


<p style="text-align: center;">STATUTORY INSTRUMENTS</p> <hr/> <p style="text-align: center;"><b>2013 No. 349</b></p> <p style="text-align: center;"><b>NATIONAL HEALTH SERVICE, ENGLAND</b></p> <p style="text-align: center;"><b>The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013</b></p> <p style="text-align: center;"><i>Made - - - - 14th February 2013</i> <i>Laid before Parliament - 22nd February 2013</i> <i>Coming into force - - 1st April 2013</i></p> <div style="text-align: center;">  </div> <p style="text-align: center;">£28.75</p>	<p style="text-align: center;">DIRECTIONS</p> <hr/> <p style="text-align: center;"><b>THE NATIONAL HEALTH SERVICE ACT 2006</b></p> <p style="text-align: center;"><b>The Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013</b></p> <p style="text-align: center;"><small>The Secretary of State gives the following Directions in exercise of the powers conferred by sections 127, 128, 272(7) and (8) and 273(1) of the National Health Service Act 2006(a).</small></p> <p style="text-align: center;"><b>CONTENTS</b></p> <p style="text-align: center;"><b>PART 1</b> Introductory</p> <ol style="list-style-type: none"> <li>1. Citation, commencement and application</li> <li>2. Interpretation</li> <li>3. Revocations</li> </ol> <p style="text-align: center;"><b>PART 2</b> Advanced services: pharmacy contractors only</p> <ol style="list-style-type: none"> <li>4. MUR services: general matters and pre-conditions for making arrangements</li> <li>5. MUR services: ongoing conditions of arrangements</li> <li>6. New Medicine Service: general matters and preconditions for making arrangements</li> <li>7. New Medicine Service: ongoing conditions of arrangements</li> <li>8. Duration of New Medicine Service</li> </ol> <p style="text-align: center;"><b>PART 3</b> Advanced services: appliances</p> <ol style="list-style-type: none"> <li>9. Establishing and maintaining stoma appliance customisation services</li> <li>10. Requirements applying to stoma appliance customisation services</li> <li>11. Establishing and maintaining appliance use review services for specified appliances</li> <li>12. Requirements applying to appliance use review services</li> <li>13. Maximum number of appliance use review services eligible for payment</li> </ol> <p style="text-align: center;"><b>PART 4</b> Enhanced services: pharmacy contractors only</p> <p style="text-align: center;"><small>1. Section 128 has been amended by the Health and Social Care Act 2012 (c. 7) ("the 2012 Act"), Schedule 4, paragraph 64; and section 128 has been amended by the 2012 Act, Schedule 4, paragraph 65.</small></p>
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# NHS Terms of Service Compliance – Pharmacy Support Pack

**Document file name: NHS Terms of Service Compliance – Pharmacy Support Pack**

<b>Targeted Audience:</b>	Pharmacy Contractors	<b>Classification</b>	Official
<b>Owner</b>	NHS England	<b>Version</b>	V5
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## Document management

### Revision history

Version	Date	Summary of changes
V1	01/09/2017	First Published
V2	20/02/2018	PSNC Recommended Changes & Updates to Terms of Service (Practice leaflet approved particulars)
V3	09/05/2018	Update to CDAO details
V4	12/06/2018	Added EPS Nomination information
V5	07/02/2019	Added Severe Weather information Amended Bank Holiday Notification information Amended Prescription Eligibility information Added EPS Nomination complaints information Amended website for Dudley Sharps Collection information Added Mandatory Public Health Campaigns 2019/20 Added information regarding Patient Safety Reporting to NPA Amended NHS Choices to NHS.UK and user guide hyperlink Amended ICO Registration Changes Amended IG Toolkit website Amended Quality Payments information

### Related documents

Title	Owner	Location
West Midlands Key Contact List	NHS England	<a href="https://www.networks.nhs.uk/nhs-networks/pharmacy-information-service-birmingham-solihull">https://www.networks.nhs.uk/nhs-networks/pharmacy-information-service-birmingham-solihull</a>
Pharmacy Paperwork Submission Guidance 2017/18	NHS England	<a href="https://www.networks.nhs.uk/nhs-networks/pharmacy-information-service-birmingham-solihull">https://www.networks.nhs.uk/nhs-networks/pharmacy-information-service-birmingham-solihull</a>

## Document control

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## 1 Introduction

This pack is designed to support pharmacy contract holders in meeting the requirements of the Terms Of Service and preparing for the Community Pharmacy Assurance Framework (CPAF) contract monitoring and includes an overview of Essential Services and Advanced Services.

All contractors must provide Essential Services (including Clinical Governance) and can choose whether to undertake Advanced and Enhanced Services.

**In order to undertake any Advanced Services, Contractors must be satisfactorily complying the obligations under Schedule 4 to the Pharmaceutical Services Regulations (terms of service of NHS pharmacists) in respect of the provision of essential services and an acceptable system of clinical governance.**

The Regulations that contractors must adhere to are as follows:

The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

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

If a contractor is providing Advanced Services

The Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/193012/2013-03-12\\_-\\_Advanced\\_and\\_Enhanced\\_Directions\\_2013\\_e-sig.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/193012/2013-03-12_-_Advanced_and_Enhanced_Directions_2013_e-sig.pdf)

Please note that for some of the local information, you will need to register on NHS Networks <https://www.networks.nhs.uk/>

Once registered you will need to search for Pharmacy Information Service within NHS Networks and request to join the network (please note that despite the title, the network is for all pharmacies in the West Midlands Region (Birmingham, Solihull, The Black Country, Arden, Hereford and Worcestershire).

<https://www.networks.nhs.uk/nhs-networks/pharmacy-information-service-birmingham-solihull>

Once approved you will have access to a variety of supporting documents as well as communications sent to pharmacies.

## 2 Opening Hours

### 2.1 Core Hours

Pharmacies must provide pharmaceutical services throughout their contracted hours (Core and Supplementary). If a pharmacist is not on the premises then it is deemed that pharmaceutical services are not being provided.

Core Hours cannot be amended without an application being approved by NHS England.

Templates for the application form to amend Core Hours are available under Chapter 18 –

<https://www.england.nhs.uk/commissioning/primary-care/pharmacy/app-forms/>

### 2.2 Supplementary Hours

Supplementary Hours can be amended so long as a notification is submitted to NHS England giving 3 months notice of the intended change.

Templates for the notification form to amend Supplementary Hours are available under Chapter 18 –

<https://www.england.nhs.uk/commissioning/primary-care/pharmacy/app-forms/>

### 2.3 Bank Holidays and Public Holidays

Pharmacies are not required to open on Bank Holidays (including any specially declared Bank Holidays), Public Holidays (Christmas Day and Good Friday) and Easter Sunday which is neither a Bank or a Public Holiday.

Contractors are to submit their intentions regarding the forthcoming holidays via Quality Payments (QPs) submission and updating their [www.nhs.uk](http://www.nhs.uk) page.

If deadline has passed, or the contractor is not partaking in the Quality Payment Scheme, then contractors can submit their intentions regarding the forthcoming holidays by completing the notification form and send to [england.pharmacypaymentswm@nhs.net](mailto:england.pharmacypaymentswm@nhs.net) and update their [www.nhs.uk](http://www.nhs.uk) page.

The notification form can be found on NHS England website

<https://www.england.nhs.uk/pharmacy/pharmacy-manual/pharmacy-application-forms/> (Chapter 18, Annex 1)

NHS England will consider whether adequate provision of pharmaceutical services on these days will meet the reasonable needs of patients. If appropriate a rota will be put in place or in some cases a pharmacy may be directed to open on a particular day or days.

## 2.4 100 Hours

All 100 Hour pharmacies in the region are required to submit monitoring forms to NHS England on a 4 weekly basis.

Templates for the monitoring form are available under Chapter 19 – <https://www.england.nhs.uk/commissioning/primary-care/pharmacy/app-forms/>

## 2.5 Responsible Pharmacist Regulations Vs NHS Terms of Service

Please note that although the Responsible Pharmacist Regulations state that the RP can be absent from the pharmacy for up to 2 hours, your NHS Terms of Service require there to be a pharmacist on the premises throughout the contracted hours.

For more information on this, please read the FAQs on the PSNC website. <http://psnc.org.uk/contract-it/pharmacy-regulation/responsible-pharmacist/>

## 2.6 Unplanned Temporary Suspension of Services (for reasons beyond the control of the Contractor)

If at any time you are unable to provide pharmaceutical services, you will need to notify NHS England as soon as practical and use all reasonable endeavours to resume provision of pharmaceutical services as soon as is practicable. This would be used in the event of, for example, fire, flood, pharmacist unable to attend etc.

A template form for notification can be found under Chapter 18 of the NHS England Pharmacy Manual. <https://www.england.nhs.uk/commissioning/primary-care/pharmacy/app-forms/>

## 2.7 Planned Temporary Suspension of Services (for reasons within the control of the Contractor)

A contractor may request a temporary suspension of services for a set period of time if they know in advance that they will not be able to open the premises. Three months' notice must be given to NHS England.

A template form for notification can be found under Chapter 18 of the NHS England Pharmacy Manual. <https://www.england.nhs.uk/commissioning/primary-care/pharmacy/app-forms/>

## 2.8 Pharmacy and Severe Weather

We would like to recommend you carry out a review of your business continuity plans. During the last severe weather we received reports of where patients were unable to collect their much needed medicines. Please consider what you and your team can do to support patients in this scenario. This advice is important for pharmacies located in rural areas, where access during severe weather can become more challenging for your teams and your patients..



Please see a list of example actions you may want to consider, this list is not exhaustive.

- Identify your high risk patients and engage with them
- Ensure you have up-to-date contact details for your service users, so that you can contact them if your opening hours change
- Engage with your local GP practices and drug teams to establish a communication pathway and alternative solutions
- Work with other local community pharmacies near to you to develop greater resilience
- Consider key holders for your business, you may wish to make local staff members temporary key holders
- All staff are aware how to access the CD safe key
- Contact details for all staff members is available to key staff

For more information of Business Continuity and Emergency planning, please refer to advice on the PSNC website:

<https://psnc.org.uk/contract-it/essential-service-clinical-governance/emergency-planning/>

## 3 Essential Services 1 – Dispensing

### 3.1 Dispensing Medicines Service Specification

[http://www.psn.org.uk/wp-content/uploads/2013/07/service20spec20es12020dispensing20\\_v1201020oct2004.pdf](http://www.psn.org.uk/wp-content/uploads/2013/07/service20spec20es12020dispensing20_v1201020oct2004.pdf)

### 3.2 Update to Terms of Service – Anti-Fraud Measures

From 1 July 2016, pharmacy contractors are required by their terms of service, before supplying the drug or appliance, to advise the person claiming exemption from payment of NHS prescription charges – where evidence is required but not provided – that NHS checks are routinely undertaken to verify that such persons are exempt from payment of NHS prescription charges, as part of arrangements for preventing or detecting fraud or error.

The changes to the Terms of Service will need to be incorporated into your Standard Operating Procedures (SOPs) and all staff informed and trained on the changes. Please note that Standard Operating Procedures for Dispensing are a Mandatory requirement.

### 3.3 Helpful Resources

NHSBSA have various resources to assist in the update to the Terms of Service.

Information for patients regarding claiming free prescriptions, this can be useful to provide to patients to ensure that the right exemption is being ticked on the back of the prescription.

<https://www.nhsbsa.nhs.uk/penalty-charges-dont-get-caught-out>

Check Before You Tick – An online tool for patients to use to check their entitlement to free prescriptions

<https://www.nhsbsa.nhs.uk/penalty-charges-dont-get-caught-out/check-you-tick>

Check Before You Tick – Public Health Resources and Information

<https://campaignresources.phe.gov.uk/resources/campaigns/79-check-before-you-tick->

### 3.4 EPS Nominations

Nomination is a process that was introduced in Release 2 of EPS. It gives patients the option to choose, or 'nominate', a preferred dispensing contractor(s) to which their prescriptions can be sent electronically using the Electronic Prescription Service

The Royal Pharmaceutical Society (RPS) recommend that a Standard Operating Procedure (SOP) is put in place so that all staff are aware of the requirements, responsibilities and processes regarding Nominations.

Pharmacies must have 'local accountable auditable processes' for obtaining explicit consent from the patient or their representative before obtaining or changing a patient's nomination settings. Whilst it is not mandatory for a pharmacy to collect a patient signature to confirm consent, this has been recommended by the Royal Pharmaceutical Society. The collection of a signature will support the pharmacy by providing an audit trail in the event that a complaint is made about the pharmacy's use of the service.

If a patient complains to you about another pharmacy/GP Practice setting a nomination that they have not consented to, please direct them to NHS England's Complaints team who will obtain the relevant consent for an investigation to take place. The contact details for the complaints team are as follows:

NHS England welcomes concerns, compliments and complaints as valuable feedback that will help us learn from your experiences and make improvements to services we commission. You can complain or give feedback:

**By post to:**

**NHS England**  
PO Box 16738  
Redditch  
B97 9PT

**By email to:** [england.contactus@nhs.net](mailto:england.contactus@nhs.net) - If you are making a complaint please state: '**For the attention of the complaints team**' in the subject line.

**By telephone: 0300 311 22 33**

**Our opening hours are:** 8am to 6pm Monday to Friday, except Wednesdays when we open at the later time of 9.30am. We are closed on bank holidays.

### 3.5 Helpful Resources

Further information regarding EPS Nominations is available on the PSNC Website <https://psnc.org.uk/dispensing-supply/eps/patient-nomination-of-a-dispensing-site/>

A PSNC briefing highlights the Core Principles of EPS Nominations <https://psnc.org.uk/wp-content/uploads/2013/04/PSNC-Briefing-034.16-EPS-nomination---core-principles.pdf>

## 4 Essential Services 2 – Repeat Dispensing

### 4.1 Repeat Dispensing Service Specification

[http://www.psn.org.uk/wp-content/uploads/2013/07/service20spec20es22020repeat20dispensing20\\_v1201020oct2004\\_.pdf](http://www.psn.org.uk/wp-content/uploads/2013/07/service20spec20es22020repeat20dispensing20_v1201020oct2004_.pdf)

### 4.2 Update to Terms of Service – Increasing Use of Repeat Dispensing

Despite the benefits that the repeat dispensing service can bring to patients and the NHS, uptake of it has been very low, in part due to lack of engagement by GP practices. In order to increase the benefits being gained by patients and the NHS from this service, it was agreed in September 2014 that from **1st March 2015** there would be a new requirement in the Community Pharmacy Contractual Framework.

#### Repeat Dispensing

*Pharmacy contractors must ensure that appropriate advice about the benefits of repeat dispensing is given to any patient who:*

*(i) has a long term, stable medical condition (that is, a medical condition that is unlikely to change in the short to medium term), and*

*(ii) requires regular medicine in respect of that medical condition, including, where appropriate, advice that encourages the patient to discuss repeat dispensing of that medicine with a prescriber at the provider of primary medical services whose patient list the patient is on.*

This means that pharmacy teams need to identify appropriate patients and provide them with information about the repeat dispensing/eRD service, with the aim that there is a significant increase in the use of the service by patients. NHS England wants this to happen because use of the repeat dispensing/eRD service:

- frees up time in GP practices so that GPs and their staff can focus on other higher priority work;
- is more convenient for patients and their carers; and
- allows community pharmacy teams to offer a better service to their patients, as well as allowing them to schedule their repeat prescription dispensing workload more efficiently.

Appropriate advice can be given to patients in a number of ways such as:

- verbally explaining about the service and its benefits to patients; and
- providing patients with a leaflet describing the service when they are collecting a prescription.

This requirement is part of a broader programme to increase use of the service, which will also engage GP practices and other stakeholders such as Clinical Commissioning Groups (CCGs).

#### Actions for community pharmacy contractors

All pharmacies are encouraged to work with their Local Professional Network (LPN), LPC and other local partners to support activities to increase uptake of repeat dispensing/eRD by prescribers in their area. These could include:

- identifying and notifying prescribers of suitable patients; and
- seeking to transfer patients already using managed repeats to repeat dispensing/eRD.

The changes to the Terms of Service will need to be incorporated into your Standard Operating Procedures (SOPs) and all staff informed and trained on the changes

**Please note that it is a Mandatory requirement for a Repeat Dispensing SOP to be in place at the pharmacy.**

### 4.3 Helpful Resources

PSNC have compiled various resources for Pharmacy staff and patients to support the changes to the Terms of Service

Main Repeat Dispensing page

<http://psnc.org.uk/services-commissioning/essential-services/repeat-dispensing/>

A factsheet for Pharmacy Teams on e-repeat dispensing

<http://psnc.org.uk/services-commissioning/psnc-briefings-services-and-commissioning/psnc-briefing-00417-erepeat-dispensing-a-factsheet-for-pharmacy-teams/>

A briefing on increasing the use of Repeat Dispensing

<http://psnc.org.uk/services-commissioning/psnc-briefings-services-and-commissioning/psnc-briefing-00415-increasing-use-of-the-nhs-repeat-dispensing-service/>

A briefing on Repeat Dispensing and EPS

<http://psnc.org.uk/wp-content/uploads/2014/01/PSNC-Briefing-001.14-Repeat-Dispensing-and-EPS1.pdf>

Electronic Repeat Dispensing Leaflet for Patients

<http://psnc.org.uk/wp-content/uploads/2013/07/eRepeat-Dispensing-leaflet.pdf>

Electronic Repeat Dispensing Poster

<http://psnc.org.uk/wp-content/uploads/2013/07/eRepeat-Dispensing-template-poster.pdf>

## 5 Essential Service 3 – Disposal of Unwanted Medicines

### 5.1 Disposal of Unwanted Medicines Service Specification

<http://www.psn.org.uk/wp-content/uploads/2013/07/Service-Spec-ES3-Waste-Disposal.pdf>

### 5.2 Segregation

Waste must be segregated into the following categories

- Aerosols
- Liquids
- Solids (including ampoules/vials)
- Cytotoxic (purple lidded bin)

### 5.3 Patient Identifiable Information

All patient identifiable details must be removed from medicines prior to being placed in doop bins. If the label cannot be removed then the details can be obliterated using a permanent black marker pen

### 5.4 Used Sharps

The collection of used sharps is not included in the Service Specification and will **NOT** be paid for by NHS England.

Patients should be signposted to their local council or GP/Healthcare provider (information in table below) for collection.

If the pharmacy wishes to collect on behalf of patients, then a separate contract will need to be set up by the pharmacy with a hazardous waste contractor.

Any arrangements or commissioned services with CCGs/Local Councils remain unchanged and the collection of sharps under those arrangements will be on separate consignment notes to the pharmaceutical waste collections paid for by NHS England.

Council Area of Patient's Residential Address	Sharps Collection Contact Details
<b>Birmingham</b>	Complete online form to request collection <a href="https://www.birmingham.gov.uk/clinical-waste">https://www.birmingham.gov.uk/clinical-waste</a>  Or request via telephone 0121 303 1112 – Clinical Waste Team
<b>Coventry</b>	Advise patient to contact GP or Healthcare Provider to arrange collection

<b>Dudley</b>	Complete online form to request collection <a href="https://www.dudley.gov.uk/residents/bins-and-recycling/clinical-waste/">https://www.dudley.gov.uk/residents/bins-and-recycling/clinical-waste/</a> Or request via telephone - 01384 814768 Or request via Email - <a href="mailto:clinical.waste@dudley.gov.uk">clinical.waste@dudley.gov.uk</a>
<b>Hereford</b>	Advise patient to contact GP or Healthcare Provider to arrange collection
<b>Nuneaton &amp; Bedworth</b>	Patient to complete the online form to arrange collection <a href="https://www.nuneatonandbedworth.gov.uk/info/20006/clinical_waste/161/clinical_waste_collection">https://www.nuneatonandbedworth.gov.uk/info/20006/clinical_waste/161/clinical_waste_collection</a>  Or request via telephone 02476 6376376 – Clinical Waste Team
<b>Rugby</b>	Patient to contact Rugby Council to arrange collection <a href="mailto:contactcentre@rugby.gov.uk">contactcentre@rugby.gov.uk</a>  Or request via telephone 01788 533 533- Clinical Waste Team
<b>Sandwell</b>	Call Sandwell Health Care Transport Services make arrangements – 0121 507 3869
<b>Solihull</b>	Advise patient to contact GP or Healthcare Provider to arrange collection
<b>Stratford</b>	Stratford Council has arrangements for patients to return their sealed sharp boxes to any pharmacy except <b>Boots</b> and these are collected separately to normal pharmacy returned waste medicines
<b>Walsall</b>	Online form <a href="http://walsallbins.co.uk/clinical-waste/">http://walsallbins.co.uk/clinical-waste/</a> Email: <a href="mailto:cleanandgreen@walsall.gov.uk">cleanandgreen@walsall.gov.uk</a> Telephone 01922 653344
<b>Warwickshire</b>	Advise patient to contact GP or Healthcare Provider to arrange collection
<b>Wolverhampton</b>	Advise patient to contact GP or Healthcare Provider to arrange collection
<b>Worcester</b>	Advise patient to contact GP or Healthcare Provider to arrange collection

## 5.5 Waste from Nursing Homes/GP Practices

Waste produced by Nursing Homes/GP Practices **is not** covered under the service specification and will not be paid for by NHS England.

## 5.6 Spillage Kits

All staff should have access to a spillage kit in order to protect themselves and others in the event of a spillage. This is not limited to the pharmacy premises and should be available to all delivery drivers in the event of a spillage in the community.

Examples of contents of spillage kits can be found on the NPA Website (a pharmacy is not required to purchase a ready made kit and can make their own)

<https://www.npasales.co.uk/ucommerce-catalog/office-essentials/cleaning-essentials/cytotoxic-spill-kit/c-25/c-86/p-3717>

## 5.7 Pre-Acceptance Waste Audits

This is completed by the contractor every 5 years.

The pre-acceptance audit is a free online tool that pharmacy managers must complete. Failure to submit a pre-acceptance audit is a breach of your Duty of Care, under the Environmental Protection Act 1990, and the Environment Agency may take enforcement action. Failure to submit an audit will also give the waste contractor no other alternative but to cease collections. Further information is provided in the Helpful Resources below.

## 5.8 T28 Exemption

All pharmacies must register with the Environment Agency to receive a T28 exemption for the denaturing of Controlled Drugs and this needs to be renewed every 3 years.

You can register for the exemption on the Environment Agency website

<https://www.gov.uk/guidance/waste-exemption-t28-sort-and-denature-controlled-drugs-for-disposal>

## 5.9 Storage of Controlled Drugs

All relevant Controlled Drugs (including patient returns) must be kept in CD cabinets. Any relevant Controlled Drugs kept in alternative storage facilities such as a safe, must have an exemption under Regulation 4 (3), of the Misuse of Drugs (Safe Custody) Regulations 1973. Certificates are issued by a Controlled Drugs Police Officer and these need to be renewed annually.

## 5.10 Destruction of Controlled Drugs

### **Patient returned CDs:**

These should be denatured in the presence of another member of staff, preferably a pharmacist or pharmacy technician if available. RPS guidance confirms that the destruction of patient returned CDs, whether they require denaturing or not, does not require witnessing by an authorised person.



**Date expired pharmacy stock:**

It is a legal requirement under the 2001 regulations for pharmacy contractors to have stocks of obsolete, expired and unwanted Schedule 1 and 2 CDs destroyed in the presence of an authorised witness. Multiples may be able to obtain authorisation from NHS England's Lead Controlled Drugs Accountable Officer (CDAO), for specified persons to be the authorised witness to be present to confirm the destruction of CDs within the pharmacy business. The authority is not available to persons who would normally handle CDs in the course of their employment; but could be for example, regional managers.

Bodies corporate, partnerships and/or individuals operating fewer than 5 community pharmacies may not have suitably trained individuals designated as Authorised Witnesses. From February 2018, arrangements for the destruction of Controlled Drugs can only be made by the online CD Reporting tool (link below under helpful resources)

## 5.11 Controlled Drugs Record Keeping

**Running Balances:**

As a matter of good practice pharmacists who supply CDs should maintain a running balance of stock in their Controlled Drug Register (CDRs). Further guidance on the maintenance of a running balance in the CDR is available on the RPS Website (for members).

**Controlled Drug Registers:**

A Controlled Drugs Register (CDR) must be used to record details of any Schedule 1 and Schedule 2 CDs received or supplied by a registered pharmacy. The 2001 regulations also require that additional information should be recorded in the CDR in relation to the identity of the person collecting a schedule 2 CD supplied on prescription. When delivering a Controlled Drug the name of the Delivery Driver should be provided and a signature obtained of the patient or representative upon delivery.

## 5.12 Helpful Resources

CD Reporting Tool

<https://www.cdreporting.co.uk>

NHS England Clinical Waste Factsheet

<https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/05/clncl-waste-factsht.pdf>

Unwanted Medicines Card to be used with patients when returning unwanted medicines to the pharmacy as to what can and can't be returned.

<http://www.psn.org.uk/wp-content/uploads/2013/07/Unwanted-Medicines-Card.doc>

Hazardous Waste (England and Wales) Regulations 2005

[http://www.legislation.gov.uk/ukxi/2005/894/pdfs/ukxi\\_20050894\\_en.pdf](http://www.legislation.gov.uk/ukxi/2005/894/pdfs/ukxi_20050894_en.pdf)

Pre-Acceptance Waste Audit tools and FAQs

<http://psnc.org.uk/services-commissioning/essential-services/disposal-of-unwanted-medicines/pre-acceptance-waste-audit/>

Controlled Drugs Resources and FAQs

<http://psnc.org.uk/dispensing-supply/dispensing-controlled-drugs/controlled-drug-resources-faqs/>

Denaturing of Controlled Drugs

<https://www.gov.uk/government/publications/denaturing-of-controlled-drugs>

## 6 Essential Services 4 – Promotion of Healthy Lifestyles

### 6.1 Promotion of Healthy Lifestyles Service Specification

[http://www.psn.org.uk/wp-content/uploads/2013/07/service20spec20es42020promotion20of20healthy20lifestyle\\_s20\\_v220sept2007.pdf](http://www.psn.org.uk/wp-content/uploads/2013/07/service20spec20es42020promotion20of20healthy20lifestyle_s20_v220sept2007.pdf)

### 6.2 Mandatory Public Health Campaigns 2019/20

The following Public Health campaigns and timescales have been agreed for 2019/2020:

1) mid-February to mid-March 2019	<b>Help Us Help You Pharmacy campaign (formerly Stay Well Pharmacy) – <a href="#">campaign details</a></b>
2) mid-May to mid-June 2019	<b>Children’s oral health/Smile Month</b> (in line with the training currently being incentivised by the Quality Payments Scheme)
3) September 2019	<b>Antimicrobial resistance</b>
4) October 2019	<b>Stoptober</b>
5) November/December 2019	<b>Help Us Help You main Winter campaign (formerly Stay Well this Winter)</b>
6) January 2020	<b>Alcohol</b>

To provide some local flexibility, there will be two different types of campaigns:

- Campaigns that appear in black: These campaigns have been developed nationally; and

- Campaigns that appear in red: These campaign topics have been agreed nationally, but allow flexibility for local NHS England teams to consider the specific patient populations that they might target these campaigns at, e.g. the Stoptober campaign materials will be used, but pharmacy teams may be asked to target pregnant women who smoke.
- The antimicrobial resistance campaign (which appears in green) has the potential to fall between either of the above groups as there is other central NHS England/Public Health England work that is being developed which could inform the focus of the campaign.

Further information on the above campaigns, including which resources will be provided to pharmacies, will be available in due course.

### 6.3 Helpful Resources

Further guidance and resources available on the PSNC website

<http://psnc.org.uk/services-commissioning/essential-services/public-health/>

## 7 Essential Services 5 – Signposting

### 7.1 Signposting Service Specification

[http://www.psn.org.uk/wp-content/uploads/2013/07/service20spec20es52020signposting20\\_v1201020oct2004\\_.pdf](http://www.psn.org.uk/wp-content/uploads/2013/07/service20spec20es52020signposting20_v1201020oct2004_.pdf)

### 7.2 Helpful Resources

Further guidance and resources available on the PSNC website

<http://psnc.org.uk/services-commissioning/essential-services/signposting/>

## 8 Essential Services 6 – Support For Self Care

### 8.1 Support For Self Care Service Specification

[http://www.psn.org.uk/wp-content/uploads/2013/07/service20spec20es62020support20for20selfcare20\\_v1201020oct2004\\_.pdf](http://www.psn.org.uk/wp-content/uploads/2013/07/service20spec20es62020support20for20selfcare20_v1201020oct2004_.pdf)

**Please note that it is a Mandatory requirement to have a SOP or Medicines Sales Protocol in place**

### 8.2 Helpful Resources

Medicines Sales Protocol Template (Produced by Royal Pharmaceutical Society)

<http://psnc.org.uk/herefordshireandworcestershire/wp-content/uploads/sites/114/2016/03/9.-Medicines-Sales-Protocol.pdf>

## 9 Clinical Governance

### 9.1 Clinical Governance Service Specification

[http://www.psn.org.uk/wp-content/uploads/2013/07/service20spec20es8202020clinical20governance20\\_v1201020oct2004\\_.pdf](http://www.psn.org.uk/wp-content/uploads/2013/07/service20spec20es8202020clinical20governance20_v1201020oct2004_.pdf)

### 9.2 Update to Terms of Service – Patient Safety Incident Reporting

Pharmacies must report all patient safety incidents via National Reporting and Learning Service (NRLS). This includes Dispensing Errors.

As part of the Clinical Governance provisions in the Terms of Service, community pharmacies have to report patient safety incidents through the NRLS.

The easiest way to make these reports is via the NRLS website.

<https://report.nrls.nhs.uk/nrlsreporting/>

Reports can be made by having an account on the NRLS website or you can report anonymously. Once a report has been made you will be able to print off a copy of the information submitted to retain in the pharmacy for analysis and learning and for NHS England to view on request.

The National Pharmacy Association (NPA) also allow pharmacies with less than 50 branches to report Patient Safety incidents via their Incident Reporting System (there is no requirement to be an NPA member). The NPA will then collate, analyse and share the learnings nationally. Please print off any reports made to the NPA and retain in the pharmacy for analysis and learning and for NHS England to view on request.

Reports to the NPA can be made on their Incident Reporting System website:

<https://irp.npa.co.uk/>

### 9.3 Helpful Resources

Briefing on Reporting Via NRLS

<http://psn.org.uk/contract-it/psnc-briefings-pharmacy-contract-and-it/psnc-briefing-03414-reporting-patient-safety-incidents-to-the-nrls-december-2014/>

NPA Definitions of Harm

<http://npsa.nhs.uk/corporate/news/npsa-releases-organisation-patient-safety-incident-reporting-data-england/>

### 9.4 Clinical Governance Lead

Each pharmacy should have a named Clinical Governance Lead, an outline of a template job description can be found on the following link

<http://psn.org.uk/wp-content/uploads/2013/07/CG-lead-job-description.doc>

## 9.5 Practice Leaflet – Update to Approved Particulars

On 1st February 2018, the Approved Particulars that must be included in a Practice Leaflet were updated to reflect changes to NHS structures and guidance on use of the NHS identity; the updated requirements for leaflets no longer refer to Primary Care Trusts or NHS Direct instead referring to NHS England and NHS 111. They are also now in line with the revised NHS identity guidance published in 2017.

**Contractors must have updated their leaflets by 31st July 2018** to reflect the requirements of the updated approved particulars.

## 9.6 Helpful Resources

For further information on Practice Leaflets and the approved particulars please see the link below

<http://psnc.org.uk/contract-it/essential-service-clinical-governance/practice-leaflet-requirements/>

Template practice leaflets can be found here

<http://psnc.org.uk/wp-content/uploads/2018/02/PSNC-practice-leaflet-template-bi-fold.docx>

<http://psnc.org.uk/wp-content/uploads/2018/02/PSNC-practice-leaflet-template-tri-fold.docx>

## 9.7 Patient Satisfaction Survey

A patient satisfaction survey needs to be undertaken annually and the results of the survey published by 31<sup>st</sup> March each year.

The results of the survey, or as a minimum the areas identified as the greatest potential for improvement and the action being taken to improve the performance, along with the areas in which the pharmacy is performing strongly need to be sent to NHS England. Please also advise where the results have been published i.e. a poster in the pharmacy/pharmacy website/NHS.UK

The minimum number of returned surveys varies in line with dispensing volume and this is laid out in the Clinical Governance Service Specification.

## 9.8 Helpful Resources

Further information and resources are available on the PSNC Website  
<http://psnc.org.uk/contract-it/essential-service-clinical-governance/cppq/>

## 9.9 Complaints

The pharmacy should have a system in place to address complaints that complies with the requirements of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 (the Regulations), for the handling and consideration of any complaints.

**An annual complaints report must be sent to NHS England as soon as practical after 31<sup>st</sup> March each year, even if no complaints have been received.**

## 9.10 Helpful Resources

Template of annual complaints report (Please remember to include your FCode!)  
<http://psnc.org.uk/wp-content/uploads/2013/07/summary-of-complaints-04-09-2013.pdf>

Information on NHS Complaints Procedures  
<http://psnc.org.uk/contract-it/essential-service-clinical-governance/complaints/>

## 9.11 NHS.UK (Formerly NHS Choices)

To enable patients to find information about your pharmacy, including services provided, contact details and opening times, NHS.UK needs to be kept up to date.

## 9.12 Helpful Resources

NHS.UK user guide  
<https://www.nhs.uk/about-us/manage-provider-profiles/>

## 9.13 Clinical Audit

Pharmacies are to undertake one in-house clinical audit annually by 31<sup>st</sup> March each year. Please note that audits on Owings are not deemed to be a clinical audit. NHS England may also determine a national multi-disciplinary audit to be undertaken, and if this takes place, it will be communicated via NHS England and your local LPC. Copies of the audits and supporting information should be available on request and during CPAF visits.

## 9.14 Helpful Resources

Templates for clinical audits can be found on the following link.  
<https://www.rpharms.com/resources/ultimate-guides-and-hubs/clinical-audit-hub>  
<https://www.numarknet.com/advice-guidance/pharmacy-practice/clinical-audit/audit-templates>

## 9.15 Risk Management

### 9.15.1 Near Misses/Patient Safety Incidents

Near Misses/Patient Safety incidents should be logged and reviewed regularly by all team members. It is recommended that any actions taken from reviews are recorded

and communicated to all staff to reduce re-occurrences. See section 9.2 for further information about reporting requirements for Patient Safety Incidents.

### **9.15.2 Safeguarding**

As well as pharmacists, dispensers and counter staff, delivery drivers should also receive training on safeguarding for children and vulnerable adults as they can often be the only contact that the patient has with the pharmacy.

### **9.15.3 Staff/Locum Induction**

A locum/staff induction process and pack should be in place that includes all information that a locum pharmacist should need to work effectively in the pharmacy.

### **9.15.4 Helpful Resources**

NPA Risk Management SOP templates

<https://www.npa.co.uk/information-and-guidance/information-and-guidanceprotecting-vulnerable-groups/>

NPSA - Seven Steps to Patient Safety

<http://www.nrls.npsa.nhs.uk/EasySiteWeb/getresource.axd?AssetID=60044&type=full&servicetype=Attachment>

NPA template locum pack.

<https://www.npa.co.uk/information-and-guidance/locum-pack/>

CPPE Safeguarding Training

<https://www.cppe.ac.uk/programmes//safegrding-e-01>

## **9.16 Information Governance**

### **9.16.1 Information Commissioners Office (ICO) Registration**

From 25 May 2018, the Data Protection (Charges and Information) Regulations 2018 requires every organisation or sole trader who processes personal information to pay a data protection fee to the ICO. The new data protection fee replaces the requirement to 'notify' (or register), which was in the Data Protection Act 1998 (the 1998 Act). Pharmacies who have a current registration (or notification) under the 1998 Act do not have to pay the new fee until that registration has expired.

There are three different tiers of fee and controllers are expected to pay between £40 and £2,900. The fees are set by Parliament to reflect what it believes is appropriate based on the risks posed by the processing of personal data by controllers.

Once registered you will be issued with an ICO Number (beginning with a Z) and an expiry date. You will then be visible on the online register.

### **9.16.2 Helpful Resources**

To register or to view the online register, please go to the ICO website.

<https://ico.org.uk/>

Further information, including how to calculate your fee is available on the ICO Website

<https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/accountability-and-governance/data-protection-fee/>

### **9.16.3 Data Security and Protection Toolkit**

From 2018/19 the Data Security and Protection Toolkit has replaced the former NHS IG Toolkit. The NHS IG Toolkit website is still available to review previous years submissions.

The Data Security and Protection Toolkit needs to be completed and submitted annually by 31<sup>st</sup> March each year. If you are paying a company to submit on your behalf, please ensure that the work/evidence to support your submission is completed as this may be requested by NHS England. Failure to have the required evidence to support the submission may result in breach notices being issued.

### **9.16.4 Helpful Resources**

Data Security and Protection Toolkit Website

<https://www.dsptoolkit.nhs.uk/>

PSNC Guidance

<https://psnc.org.uk/contract-it/pharmacy-it/information-governance/>

## **9.17 Controlled Drugs Reporting**

From February 2018, contractors are required to report any incidents/concerns relating to controlled drugs via the CD Online Reporting tool.

### **9.17.1 Helpful Resources**

Controlled Drugs online reporting tool

<https://www.cdreporting.co.uk/>



## 10 Advanced Services – Medicines Use Reviews (MUR)

### 10.1 Medicines Use Reviews Service Specification

[http://psnc.org.uk/wp-content/uploads/2013/06/MUR-service-spec-Aug-2013-changes\\_FINAL.pdf](http://psnc.org.uk/wp-content/uploads/2013/06/MUR-service-spec-Aug-2013-changes_FINAL.pdf)

### 10.2 Changes to Terms of Service – Target Groups

From **1st April 2015** community pharmacies must carry out at least **70%** of their MURs within any given financial year on patients in one or more of the target groups.

### 10.3 Changes to Terms of Service – Quarterly Reporting via NHSBSA

A new process was rolled out in 2016/17 for reporting information on the MUR service to NHS England, with the NHS Business Services Authority (NHS BSA) taking on the role of collecting the completed electronic reporting templates from contractors on behalf of NHS England. Each contractor providing MURs must submit their completed quarterly MUR electronic reporting templates to the NHS BSA, rather than emailing the report to their local NHS England team.

Contractors must submit the completed MUR electronic reporting templates to the NHS BSA within 10 working days from the last day of the quarter the data refers to (last day of June, September, December and March).

There are two ways to submit your electronic reporting templates to the NHS BSA, either via online form or an electronic reporting template and you must choose which method to use:

Further information and links to the online form and electronic reporting template can be found on the NHS BSA website

**Nil returns - Please note that you are not required to make Quarterly Submissions if you have not made a claim within that quarter.**

<https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/medicines-use-review-murnew-medicine-services-nms>

### 10.4 Notification to NHS England

Prior to undertaking MURs on the premises, the pharmacy needs to complete a PREM1 form and send to NHS England along with MUR Certificates for all pharmacists (including locums) who will be undertaking MURs.

<http://psnc.org.uk/wp-content/uploads/2013/07/PREM1-2015.pdf>

## 10.5 Conducting MURs Off Pharmacy Premises

Pharmacies can apply to NHS England to undertake MURs off the premises and applications are split into 3 categories:

- Application to undertake MURs off the pharmacy premises at alternative premises with a consultation area (PREM2A) (i.e. GP Practice/Community Centre)  
<http://psnc.org.uk/wp-content/uploads/2013/07/PREM2A-2015.pdf>
- Application to undertake MURs off the pharmacy premises at alternative premises for a particular patient on a particular occasion (PREM2B) (i.e. patient home)  
<http://psnc.org.uk/wp-content/uploads/2013/07/PREM2B-2015.pdf>
- Application to undertake MURs off the pharmacy premises at alternative premises or a category of premises for a particular category of patients (PREM2C) (i.e. Nursing Homes)  
<http://psnc.org.uk/wp-content/uploads/2013/07/PREM2C-2015.pdf>

## 10.6 Helpful Resources

National Target Groups for Medicines Use Review

<http://psnc.org.uk/wp-content/uploads/2013/07/CPN-MUR-Poster-Target-Groups-Jun-2015.pdf>

Further in-depth guidance on PSNC Website

<http://psnc.org.uk/services-commissioning/advanced-services/murs/>

10 steps to success with MURs

[http://www.psnc.org.uk/wp-content/uploads/2013/07/10\\_steps\\_to\\_success\\_with\\_murs.pdf](http://www.psnc.org.uk/wp-content/uploads/2013/07/10_steps_to_success_with_murs.pdf)

## 11 Advanced Services – New Medicines Service (NMS)

### 11.1 New Medicines Service (NMS) Service Specification

[http://psnc.org.uk/wp-content/uploads/2013/06/NMS-service-spec-Aug-2013-changes\\_FINAL.pdf](http://psnc.org.uk/wp-content/uploads/2013/06/NMS-service-spec-Aug-2013-changes_FINAL.pdf)

### 11.2 Changes to Terms of Service – Quarterly Reporting via NHSBSA

A new process was rolled out in 2016/17 for reporting information on the NMS service to NHS England, with the NHS Business Services Authority (NHS BSA) taking on the role of collecting the completed electronic reporting templates from contractors on behalf of NHS England. Each contractor providing NMSs must submit their completed quarterly NMS electronic reporting templates to the NHS BSA, rather than emailing the report to their local NHS England team.

Contractors must submit the completed NMS electronic reporting templates to the NHS BSA within 10 working days from the last day of the quarter the data refers to (last day of June, September, December and March).

There are two ways to submit your electronic reporting templates to the NHSBSA, either via an online form, or electronic reporting template and you must choose which method to use:

Further information and links to the online form and electronic reporting template can be found on the NHS BSA website

**Nil returns - Please note that you are not required to make Quarterly Submissions if you have not made a claim within that quarter.**

<https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/medicines-use-review-murnew-medicine-services-nms>

### 11.3 Notification

Prior to undertaking the New Medicines Service (NMS), pharmacy contractors must notify NHS England of their intention using the form below.

**Please note that it is a Mandatory requirement to have a Standard Operating Procedure (SOP) in place for New Medicines Service at the time of notification.**

[http://psnc.org.uk/wp-content/uploads/2013/07/NMS\\_Contractor\\_declaration\\_form-July-2016.doc](http://psnc.org.uk/wp-content/uploads/2013/07/NMS_Contractor_declaration_form-July-2016.doc)

### 11.4 Helpful Resources

Additional information and resources on PSNC website

<http://psnc.org.uk/services-commissioning/advanced-services/nms/>

NMS – Top tips for contractors

<http://psnc.org.uk/wp-content/uploads/2014/01/NMS-and-MUR-top-tips-Jan-2014.pdf>

## 12 Advanced Services – Appliance Use Reviews (AUR)

### 12.1 Appliance Use Review Service Specification

The service can be provided by pharmacies that normally provide the specified appliances in the normal course of their business. The conditions that must be satisfied are that:

1) Before beginning to provide the service, the community pharmacy contractor must notify the NHS Business Services Authority (NHS BSA) that they wish to provide the service and inform them as to whether the service will be provided at the patient's home; and unless the AUR will only be provided solely at patient's homes, a statement of each location at which the service is to be provided. The [Advanced Services Declaration Form](#) on the NHS BSA website can be used to make this declaration.

2) Before beginning to provide the service, the contractor must notify the local NHS England team that it wishes to provide the service and inform them whether the service will be provided at patients' homes and/or at the pharmacy. The contractor must also provide the local NHS England team the following information in relation to pharmacists or specialist nurses who are to provide AURs:

- Full name;
- Documentary evidence of qualifications (i.e. education, training or experience in respect of the use of specified appliances); and
- Details of competency in respect of the use of specified appliances (i.e. details as appropriate of relevant clinical training and practice in respect of the use of specified appliances).

### 12.2 Helpful Resources

NHS England notification form

<http://psnc.org.uk/wp-content/uploads/2013/07/Form-APPL01-Notification-of-intent-to-provide-AURs.docx>

Additional information and resources on PSNC Website

<http://psnc.org.uk/services-commissioning/advanced-services/aur/>

Lists of contractors who undertake Appliance Use Reviews

<https://www.networks.nhs.uk/nhs-networks/pharmacy-information-service-birmingham-solihull>

## 13 Advanced Services – Stoma Appliance Customisation (SAC)

### 13.1 Stoma Appliance Customisation (SAC) Service Specification

<http://psnc.org.uk/services-commissioning/advanced-services/sac/>

The service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste. The stoma appliances that can be customised are listed in Part IXC of the Drug Tariff.

**Please note that you can not claim for a Stoma Appliance Customisation if it is undertaken by a 3<sup>rd</sup> party, for example, Wardles or Ostomed**

### 13.2 Helpful Resources

Further information and resources on PSNC website

<http://psnc.org.uk/services-commissioning/advanced-services/sac/>

List of contactors who undertake SACs (for signposting)

<https://www.networks.nhs.uk/nhs-networks/pharmacy-information-service-birmingham-solihull>

## 14 Advanced Services – NHS Urgent Medicine Supply Advanced Service (NUMSAS)

### 14.1 NHS Urgent Medicine Supply Advanced Service (NUMSAS) Service Specification

<https://www.england.nhs.uk/wp-content/uploads/2016/11/numsas-service-specification.pdf>

The objectives of the service are to:

- manage appropriately NHS 111 requests for urgent medicine supply;
- reduce demand on the rest of the urgent care system;
- resolve problems leading to patients running out of their medicines; and
- increase patients' awareness of electronic repeat dispensing.

### 14.2 Helpful Resources

NUMSAS toolkit for pharmacy staff

<https://www.england.nhs.uk/publication/nhs-urgent-medicine-supply-advanced-service-pilot-toolkit-for-pharmacy-staff/>

Further information and resources on PSNC website

<http://psnc.org.uk/services-commissioning/urgent-medicine-supply-service/>

## 15 Community Pharmacy Assurance Framework (CPAF)

NHS England uses the Community Pharmacy Assurance Framework (CPAF) to monitor pharmacy contractors' compliance with the terms of the community pharmacy contractual framework (CPCF). The questionnaires are sent and analysed by NHSBSA and NHS England select and undertake visits to around 3-5% of pharmacies annually.

### 15.1 Screening Questionnaire

All pharmacies are asked to complete a 10 question Screening Questionnaire, for 2017/18 this was available between June and July annually.

### 15.2 Verification Visits

NHS England will select and visit pharmacies in September & October annually to validate the answers they have given to the screening questionnaire. This selection of pharmacies should include some who have scored 3s for all questions in the screening questionnaire and some who have scored a mixture of 2s and 3s. These visits will be low key follow up visits where evidence can be verified and pharmacies are given an opportunity to showcase added value and any local initiatives undertaken. The visits will last approximately 1 hour.

### 15.3 Full CPAF Questionnaire

NHS England will select pharmacies to complete a full CPAF questionnaire. This questionnaire will be available for those pharmacies selected via NHSBSA to complete from November-December annually.

### 15.4 Full CPAF Visit

NHS England will select pharmacies that will have a full CPAF visit. These visits will take place between January and March 2018.

Pharmacies may be selected for the following reasons:

- Non completion of CPAF screening questionnaire
- CPAF screening questionnaire response
- Pharmacies who received a verification visit but did not have the evidence to support the CPAF screening returns
- Any new pharmacies that have opened in the past year that have not already been visited
- Organisational changes should be considered, including changes of ownership, those where there has been a share purchase or a change in superintendent pharmacist

- Concerns relating to patient safety, complaints, adverse NHS Choices comments and other miscellaneous concerns (irrespective of the score for the screening questionnaire)
- Poor communication and responses to requests for information
- Outliers in terms of numbers of unplanned closures reported
- Issues identified in relation to compliance with core and supplementary opening hours
- Outliers in terms of out of pocket expenses
- Pharmacies identified as low priority for a visit in the previous year's assurance programme

### 15.5 Actions following CPAF visit

Following a CPAF visit, the pharmacy will be issued with an action plan detailing what actions need to be taken in order for NHS England to be satisfied that there is compliance to the Terms of Service. Each action will have a deadline in order for the outlined evidence to be received by NHS England. Failure to meet the deadlines given may result in further action being taken by NHS England.

### 15.6 Helpful Resources

Further information and resources are available on the PSNC Website  
<http://psnc.org.uk/contract-it/the-pharmacy-contract/contract-monitoring/>

Further information on electronic submission of questionnaires is available on the NHSBSA website  
<https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/community-pharmacy-assurance-framework-cpaf>

## 16 Quality Payments

A Quality Payments Scheme, which forms part of the Community Pharmacy Contractual Framework, was introduced from 1st December 2016. The original version of the scheme ran until 31st March 2018 and a total of £75 million was paid to community pharmacies for meeting the specified quality criteria.

The scheme was extended in March 2018 for the first six months of 2018/19, as part of interim arrangements prior to substantive negotiations for 2018/19 being undertaken. The extended Scheme had a review point in June 2018 and funding of £37.5 million.

In September 2018, a new Quality Payments Scheme was announced for the remainder of the 2018/19 financial year. The new scheme has funding of £37.5 million and a review point in February 2019. Changes to the Scheme are summarised in PSNC Briefing 051/18: A summary of the second Quality Payments Scheme 2018/19.

### 16.1 Helpful Resources

NHS England Guidance Documents

<https://www.england.nhs.uk/commissioning/primary-care/pharmacy/framework-1618/pqp/>

PSNC Briefing – Summary of the second Quality Payments Scheme 2018/19

<https://psnc.org.uk/services-commissioning/psnc-briefings-services-and-commissioning/psnc-briefing-051-18-a-summary-of-the-second-quality-payments-scheme-2018-19-september-2018/>

Further information and resources are available on the PSNC website

<http://psnc.org.uk/services-commissioning/essential-services/quality-payments/>