements, this can be added to an action plan, which is included on pages 23-25 in the Workbook.

Training

Pharmacy owners and pharmacy team members should note that there is a requirement in the 2025/26 Scheme that may mean that staff are required to repeat training and e-assessments that they have completed previously, depending on the stated validity period and when staff completed the training and e-assessments.

The table in our **Pharmacy Quality Scheme – Summary of the training requirements for the 2025/26 Scheme** resource details the validity periods and the dates in which the training and e-assessments must have been completed within.

If pharmacy owners are currently meeting some or all the training requirements, it is important that this is kept under review as this may change if new staff join the pharmacy or staff return from long term leave, for example, maternity leave, before the PQS declaration period.

Where new staff who have recently joined the pharmacy or staff returning from long term leave, for example maternity leave, have not undertaken the training and assessment by 31st March 2026, the pharmacy owner can count them as having completed the training and assessment, if the pharmacy owner has a training plan in place to ensure they satisfactorily complete the training and assessment within 30 days of the day of the declaration or by 31st March 2026, whichever is the later. This training plan and demonstrable evidence of completion of the training and assessment, within 30 days of the day of the declaration or 31st March 2026 (as appropriate), must be retained at the pharmacy to demonstrate they met this criterion.

Resources

We has produced many resources to support pharmacy owners to meet the requirements of the Scheme. The relevant resources are highlighted in the gateway criterion and domain sections. Pharmacy owners are not required to use these resources; however, they are all available at **cpe.org.uk/pqs** should pharmacy owners choose to use them.

Evidence

This Workbook provides pharmacy owners with examples of **suggested** evidence that they can use to confirm they have the necessary evidence by 31st March 2026. If certain evidence is a requirement, it is stated as **REQUIRED** in the Workbook.

It is important that pharmacy owners have this evidence to assure themselves that they meet the domains that they intend to declare that they meet; as well as to be able to provide this evidence to the NHSBSA Provider Assurance Team (if requested) who will undertake validation checks on behalf of NHS England to ensure that these requirements are met. **Evidence should be retained for three years for post-payment verification purposes**.

Pharmacy owners are required to be able to provide evidence of how they meet the criteria; if they do not have this evidence, they put themselves at risk of having the payment for one or more domains recovered. The examples provided as suggested evidence are not exhaustive; other evidence may also be suitable.

This Workbook is for an individual pharmacy. It cannot be used to complete a declaration for multiple pharmacies. Each pharmacy team must complete its own individual assessment of which domains they are eligible to claim payment for.

Important dates for the diary

Below is a list of the important dates for the PQS 2025/26.

Date	Why is this date important?
1st April 2025	PQS 2025/26 officially starts.
	Start date for the following criteria included in the Medicines Optimisation Domain: ▪ Use of a spacer in patients aged 5-15 years; and ▪ Patients using three or more bronchodilators in six months.
1st May 2025	Aspiration payment window opens at 9am.
16th May 2025	Aspiration payment closes at 11.59pm.
1st July 2025	Aspiration payment is paid to pharmacy owners.
31st August 2025	Deadline* to have signed up to deliver the Pharmacy First Service and the Pharmacy Contraception service to meet the Gateway criterion.
1st September 2025	The Antimicrobial Stewardship - Pharmacy First consultations clinical audit can be started from this date (the 2025/26 clinical audit should be conducted from 1st September 2025 and completed no later than 31st March 2026).
2nd February 2026	Declaration window opens at 9am.
After the PQS declaration has been made (the declaration must be made between 9am on 2nd February 2026 and 11.59pm on 27th February 2026)	Pharmacy teams do not need to continue with the 'Use of a spacer in patients aged 5-15 years' quality criterion, as part of PQS.
	Pharmacy teams do not need to continue with the 'Referrals for patients using three or more short-acting bronchodilator inhalers without any corticosteroid inhaler in six months' quality criterion, as part of PQS.
3rd February 2026	Deadline to start the Antimicrobial Stewardship - Pharmacy First consultations clinical audit (eight weeks until 31st March 2026, the deadline for ensuring the requirements of the quality criteria have been met).
27th February 2026	Declaration window closes at 11.59pm.
31st March 2026	Deadline for ensuring the requirements of the quality criteria (excluding those that need to be met by the day of the declaration (see above) have been met.
1st April 2026	Pharmacy owners will be paid their PQS payment.

*Further information for pharmacy owners who open or change ownership from 1st September 2025 is detailed in section 3.1 of the **Drug Tariff update** on PQS.

PQS flow chart – How to use the Action and Evidence Portfolio Workbook

Read the **Drug Tariff update on the 2025/25 PQS**.

Read through the content on our **PQS hub** on our website.

If you want to claim for an Aspiration payment, choose which domains you want to work towards meeting by the end of the scheme (31st March 2026) and then claim for this between **9am on 1st May 2025 and 11.59pm on 16th May 2026**.

Work through our PQS 2025/26 Action and Evidence Portfolio Workbook* with members of the pharmacy team to answer the questions in each section and therefore identify which requirements the pharmacy already meets; complete the tables in each section to evidence this.

When you can answer yes to all the questions in a section, tick off the gateway or quality criterion on our checklist (on page 6 of the Workbook).

If the pharmacy cannot answer yes to all the questions in a section, consider what actions need to be taken to be able to do this and add this to the PQS action plan (on pages 23-25 of the Workbook).

Decide which parts of the action plan need to be prioritised.

Work through the action plan to meet the different requirements (and therefore be able to answer yes to all the questions in a section). When a requirement is met, tick yes to the relevant question in that section, complete the section to evidence this in the Workbook and tick off the requirement on the PQS checklist (on page 7 of the Workbook).

Make your PQS declaration between **9am on 2nd February 2026 and 11.59pm on 27th February 2026** and then make sure to complete all the requirements for the domains you have claimed payment for **by the end of 31st March 2026**.

*Use of the Community Pharmacy England Pharmacy Quality Scheme 2025/26 Action and Evidence Portfolio Workbook is optional, pharmacy owners can choose another option to support them to meet the requirements of the Scheme.

Pharmacy Quality Scheme 2025/26 checklist

Gateway criterion	Completed
Advanced services – Pharmacy First and Pharmacy Contraception Service	☐
Domains	
Domain 1: Medicines optimisation	
Quality criterion a) Palliative and end of life care action plan	☐
Quality criterion b) Consulting with people with mental health problems – CPPE learning	☐
Quality criterion c) Respiratory: Use of a spacer in patients aged 5-15 years	☐
Quality criterion d) Respiratory: Referrals for patients using 3 or more short-acting bronchodilator inhalers in 6 months	☐
Quality criterion e) Emergency contraception – CPPE learning and e-assessment	☐
Domain 2: Patient safety	
Quality criterion a) Antimicrobial stewardship – Pharmacy First consultations – clinical audit	☐
Quality criterion b) Sepsis – CPPE learning and e-assessment	☐
Quality criterion c) Regularising Enhanced DBS checks for registered pharmacy professionals	☐

Gateway criterion

To qualify for a PQS payment, pharmacy owners must meet the below gateway criterion by 31st August 2025*.

Gateway criterion 1: Advanced services – Pharmacy First and Pharmacy Contraception Service

Drug Tariff wording

Contractors must have signed up to deliver the Pharmacy First Service and the Pharmacy Contraception service by the end of 31st August 2025 and remain registered for both services until the end of the scheme, 31st March 2026.

Contractors will not be required to make a declaration for this gateway criterion as this will be verified by a post payment review of the contractor's declaration to deliver the services and subsequent registration from 1st September 2025 until the end of the scheme, 31st March 2026.

Contractors should note that they will not be able to claim payment for the quality criteria during the declaration period if the gateway criterion has not been met.

Please note that following de-registration from the Pharmacy First and/or Pharmacy Contraception Service the contractor will not be able to re-register for the services for a period of four months from the final day of their 30 days' notice. Any contractors that de-register between 1st September 2025 until the end of the scheme, 31st March 2026 will not meet the gateway criterion for this scheme. Contractors who de-register before the declaration window will not be able to make a declaration; those who de-register after the close of the declaration but before 31st March 2026 will have their payments recovered by the NHSBSA.

Resources

Further information and resources on Pharmacy First can be found at cpe.org.uk/pharmacyfirst.

Further information and resources on the Pharmacy Contraception Service can be found at cpe.org.uk/pcs.

Q. Has your pharmacy signed up to deliver the Pharmacy First Service and the Pharmacy Contraception Service by 31st August 2025*?	☐

*Further information for pharmacy owners who open or change ownership from 1st September 2025 is detailed in section 3.1 of the Drug Tariff update on PQS.

Suggested evidence

Pharmacy owners are not required to retain evidence for this gateway criterion as this will be verified by a post payment review of the pharmacy owner's declaration to deliver the services and subsequent registration from 1st September 2025 until the end of the scheme, 31st March 2026.

Domains

There are two Domains in the 2025/26 PQS:

1. Medicines optimisation; and
2. Patient safety

Pharmacy owners must meet all the requirements in a domain to be eligible for a PQS payment for that domain.

Domain 1: Medicines optimisation

There are **five** quality criteria in Domain 1 – Medicines optimisation. All the quality criteria need to be met to be eligible to claim payment for the domain. The quality criteria are:

a) Palliative and End of Life Care Action Plan;

b) Consulting with people with mental health problems – CPPE learning;

c) Respiratory: Use of a spacer in patients aged 5-15 years;

d) Respiratory: Referrals for patients using 3 or more short-acting bronchodilator inhalers in 6 months; and

e) Emergency Contraception – CPPE learning & e-assessment.

Domain 1: Medicines optimisation
Quality criterion a) Palliative and End of Life Care Action Plan

Drug Tariff wording

As soon as possible after 1st April 2025 and by the end of 31st March 2026 the contractor:

- *Must have updated NHS Profile Manager to show they are a 'Pharmacy palliative care medication stockholder' if they routinely hold the 16 palliative and end of life critical medicines listed below and can support local access to parenteral haloperidol. If NHS Profile Manager is updated centrally by head office, it will need to be confirmed that this will be done by the end of 31st March 2026. Contractors who claimed for the Medicines Safety & Optimisation domain in 2023/24 must ensure their status is correct and updated for 2025/26 by logging into NHS Profile Manager and confirming this between 1st April 2025 and by the end of 31st March 2026 by verifying their account at **https://organisation.nhswebsite.nhs.uk/sign-in** If this verification has not been completed a contractor will not have met this requirement even if their profile is still showing them as a stock holder.*

*Contractors with profiles that cannot currently be updated via NHS Profile Manager, may still claim for this domain and update the Directory of Services (DoS) profile by contacting their **Regional DoS lead**. If contractors are not a stockholder of these 16 palliative and end of life critical medicines, they are not required to update NHS Profile Manager.*

The 16 palliative and end of life critical medicines are:

- *Cyclizine solution for injection ampoules 50mg/1ml*
- *Cyclizine tablets 50mg*
- *Dexamethasone solution for injection ampoules 3.3mg/1ml*
- *Dexamethasone tablets 2mg*
- *Haloperidol tablets 500mcg (or 1.5mg tablets or 5mg/5ml liquid)*
- *Hyoscine butylbromide solution for injection 20mg/1ml*
- *Levomepromazine solution for injection ampoules 25mg/1ml*
- *Metoclopramide solution for injection ampoules 10mg/2ml*
- *Midazolam solution for injection ampoules 10mg/2ml*
- *Morphine sulfate oral solution 10mg/5ml*
- *Morphine sulfate solution for injection ampoules 10mg/1ml*
- *Morphine sulfate solution for injection ampoules 30mg/1ml*
- *Oxycodone solution for injection ampoules 10mg/1ml*

- *Oxycodone oral solution sugar free 5mg/5ml*
- *Sodium chloride 0.9% solution for injection ampoules 10ml*
- *Water for injections 10ml*

By the end of 31st March 2026, contractors must have an action plan in place to use when they do not have the required stock of the 16 palliative and end of life critical medicines and/or parenteral haloperidol available for a patient. This must include collated information from pharmacies in their area to be able to aid a patient, relative/carer in obtaining medication as swiftly as possible by redirecting them to the nearest open community pharmacy that stocks the 16 palliative and end of life critical medicines and/or parenteral haloperidol.

To qualify for payment all contractors must have this action plan irrespective of whether they do or do not routinely stock the 16 palliative and end of life critical medicines listed above.

The action plan must include:

- *An awareness of any locally commissioned services for palliative care including any on call and delivery arrangements;*
- *A list of community pharmacies stocking the 16 palliative and end of life critical medicines for palliative/end of life care in their area and noting the ability to check the DoS to find pharmacies stocking these medicines;*
- *Details of where parenteral haloperidol can be accessed locally, e.g. through any local commissioning arrangements; and*
- *Awareness of other support services that may be useful for patients/relatives/carers.*

The action plan for 2025/26 must be available for inspection from the end of 31st March 2026 at premises level and must be retained for 3 years for PPV purposes.

Resources

The following resource is available at cpe.org.uk/pqs to support pharmacy owners meet this quality criterion:

- Template action plan.

Q. If you routinely hold the 16 palliative and end of life critical medicines listed above at your pharmacy and can support local access to parenteral haloperidol, has NHS Profile Manager been updated with this information since 1st April 2025?	☐
Q. Have you created an action plan to use when you do not have the required stock of the 16 critical medicines or parenteral haloperidol available for a patient as detailed in the Drug Tariff wording above?	☐

Suggested evidence

Suggested evidence	Location of evidence in the pharmacy
If you are a stockholder of these 16 palliative and end of life critical medicines – a screen shot from NHS Profile Manager showing that the pharmacy profile has been updated to show this information	

Copy of an action plan to use when the pharmacy does not have the required stock of the 16 critical medicines or parenteral haloperidol available for a patient **(REQUIRED)**	

Record below details of any additional evidence that you have to demonstrate that the pharmacy meets the above requirements and where this evidence is located within the pharmacy.

Domain 1: Medicines optimisation
Quality criterion b) Consulting with people with mental health problems – CPPE learning

Drug Tariff wording

To support the quality of New Medicine Service consultations following the expansion of the service, by the end of 31st March 2026, all pharmacists working at the pharmacy on the day of the declaration must have satisfactorily completed, within the last 4 years (between 1st April 2022 and end of 31st March 2026), the ***Consulting with people with mental health problems e-learning CPPE online training****.*

Since there is no e-assessment for the e-learning, pharmacists will need to confirm completion of the Consulting with people with mental health problems e-learning in their CPPE record. When a pharmacist has confirmed completion, they will be able to download a certificate of study.

Contractors will need to have evidence to demonstrate that all pharmacists working at the pharmacy on the day of the declaration have satisfactorily completed, within the last 4 years (between 1st April 2022 and end of 31st March 2026) the CPPE online training. ***This evidence must be available for inspection from the end of 31st March 2026 at premises level and must be retained for 3 years for PPV purposes.***

Additional information

The below table highlights who needs to complete the training requirements of the quality criterion.

Training and assessment	Who needs to complete it?	Pharmacists	Trainee pharmacists
CPPE consulting with people with mental health problems learning	Pharmacists	✓	Recommended but not required

Resources

The following resource is available at **cpe.org.uk/pqs** to support pharmacy owners to meet this quality criterion:

- Training record sheet.

Q. Have all pharmacists who work at your pharmacy satisfactorily completed the CPPE Consulting with people with mental health problems learning since 1st April 2022?	☐
Do you have personalised certificates to demonstrate that all pharmacists who work at your pharmacy have satisfactorily completed, within the last 4 years (between 1st April 2022 and end of 31st March 2026) the CPPE Consulting with people with mental health problems learning?	☐

The below table can be used to record details of pharmacists that have either completed the CPPE Consulting with people with mental health problems learning since 1st April 2022 and those that have not, but who will undertake this requirement by 31st March 2026 (on the day of the PQS declaration, pharmacy owners will be required to enter the total number of pharmacists working at the pharmacy who have completed this requirement and those that have not but who will undertake this requirement by 31st March 2026).

Pharmacist's name	Completed by day of the declaration	Will complete by 31st March 2026	Date completed
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
Total			

Domain 1: Medicines optimisation
Quality criterion c) Respiratory: Use of a spacer in patients aged 5-15 years and Quality criterion d) Respiratory: Referrals for patients using 3 or more short-acting bronchodilator inhalers in 6 months

Drug Tariff wording

Use of a Spacer in Patients Aged 5-15 Years

By the end of 31st March 2026, the pharmacy must be able to evidence that between 1st April 2025 and the day of the declaration they have:

- *Checked that all children aged 5 to 15 (inclusive) prescribed a press and breathe pressurised MDI for asthma have a spacer device, where appropriate, in line with NICE NG245; and*
- *Referred children aged 5 to 15 (inclusive) with asthma to an appropriate healthcare professional where this is not the case.*

Referrals for patients using 3 or more short-acting bronchodilator inhalers in 6 months

By the end of 31st March 2026, the pharmacy must be able to evidence that between 1st April 2025 and the day of the declaration that patients with asthma, for whom three or more short-acting bronchodilator inhalers were dispensed without any corticosteroid inhaler within a six-month period have, since the last review point, been referred to an appropriate healthcare professional for an asthma review.

For contractors who claimed elements of these criteria previously as part of PQS 2023/ 24, a new review will be required. In addition, the pharmacy team's 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.

Where no patients are identified for referral under any of the criteria of the domain, the contractor will still be eligible for payment if they can evidence that they have robustly attempted to identify suitable patients and that they have processes in place for referrals should they identify a patient who is suitable. They will need to declare no patients have been identified as needing these interventions on the MYS declaration. Contractors are advised to record any intervention and/or referrals made in the patient medication record (PMR).

The evidence for meeting the requirements of both of the respiratory criteria above must be available for inspection from the end of 31st March 2026 at premises level and must be retained for 3 years for PPV purposes.

Resources

The following resources are available at cpe.org.uk/pqs to support pharmacy owners to meet these quality criteria:

- Asthma referrals – This provides pharmacy owners with guidance on meeting the above requirements.

The above Briefing also contains the following annexes which are available as separate documents:

- Suggested processes for identifying patients for referral;
- Asthma referral form; and
- Asthma data collection form.

Q. Have you set up processes in your pharmacy (and have evidence of this) to identify and refer patients who meet the requirements for the two quality criteria to an appropriate health care professional?	☐

Q. Have you decided and informed the team how to collect the required information (see above) for the duration of the PQS?	☐

Enter below the total number of patients who have been referred to a healthcare professional (the totals will need to be added to the MYS portal when pharmacy owners make a declaration for a PQS payment).

Information required for the PQS declaration	Total number of patients
Child aged between 5 to 15 has been referred to a healthcare professional for a spacer device, in line with NICE TA38	
Patient with asthma, for whom three or more short-acting bronchodilator inhalers were dispensed without any corticosteroid inhaler within a six-month period and who were referred to an appropriate healthcare professional for an asthma review	

Suggested evidence

Suggested evidence	Location of evidence in the pharmacy
Completed data collection form	
Anonymised referral forms	
Updated SOP reflecting reviews undertaken as part of the pharmacy's ongoing practice	
Record of interventions on the PMR or appropriate patient record	

Record below details of any additional evidence that you have to demonstrate that the pharmacy meets the above requirements and where this evidence is located within the pharmacy.

Domain 1: Medicines optimisation
Quality criterion e) Emergency Contraception– CPPE learning & e-assessment

Drug Tariff wording

*To support the quality of Pharmacy Contraception Service consultations following the expansion of the service to include Emergency Contraception, by the end of 31st March 2026, all pharmacists and any pharmacy technicians intending to provide the Pharmacy Contraception Service working at the pharmacy on the day of the declaration, must have satisfactorily completed, within the last 3 years (between 1st April 2023 and end of 31st March 2026), the **CPPE online training** and passed the **e-assessment**.*

Contractors will need to have evidence to demonstrate that all pharmacists and any pharmacy technicians intending to provide the Pharmacy Contraception Service working at the pharmacy on the day of the declaration have satisfactorily completed, within the last 3 years (between 1st April 2023 and end of 31st March 2026) the CPPE online training and passed the e-assessment. ***This evidence must be available for inspection from the end of 31st March 2026 at premises level and must be retained for 3 years for PPV purposes.***

Additional information

The below table highlights who needs to complete the different training and assessment requirements of the quality criterion.

Training and assessment	Who needs to complete it?	Pharmacist	Pharmacy technician	Trainee pharmacist	Trainee pharmacy technician
CPPE emergency contraception e-learning/ e-assessment	All pharmacists and any pharmacy technicians intending to provide the Pharmacy Contraception Service	✓	✓	Recommended but not required	Recommended but not required*

*Only pharmacy technicians intending to provide the Pharmacy Contraception Service need to complete this training. Trainee pharmacy technicians who are intending to provide the Pharmacy Contraception Service when they qualify as a pharmacy technician can choose to complete the training but this is not a requirement of the scheme.

Resources

The following resource is available at **cpe.org.uk/pqs** to support pharmacy owners to meet this quality criterion:

- Training record sheet.

Q. Have all pharmacists and pharmacy technicians intending to provide the Pharmacy Contraception Service who work at your pharmacy satisfactorily completed the CPPE emergency contraception e-learning and passed the e-assessment since 1st April 2023?	☐
Do you have personalised certificates to demonstrate that all pharmacists and pharmacy technicians intending to provide the Pharmacy Contraception Service who work at your pharmacy have satisfactorily completed, within the last 3 years (between 1st April 2023 and end of 31st March 2026) the CPPE emergency contraception e-learning and passed the e-assessment?	☐

Record below the details of all pharmacists and pharmacy technicians intending to provide the Pharmacy Contraception Service who have either completed the CPPE emergency contraception e-learning and e-assessment since 1st April 2023 and those that have not, but who will undertake this requirement by 31st March 2026 (on the day of the PQS declaration, pharmacy owners will be required to enter the total number of pharmacists and pharmacy technicians intending to provide the Pharmacy Contraception Service working at the pharmacy who have completed this requirement and those that have not but who will undertake this requirement by 31st March 2026).

Pharmacist's or pharmacy technician's name	Completed by day of the declaration	Will complete by 31st March 2026	Date completed
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
Total			

Domain 2: Patient safety

There are **three** quality criteria in Domain 2 – Patient safety. All of the quality criteria need to be met to be eligible to claim payment for the domain. The quality criteria are:

a) Antimicrobial Stewardship – Pharmacy First consultations – Clinical Audit

b) Sepsis – CPPE learning & e-assessment

c) Regularising Enhanced DBS checks for registered pharmacy professionals

Domain 2: Patient safety
Quality criterion a) Antimicrobial Stewardship – Pharmacy First consultations – Clinical Audit

Drug Tariff wording

Contractors must complete a clinical audit, which will concern the clinical advice and consultations provided to patients scoring FeverPAIN 0-3 on the Pharmacy First Sore Throat clinical pathway. The 2025/26 clinical audit should be conducted from 1st September 2025 and completed no later than 31st March 2026.

The audit must be carried out with a minimum of 10 patients over four weeks, or over an eight-week period if 10 patients are not achieved. Contractors should make a record of the start and end date of the audit as they will be required to enter this information into the MYS application when they make their declaration. Contractors should choose an eight-week consecutive period between the audit launch and 3rd February 2026 to commence the data collection (please ensure you complete the audit no later than 31st March 2026).

The pharmacy must have completed the audit, sharing their anonymised data with NHS England, and incorporating any learnings from the audit into future practice by the end of 31st March 2026. The information that needs to be submitted to NHS England is included in the audit document, which will be accessible from the NHSBSA website by the end of May 2025, and must be reported on the MYS data collection tool.

Completing the audit data submission is an essential requirement for meeting the audit criterion. Undertaking the audit without submitting the data will mean the contractor will not have met the requirements of this domain. MYS allows a contractor to start their data collection and then return to it later should this be necessary. Where a data collection has been started but not submitted, it will not be eligible for payment. Contractors who successfully complete their data collection submission will receive a data collection submission confirmation email as evidence that their submission has been successful. This email must be provided if a contractor needs to demonstrate that they have successfully completed their data collection submission. Should a contractor not receive this data submission confirmation email within one hour of submitting their declaration then, after first checking their junk email folder, they should email the provider assurance team at ***pharmacysupport@nhsbsa.nhs.uk*** *immediately to make them aware of the issue.*

No patient identifiable data should be entered onto the MYS data collection tool.

Additional information

It is important to make a record of the start and end date of the clinical audit as pharmacy owners will be required to enter these dates on the MYS portal when they complete their PQS declaration.

The deadline for starting the clinical audit is **3rd February 2026**. This will allow pharmacy teams to complete the clinical audit within eight weeks (the audit may be required to be completed over eight weeks if the required number of patients do not present within a four-week period). Pharmacy owners are strongly encouraged to start their clinical audit well before this date to reduce the risk of missing this deadline.

Q. Have you completed the clinical audit in line with the above Drug Tariff requirements?	☐
Q. What date did you start the clinical audit?	/ /
Q. What date did you finish the clinical audit	/ /
Q. Have you submitted the clinical audit data on the MYS data collection tool on MYS?	☐
Q. Have you incorporated any learnings from the clinical audit into your practice?	☐

Suggested evidence

Suggested evidence	Location of evidence in the pharmacy
Completed clinical audit paperwork	
Copy of a team review documenting the reflections and actions following the clinical audit	
Updated SOP reflecting reviews undertaken as part of the pharmacy's ongoing practice	
Record of interventions on the PMR or other appropriate patient record	
Copy of the email from MYS confirming the patient data from the clinical audit has been submitted on the MYS data collection tool	

Record below details of any additional evidence that you have to demonstrate that the pharmacy meets the above requirements and where this evidence is located within the pharmacy.

Domain 2: Patient safety
Quality criterion b) Sepsis – CPPE learning & e-assessment

Drug Tariff wording

By the end of 31st March 2026, all registered pharmacy professionals working at the pharmacy on the day of the declaration must have satisfactorily completed, within the last two years (between 1st April 2024 and end of 31st March 2026), the CPPE sepsis online training and passed the e-assessment.

Contractors will need to have evidence to demonstrate that all registered pharmacy professionals working at the pharmacy on the day of the declaration have satisfactorily completed, within the last 2 years (between 1st April 2024 and end of 31st March 2026) the CPPE sepsis online training and passed the e-assessment. ***This evidence must be available for inspection from the end of 31st March 2026 at premises level and must be retained for 3 years for PPV purposes.***

Additional information

The below table highlights who needs to complete the different training and assessment requirements of the quality criterion.

Training and assessment	Who needs to complete it?	Pharmacists	Pharmacy technicians	Trainee pharmacists	Trainee pharmacy technicians
CPPE sepsis online learning and e-assessment	Registered pharmacy professionals	✓	✓	Recommended but not required	Recommended but not required

Resources

The following resource is available at cpe.org.uk/pqs to support pharmacy owners to meet this quality criterion:

- Training record sheet.

Q. Have all registered pharmacy professionals who work at your pharmacy satisfactorily completed the CPPE sepsis online learning and passed the e-assessment since 1st April 2024?	☐
Do you have personalised certificates to demonstrate that all registered pharmacy professionals who work at your pharmacy have satisfactorily completed, within the last 2 years (between 1st April 2024 and end of 31st March 2026) the CPPE sepsis online learning and passed the e-assessment?	☐

Record below the details of pharmacy professionals that have either completed the CPPE sepsis online learning and e-assessment since 1st April 2024 and those that have not, but who will undertake this requirement by 31st March 2026 (on the day of the PQS declaration, pharmacy owners will be required to

enter the total number of pharmacy professionals working at the pharmacy who have completed this requirement and those that have not but who will undertake this requirement by 31st March 2026).

Pharmacy professional's name	Completed by day of the declaration	Will complete by 31st March 2026	Date completed
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
Total			

Suggested evidence

Suggested evidence	Location of evidence in the pharmacy
Copy of personalised certificates of completion (**REQUIRED**)	
Training plan – if applicable, see the Training section on page 3 (**REQUIRED**)	
Completed Community Pharmacy England training record sheet (or complete the table above)	

Record below details of any additional evidence that you have to demonstrate that the pharmacy meets the above requirements and where this evidence is located within the pharmacy.

Domain 2: Patient safety
Quality criterion c) Regularising Enhanced DBS checks for registered pharmacy professionals

Drug Tariff wording

By the end of 31st March 2026, all registered pharmacy professionals working at the pharmacy on the day of the declaration must have undertaken an enhanced DBS check to support the safe provision of clinical services, with a certificate issued or a status check undertaken using the DBS update service within the last three years (between 1st April 2023 and end of 31st March 2026), to regularise the frequency of performing these checks in line with other healthcare professionals in the NHS.

Contractors will need to have evidence to demonstrate that all registered pharmacy professionals working at the pharmacy on the day of the declaration must have requested an enhanced DBS check to support the safe provision of clinical services, with a certificate issued within the last three years (between 1st April 2023 and end of 31st March 2026). ***This evidence must be available for inspection from the end of 31st March 2026 at premises level and must be retained for 3 years for PPV purposes.***

Additional information

The below table highlights who needs to have undertaken an enhanced DBS check to meet this quality criterion.

Requirement	Who needs to have undertaken it?	Pharmacists	Pharmacy technicians	Trainee pharmacists	Trainee pharmacy technicians
Enhanced DBS check or status check undertaken using the DBS update service	Registered pharmacy professionals	✓	✓	Recommended but not required	Recommended but not required

Q. Have all registered pharmacy professionals who work at your pharmacy undertaken an enhanced DBS check to support the safe provision of clinical services, with a certificate issued or a status check undertaken using the DBS update service within the last three years (between 1st April 2023 and end of 31st March 2026)?	☐
Do you have enhanced DBS check certificates or a print out of the results from the status check using the DBS update service to demonstrate that all registered pharmacy professionals who work at your pharmacy have undertaken an enhanced DBS check to support the safe provision of clinical services within the last three years (between 1st April 2023 and end of 31st March 2026)?	☐

Record below the details of all registered pharmacy professionals who have undertaken an enhanced DBS or status check using the DBS update service, with the certificate or print out of the results of the status check using the DBS update service being issued since 1st April 2023. In addition, include those that have not, but who will undertake this requirement by 31st March 2026 (on the day of the PQS declaration, pharmacy owners will be required to enter the total number of registered pharmacy professionals working at the pharmacy who have completed this requirement and those that have not but who will undertake this requirement by 31st March 2026).

Pharmacy professional's name	Undertaken by day of the declaration	Undertaken by 31st March 2026	Date completed
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
Total			

Suggested evidence

Suggested evidence	Location of evidence in the pharmacy
Copy of enhanced DBS checks or print outs of the results from the status check using the DBS update service (**REQUIRED**)	

Record below details of any additional evidence that you have to demonstrate that the pharmacy meets the above requirements and where this evidence is located within the pharmacy.

Pharmacy Quality Scheme 2025/26 action plan

Gateway criterion/ Domain (quality criterion)	Action to be completed	Lead person	Timescale	Completed

Gateway criterion/ Domain (quality criterion)	Action to be completed	Lead person	Timescale	Completed

Gateway criterion/ Domain (quality criterion)	Action to be completed	Lead person	Timescale	Completed

Community Pharmacy Birmingham & Solihull Black Country

Pharmacy Quality Scheme 2025/26 Action and Evidence Portfolio Workbook Appendices

Pharmacy Quality Scheme 2025/26 Checklist 2

Pharmacy Quality Scheme 2025/26 important dates for the diary 3

Pharmacy Quality Scheme Summary of the training requirements for the 2025/26 Scheme..... 5

Table of summary of the 2025/26 PQS training requirements..... 7

Pharmacy Quality Scheme – Training Record Sheet..... 8

With thanks and acknowledgement to Community Pharmacy England: March 2025. Contact services.team@cpe.org.uk for queries about this resource.

Pharmacy Quality Scheme 2025/26 Checklist

Gateway criterion	Completed
Advanced services: Pharmacy First and Pharmacy Contraception Service	☐
Domains	
Domain 1: Medicines optimisation	
Quality criterion a) Palliative and end of life care action plan	☐
Quality criterion b) Consulting with people with mental health problems □□ CPPE learning	☐
Quality criterion c) Respiratory: Use of a spacer in patients aged 5–15 years	☐
Quality criterion d) Respiratory: Referrals for patients using 3 or more short-acting bronchodilator inhalers in 6 months	☐
Quality criterion e) Emergency contraception: CPPE learning and e-assessment	☐
Domain 2: Patient safety	
Quality criterion a) Antimicrobial stewardship: Pharmacy First consultations; clinical audit	☐
Quality criterion b) Sepsis: CPPE learning and e-assessment	☐
Quality criterion c) Regularising Enhanced DBS checks for registered pharmacy professionals	☐

Pharmacy Quality Scheme 2025/26 important dates for the diary

This Community Pharmacy England resource provides a list of the important dates for the Pharmacy Quality Scheme (PQS) 2025/26.

Date	Why is this date important?
1st April 2025	PQS 2025/26 officially starts.
	Start date for the following criteria included in the Medicines Optimisation Domain: □ Use of a spacer in patients aged 5-15 years; and □ Patients using three or more bronchodilators in six months.
1st May 2025	Aspiration payment window opens at 9am.
16th May 2025	Aspiration payment closes at 11.59pm.
1st July 2025	Aspiration payment is paid to pharmacy owners.
31st Aug. 2025	Deadline* to have signed up to deliver the Pharmacy First Service and the Pharmacy Contraception service to meet the Gateway criterion.
1st Sept. 2025	The Antimicrobial Stewardship – Pharmacy First consultations clinical audit can be started from this date (the 2025/26 clinical audit should be conducted from 1st September 2025 and completed no later than 31st March 2026).
2nd Feb. 2026	Declaration window opens at 9am.
After the PQS declaration has been made (it must be made between 9am on 2nd Feb. 2026 and 11.59pm on 27th Feb. 2026)	Pharmacy teams do not need to continue with the 'Referrals for patients using three or more short-acting bronchodilator inhalers without any corticosteroid inhaler in six months' quality criterion, as part of PQS

3rd February 2026	Deadline to start the Antimicrobial Stewardship – Pharmacy First consultations clinical audit (eight weeks until 31st March 2026, the deadline for ensuring the requirements of the quality criteria have been met).
27th February 2026	Declaration window closes at 11.59pm.
31st March 2026	Deadline for ensuring the requirements of the quality criteria (excluding those that need to be met by the day of the declaration (see above) have been met.
1st April 2026	Pharmacy owners will be paid their PQS payment.

* Further information for pharmacy owners who open or change ownership from 1st September 2025 is detailed in section 3.1 of the Drug Tariff update on PQS.

Pharmacy Quality Scheme Summary of the training requirements for the 2025/26 Scheme

This resource provides a summary of the training requirements which are included in the 2025/26 Pharmacy Quality Scheme (PQS).

Validity of training

There is a requirement in the 2025/26 Scheme that may mean that pharmacy professionals are required to repeat training and e-assessments that they have completed previously, depending on the stated validity period and when pharmacy professionals completed the training and e-assessments.
The table on page 2 details the validity periods and the dates in which the training and e-assessments must have been completed within.

New staff or staff returning from maternity leave

Where new pharmacy professionals who have recently joined the pharmacy or staff returning from long term leave, for example maternity leave, have not undertaken the required training and assessment by 31st March 2026, the pharmacy owner can count them as having completed the training and assessment, if the pharmacy owner has a training plan in place to ensure they satisfactorily complete the training and assessment within 30 days of the day of the declaration or by 31st March 2026, whichever is the later. This training plan and demonstrable evidence of completion of the training and assessment, within 30 days of the day of the declaration or 31st March 2026 (as appropriate), must be retained at the pharmacy to demonstrate they are meeting this criterion.

Evidence of meeting the training criteria

An electronic certificate of completion of the training will be provided following the completion of each of the e-assessments. Pharmacy owners must keep a copy of the personalised certificate for each member of staff as evidence that the training and e-assessment has been completed. **This evidence must be retained for three years for post-payment verification purposes.**

Since there is no e-assessment for the CPPE Consulting with people with mental health problems, pharmacists will need to confirm completion of the e-learning in their CPPE record. When a pharmacist has confirmed completion, they will be able to download a certificate of study.

Pharmacists will need to locate the CPPE Consulting with People with Mental Health Problems e- learning programme to download the certificate.

Table of summary of the 2025/26 PQS training requirements

(full details of the requirements are published in the Drug Tariff)

Domain	Training and assessment (where applicable)	Who needs to complete it?	Pharmacists	Pharmacy technicians	Trainee pharmacists	Trainee pharmacy technicians	Period in which training & assessment must have been completed
Medicines optimisation	CPPE Consulting with people with mental health problems e-learning (there is no e-assessment)	Pharmacists	✓		Recommended but not required		1st April 2022 - 31st March 2026
	CPPE Emergency contraception e-learning and e-assessment	All pharmacists and any pharmacy technicians intending to provide the Pharmacy Contraception Service	✓	✓*	Recommended but not required	Recommended but not required*	1st April 2023 - 31st March 2026
Pharmacy First	CPPE sepsis e-learning and e-assessment	Registered pharmacy professionals	✓	✓	Recommended but not required	Recommended but not required	1st April 2024 - 31st March 2026

*Only pharmacy technicians intending to provide the Pharmacy Contraception Service need to complete this training. Trainee pharmacy technicians who are intending to provide the Pharmacy Contraception Service when they qualify as a pharmacy technician can choose to complete the training, but this is not a requirement of the scheme.

Pharmacy Quality Scheme – Training Record Sheet

Pharmacy owners may be required to provide evidence to their local NHS contract management team or the NHS Business Services Authority to show that they have met the Pharmacy Quality Scheme criteria. This table can be used to record details of those staff members who have satisfactorily completed any required training and associated e-assessment.

Pharmacy owners should also retain copies of certificates or equivalent when members of staff pass any e-assessment.

Name of required training: .....

Member of staff or locum's name	Date course completed