

**Community
Pharmacy**
Devon

Pharmacy Quality Scheme 23/24

Tom Kallis, Training and Development Lead



CPE Position



“The decision to go ahead with a PQS this year without an urgent injection of extra funding is in contradiction of our warnings to Ministers that there is not enough money to pay for the current services and dispensing delivered by the sector; let alone for new activities to be rolled out...”

...Community Pharmacy England’s position remains that we do not think pharmacy owners will have the capacity to take on additional services or work.”



A bit of patchwork...

A Reflection on the PQS

Open access Quality improvement report

BMJ Open Quality Evaluation of the England Community Pharmacy Quality Scheme (2018–2019 and 2019–2020) in reducing NSAIDs in older patients

Sejal Parekh^{1,2*}, Carina Livingstone^{1,2}, Yogini H Jani

To cite: Parekh S, Livingstone C, Jani YH. Evaluation of the England Community Pharmacy Quality Scheme (2018–2019 and 2019–2020) in reducing harm from NSAIDs in older patients. *BMJ Open Quality* 2023;12:e002002. doi:10.1136/bmjopen-2022-002002

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ABSTRACT

Introduction Non-steroidal anti-inflammatory drugs (NSAIDs) are widely used for their analgesic and anti-inflammatory effects, but the gastrointestinal (GI) adverse effects are a known cause of preventable harm. A medication safety audit was incentivised for community pharmacies in England in 2 successive years as part of the Pharmacy Quality Scheme (PQS) to address GI safety of NSAIDs.

Aims To evaluate community pharmacy contributions to NSAID safety and determine any change between audit 1 (2018–2019) and audit 2 (2019–2020).
Method Patients aged 65 years or over prescribed an NSAID were included in both audits. The audit tool assessed compliance with national standards relating to co-prescribed gastroprotection, referrals to the prescriber and patient advice on long-term NSAID use and effects, with responses submitted via an online portal. Descriptive analyses were performed to explore differences between the years and tested for significance using χ^2 tests. Quantitative data were analysed using an inductive thematic approach.

Key findings Data from 91 252 patients in audit 1 and 73 992 in audit 2 were analysed. More patients were prescribed gastroprotection in audit 2 (85.04%) than in audit 1 (80.7%, $p<0.001$). More patients without gastroprotection in audit 2 had a current or recent referral (67.5%) than in audit 1 (58.8%, $p<0.001$). Verbal or other communications between pharmacists and patients about their NSAID medication were reported more frequently in audit 2 (76.0% vs 63.5%, $p<0.001$).
Conclusion During two audits, community pharmacists in England reported referring more than 15 000 patients at risk of preventable harm from NSAIDs to prescribers for review. The audits demonstrated significant potential for year-on-year improvement in GI safety for a large cohort of older patients prescribed NSAIDs. This evaluation provides evidence of how the PQS can effectively address a specific aspect of medicines safety and the place of community pharmacy more broadly in improving medicines safety.

INTRODUCTION

Medication errors are ubiquitous,¹ while the majority of errors do not lead to harm, some medications are more prone to causing harm and are therefore considered 'high risk'.² High-risk prescribing in primary

WHAT IS AL

Non-steroidal anti-inflammatory drugs (NSAIDs) are widely used for their analgesic and anti-inflammatory effects, but the gastrointestinal (GI) adverse effects are a known cause of preventable harm. A medication safety audit was incentivised for community pharmacies in England in 2 successive years as part of the Pharmacy Quality Scheme (PQS) to address GI safety of NSAIDs.

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HOW THIS S

Quantitative data were analysed using an inductive thematic approach. Descriptive analyses were performed to explore differences between the years and tested for significance using χ^2 tests.

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Pharmacy Quality Scheme

Document first published: 1 September 2021
Page updated: 31 August 2023
Topic: Pharmacy
Publication type: Guidance

The Pharmacy Quality Scheme (PQS) forms part of the Community Pharmacy Contractual Framework (CPCF). It supports delivery of the NHS Long Term Plan and rewards community pharmacy contractors that deliver quality criteria in three quality dimensions: clinical effectiveness, patient safety and patient experience.



CENTRE FOR PHARMACY
POSTGRADUATE EDUCATION

Pharmacy Quality Scheme

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- [Respiratory](#)
- [Prevention](#)

PQS 2023/24

Points have a value of £68.75(min) - £137.50(max)

Claims are via NHSBSA Manage Your Service (MYS)

Aspiration payment claims (up to 70% of predicted achievement) must be submitted by 29 September 2023, for payment on 1 November 2023

Final submission window 5 February – 1 March 2024

Aspiration payments reconciled with final payment on 1 April 2024

All evidence for meeting claimed criteria must be in hand by 31 March 2024

Classification: Official

Publication reference: PRN00176





Pharmacy Quality Scheme

Guidance 2023/24

Version 1, 1 June 2023

PQS Scheme Summary



PQS Domain	Quality Criteria	Points (band 4 contractor)
Gateway	Advanced Services – at least 15 New Medicine Service (NMS) consultations	N/A
Medicines safety and optimisation	High risk medicines – anticoagulant audit Palliative and end of life care (PEoLC)	15
Respiratory	Inhaler technique checks Inhaler waste management Referrals for patients using 3 or more bronchodilators in 6 months Use of a spacer in patients aged 5-15 years Personalised Asthma Action Plans (PAAP)	25
Prevention	Antimicrobial stewardship and infection prevention and control	20
Total		60

Training Summary

Training

Table 2 Training summary for the PQS 2023/24

Criterion	Training	Participation	Validity
Respiratory	CPPE Inhaler technique for health professionals: getting it right e-learning OR CPPE Optimising inhaler technique: improving outcomes workshop AND Inhaler technique for health professionals e-assessment	All pharmacists	4 years
Antimicrobial stewardship	Antimicrobial Stewardship for Community Pharmacy e-learning and e-assessment Infection prevention and control level 1 e-learning and e-assessment Infection prevention and control level 2 e-learning and e-assessment	All patient-facing staff providing advice on medicines or healthcare All non-registered pharmacy staff All registered pharmacy professionals	3 years

Pharmacy Banding

Band	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6
Annual Items	0-1,200	1,201-30,000	30,001-60,000	60,001-150,000	150,001-230,000	230,001+
Medicines Safety and Optimisation	1.50	15.00	15.00	15.00	15.00	15.00
Respiratory	1.25	16.67	20.83	25.00	29.17	33.33
Prevention	1.00	20.00	20.00	20.00	20.00	20.00
Total	3.75	51.67	55.83	60.00	64.17	68.33



Gateway Criteria

Domain	Description of the Gateway Criterion
Gateway Criterion	<p>Advanced Services – New Medicine Service (NMS)</p> <p>Contractors must have delivered a minimum of 15 NMS between 1 April 2023 and by the end of 31 December 2023.</p> <p><i>Further information for contractors who open or change ownership from 1 June 2023 is detailed in 3.1.</i></p> <p>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 NMS payment data between 1 April 2023 and by the end of 31 December 2023 held by the NHS Business Services Authority – contractors must ensure all NMS are claimed by the end of 5 January 2024.</p> <p>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.</p>

Medication Without Harm



WHO Global Patient Safety Challenge



Medicines Optimisation and Safety

Two Parts: Anticoagulant audit and Palliative/End of Life care

Medicines Safety Improvement Programme launched by NHSE in response to WHO global challenge, with anticoagulants as a key focus


Anticoagulants are cited as a cause of preventable harm and admission to hospital

NPSA issued a patient safety alert for anticoagulants (2007) recommending:

- providing patient specific information
- ensuring regular drug monitoring
- checking drug interactions

High Risk Meds – Anticoagulation Audit

By the end of 31 March 2024, contractors must have...

1. Implemented into their day-to day practice, the findings and recommendations for community pharmacy from the 2021/22 PQS anticoagulant audit
 2. Completed a revised anticoagulant audit
- 

Recommendations from audit

Recommendations

For community pharmacy

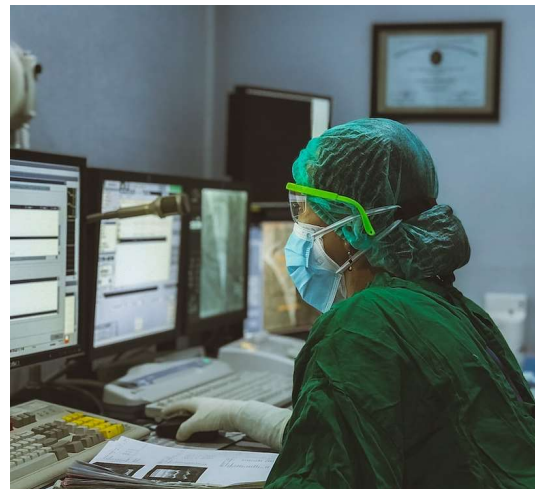
- Proactively discuss the anticoagulant medicine with the patient or representative to ensure safe and effective use, including the signs of over-anticoagulation and the need to check with a doctor or pharmacist prior to starting any OTC medicines.
- Contact the GP practice about:
 - all patients prescribed an NSAID and an oral anticoagulant
 - all patients prescribed an antiplatelet and an oral anticoagulant without GI protection unless the patient has been referred in the previous 6 months

these patients would be eligible for a Structured Medication Review, which was an indicator in the [Investment and Impact Fund 2022/23](#). This increased collaboration between pharmacy teams and GP practices would improve overall care for patients on anticoagulants.

Recommendations from audit



Anticoagulant Alert Card	
This patient is taking anticoagulant therapy This card should be carried at all times and shown to healthcare professionals	
Name of patient:	Date of birth:
Address:	
Postcode:	Telephone:
Name of next of kin:	
Hospital number:	NHS Number:



Increasing the use of direct oral anticoagulants (DOACs) to prevent strokes and save lives in your area

DOACs are medicines which can prevent strokes by preventing blood clots in patients with atrial fibrillation (AF). Following recent NICE guidance which recommends that DOACs are more effective for the prevention of AF-related stroke than other anticoagulants, NHS England has put in place a programme, including a number of agreements, to expand DOAC access.

What's the opportunity?
To prevent thousands of potentially fatal strokes by treating over **600,000 more people** with a DOAC.

How can it be delivered with your support?
DETECT Reduce incidence of stroke by diagnosing more patients with AF.
PROTECT Ensure patients diagnosed with AF are offered anticoagulation, where appropriate.
PREVENT Ensure patients with AF are on the correct dose of the best value DOAC (edoxaban), where clinically appropriate. If edoxaban is not clinically appropriate, consider rivaroxaban first, then apixaban or dabigatran.

What could be achieved?
An estimated **21,700 strokes** could be prevented and **5,400 lives saved** over the next three years.

In 2023/24, NHS England updated the Quality and Outcomes Framework (QOF) AF008 indicator to drive the prescription of DOACs and support best practice.
QOF points are awarded based on the percentage of patients on the atrial fibrillation register being prescribed a DOAC, or where a DOAC was declined or clinically unsuitable, a Vitamin K antagonist.



By ensuring that all patients who would benefit from a diagnosis of AF and treatment with a DOAC are offered treatment, we have an incredible opportunity to save thousands of lives, and prevent the serious harm caused by having a stroke for thousands more. I would encourage NHS colleagues to take steps to help expand access to DOACs, and to raise awareness of the new recommendations for treatment with a DOAC, to realise the opportunity to improve AF care and reduce preventable stroke events in your area.

Professor Sir Stephen Powis,
NHS Medical Director



Colleagues are urged to capitalise on this chance to improve cardiovascular health outcomes across the country by:

- Taking steps to ensure that each patient in your local area who would benefit from a DOAC is offered treatment.
- Actively raising awareness of the new commissioning recommendations.

The Audit

Acknowledges that warfarin use is declining, with a significant increase in DOACs prescribed

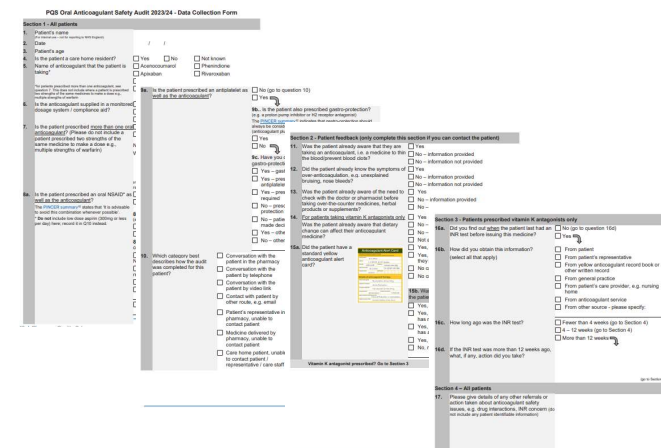
For two weeks before 2 March 2024

Start and end dates need to be declared on MYS

Minimum of 15 patients, if not achieved in 2/52, run for another two weeks

Final submission via MYS 31 March 2024

You will need yellow anticoagulant cards – order from <https://pcse.england.nhs.uk/organisations/pharmacies/>

A screenshot of a data collection form titled "POB Oral Anticoagulant Safety Audit 2023/24 - Data Collection Form". The form is divided into several sections. Section 1, "All patients", contains questions 1 through 10 regarding patient details and anticoagulant use. Section 2, "Patient feedback", contains questions 11 through 16 about patient awareness and adherence. Section 3, "Patients prescribed warfarin K antigens only", contains questions 17 through 19 about patient education and safety. Section 4, "All patients", contains question 20 about patient education. The form includes checkboxes for "Yes", "No", "Not known", "Accompanied", "Pharmacist", "Dispensed", and "No (go to question 10)". There are also dropdown menus and text input fields for providing additional information.

The Audit



Information and awareness



Alert Questions



Safe use with other medicines (NSAIDs and Antiplatelets)



INR monitoring and recording

Palliative and End of Life Care

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

- as soon as possible after 1 June 2023 and by the end of 31 March 2024, have updated [NHS Profile Manager](#) to show they are a 'Pharmacy palliative care medication stockholder', by accessing this [link](#) and following the steps provided.
- If NHS Profile Manager is updated centrally by head office, it will need to be confirmed that this will be done by the end of 31 March 2024.
- Contractors with profiles that cannot currently be updated via NHS Profile Manager may still claim for this domain and update the Directory of Services (DoS) profile via contacting their Regional DoS lead. Contact details are available [here](#).

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

- Cyclizine solution for injection ampoules 50mg/1ml
- Cyclizine tablets 50mg
- Dexamethasone solution for injection ampoules 3.3mg/1ml
- Dexamethasone tablets 2mg
- Haloperidol tablets 500mcg
- 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

DEVON							
Pharmacy	Address			Telephone Number	Opening Hours		
					Monday to Friday	Saturday	Sunday
Tesco Pharmacy	Barnstaple Retail Park, Station Road	Barnstaple	EX31 2AS	0117 2918822	Mon 08:00-22:30 Tues-Fri 06:30-22:30	06:30-22:00	10:00-16:00
Asda Pharmacy	Atlantic Village, Clovelly Road	Bideford	EX39 3QU	01237 427720	Mon 08:00-23:00 Tues-Fri 07:00-23:00	07:00-22:00	10:00-16:00
Tesco Pharmacy	Station Road	Cullompton	EX15 1BQ	01392 501090	Mon 08:00-23:00 Tues-Fri 07:00-23:00	07:00-22:00	10:00-16:00
Boots Pharmacy	The Exebridge Centre, Alphington Street	Exeter	EX4 1AH	01392 271372	08:00-20:00	08:00-19:00	11:00-17:00
Tesco Pharmacy	Exeter Vale Shopping Centre, Russell Way	Exeter	EX2 7EZ	01392 501085	Mon 08:00-22:30 Tues-Fri 06:30-22:30	06:30 - 22:00	10:00-16:00
Tesco Pharmacy	Salterton Road	Exmouth	EX8 2TS	01395 501087	08:00-20:00	08:00-20:00	10:00-16:00
Pharmacy	Address			Telephone Number	Monday to Friday	Saturday	Sunday
Day Lewis Pharmacy	11-12 Fore Street	Ivybridge	PL21 9AB	01752 690265	09:00-17:30	09:00-17:30	Closed
Boots Pharmacy	Prince of Wales Road	Kingsbridge	TQ7 1DX	01548 852354	09:00-13:30 14:00-17:30	09:00-13:30 14:00-17:30	Closed
Lynton Pharmacy	17-18 Lee Road	Lynton	EX35 6BP	01598 753377	Mon, Tues 08:00-13:00 14:00-18:30 Wed 08:00-13:00 16:30-18:30 Thu, Fri 08:00-13:00 14:00-18:30	Closed	Closed
Asda Pharmacy	Highweek Street	Newton Abbot	TQ12 1TG	01626 882700	Mon 08:00-23:00 Tues-Fri 07:00-23:00	07:00-22:00	10:00-16:00
Boots Pharmacy	27-28 Fore Street	Okehampton	EX20 1HB	01837 54322	09:00-17:30	09:00-17:30	Closed
Mayfield Pharmacy	Mayfield Medical Centre, 37 Totnes Road	Paignton	TQ4 5LA	01803 665229	Mon, Tues, Wed 08:30-19:00 Thu 08:30-20:00 Fri 08:30-19:00	09:00-16:00	10:00-13:00
Asda Pharmacy	Leypark Walk, Estover	Plymouth	PL6 8TB	01752 237860	07:00-23:00	07:00-21:00	10:00-16:00
Hyde Park Pharmacy	71-73 Hyde Park Road, Mutley	Plymouth	PL3 4JN	01752 663216	09:00-19:00	09:00-18:00	10:00-18:30
Tesco Pharmacy	Holiday Park, Harbour Road	Seaton	EX12 2PB	01297 529647	Mon 08:00-23:00 Tues-Fri 07:00-23:00	07:00-22:00	10:00-16:00
Morrisons Pharmacy	128-130 Plymouth Road	Tavistock	PL19 9DS	01822 610743	09:00-13:00 14:00-19:00	09:00-13:00 14:00-18:00	10:00-16:00
Boots Pharmacy	5 Wellington Street	Teignmouth	TQ14 8HH	01626 772277	09:00-18:00	08:30-17:00	Closed
Boots Pharmacy	7 Fore Street	Tiverton	EX16 6LN	01884 252144	09:00-17:00	09:00-17:30	10:00-15:00
Boots Pharmacy	Wren Retail Park	Torquay	TQ2 7BJ	01803 615874	08:30-Midnight	08:30-Midnight	10:00-17:00
Morrisons Pharmacy	Coronation Road	Totnes	TQ9 5GN	01803 840340	09:00-13:00 14:00-17:00	09:00-13:00 14:00-18:00	10:00-16:00



Hospiscare - East Devon, Mid Devon and Exeter <https://www.hospiscare.co.uk/>

Telephone: 01392 688000 (8am – 5pm, seven days a week)

If you need out of hours support, call 01392 688044. This line is open seven days a week, 5pm to 8am. We're here to support our patients and their family members or carers. You can also use this number if you're a healthcare professional in need of urgent specialist palliative care advice, even if it's not on behalf of one of our patients.

Rowcroft Hospice – Torbay and South Devon <https://rowcrofthospice.org.uk/>

Telephone: 01803 210811 (Monday to Friday 9am – 5pm), 01803 210812 (Weekends and Bank Holidays 9am – 5pm), General advice outside these hours 01803 210800

North Devon Hospice – North Devon <https://www.northdevonhospice.org.uk/>

Telephone: 01271 344248

North Devon Hospice has an advice line for healthcare professionals who are providing palliative care to local patients. This line is available 24/7: 01271 347214

St Lukes Hospice – Plymouth, Tavistock and West Devon <https://www.stlukes-hospice.org.uk/>

Telephone: General Enquiries 01752 401172

St Luke's at Home and Urgent Care Service 01752 964200 (for out of hours support 01752 401172 5pm to 9am)

NHS - [The NHS website - NHS \(www.nhs.uk\)](https://www.nhs.uk/) Enter 'end of life care' in search box to find the list of resources

Hospice UK - [Homepage](#) | [Hospice UK](#)

Devon Carers - <https://devoncarers.org.uk/>

Carers UK – <https://www.carersuk.org>

Marie Curie - [Care and support through terminal illness](#) | [Marie Curie](#) [List of useful organisations \(mariecurie.org.uk\)](#)



RESPIRATORY DOMAIN

Inhaler Technique Checks

NMS interventions with inhaler checks for all new inhaler prescriptions

CPPE inhaler technique training

Inhaler Waste Management

Staff training on the reasons why unwanted/unused inhalers should be returned to the pharmacy

Communication to patients regarding benefits of returning unwanted/unused inhalers to pharmacies

Use of a Spacer in Patients aged 5 – 15 years

Referring children 5 – 15-year-olds prescribed pMDIs without a co-prescribed spacer device

RESPIRATORY DOMAIN

Personalised Asthma Action Plans (PAAPs)

Confirming PAAP in place for patients dispensed an inhaler aged 5 years and older

Referrals for increased SABA use

Patients with asthma prescribed three SABA inhalers without a co-prescribed ICS within a 6/12 period referred for asthma review



Respiratory Domain

Deaths from asthma attacks in the UK have risen by more than 30% between 2011 and 2018

Patients with a PAAP are four times less likely to die, but 77% of patients included in the National Review of Asthma Deaths has no recorded PAAP

Recommendation that patients prescribed more than 6x SABA inhalers in the previous 6 months should be invited for an urgent review of their asthma control

Poor inhaler technique directly puts patients at risk of poor asthma control



**Lung conditions kill
more people in the UK
than anywhere in
Western Europe**

i. Inhaler Technique Checks

Training and assessment	Who needs to complete it?	Pharmacists	Trainee pharmacists
CPPE inhaler technique for health professionals: getting it right e-learning and e-assessment	Pharmacists	✓	Recommended but not required

In the past four years (April 20 – March 24), pharmacists will need to have completed CPPE Inhaler technique e-learning or attended F2F workshop since April 2020, as well as completing the current version of the e-assessment: ‘Inhaler technique for healthcare professionals, April 2020’

All NMS for new inhalers need to be offered an inhaler technique check (ideally at the point of dispensing the inhaler)

Can be face to face or remote

Previous guidance: can still be claimed in the unlikely event that there are no eligible patients for this criterion of the domain

Report on number of NMS for new inhalers offered, those provided with NMS/inhaler check (f2f or remote), number referred to prescriber, as well as training declarations

ii. Inhaler Waste Management

Training	Who needs to complete it?	Pharmacists	Pharmacy technicians	Trainee pharmacists	Trainee pharmacy technicians	Dispensary staff	Medicines counter assistants	Delivery drivers
Return of unwanted and used inhalers	Patient-facing pharmacy staff	✓	✓	✓	✓	✓	✓	✓

No formal training available, but PSNC briefing sheet available to inform staff members

Conversations needed with all patients dispensed an inhaler from 1 June 2023 until the day of declaration about environmental benefits of returning unwanted/expired inhalers to pharmacies

Patient information sheet available

Conversations can be supplemented by other communications methods



iii-v. Asthma Referrals

Check all children aged 5 to 15 dispensed inhaled press and breathe pMDI for asthma have a spacer device, where appropriate

Check all patients, from 1 June 2023, 5 years and above with asthma have a personalised asthma action plan

Patients who are prescribed three or more short-acting bronchodilator inhalers without a corticosteroid inhaler in six months

Referrals to an ‘appropriate healthcare professional’

Processes and referral forms available on PSNC hub page

NICE National Institute for Health and Care Excellence



Inhaler devices for routine treatment of chronic asthma in older children (aged 5–15 years)

Technology appraisal guidance
Published: 27 March 2002
www.nice.org.uk/guidance/ta38

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Community pharmacy referral form		Date
To (GP practice name)		
Patient's name		
Patient's address		
Patient's DOB	NHS number (where known)	
This patient with asthma has been identified as (tick all that apply):		
• Not having been prescribed a spacer device for use with their press and breathe pressurised MDI (the patient is aged 5-15 years).		<input type="checkbox"/>
• Not having a Personalised Asthma Action Plan.		<input type="checkbox"/>
• Having been prescribed 3 or more short-acting bronchodilator inhalers without any corticosteroid inhaler within a six-month period.		<input type="checkbox"/>
Consent has been obtained to notify you of this, as there may be a need for their asthma management to be reviewed.		
Additional comments (e.g. actions taken following intervention such as inhaler technique check).		
Pharmacy name		
Address		
Telephone		

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Data collection form – PQS 2022/23

Collate the answers using a 5-bar gate approach and then add these up to give you the totals for each question. The totals will need to be added to the Manage Your Service (MYS) application when contractors make a declaration for a PQS payment.

Quality criterion	Information required for the PQS declaration	Number of patients	Total
Inhaler technique checks	The patient was identified as having been prescribed a new inhaler device and was offered an NMS.		
	The patient was subsequently provided with a <u>face-to-face</u> NMS, including an inhaler technique check.		
	The patient was subsequently provided with a <u>remote</u> NMS, including an inhaler technique check.		
	The patient was referred to their prescriber due to issues identified during the NMS.		
Inhaler waste management	A conversation was had with the patient and/or their carer on the safe and environmentally friendly disposal of their inhaler.		
Use of a spacer	The child aged between 5 to 15 has been referred to a healthcare professional for a spacer device, in line with NICE TA38.		
Personalised asthma action plan (PAAP)	The patient aged 5 years or over with asthma has been referred to a healthcare professional for a PAAP.		
3 or more short-acting bronchodilators in 6 months	The patient with asthma has been referred to a healthcare professional for an asthma review as the patient has had 3 or more short-acting bronchodilator inhalers dispensed without any corticosteroid inhaler within a 6-month period.		
Weight management	A conversation was had with the patient on weight management.		
	The patient had their BMI calculated and waist circumference measured, including explanation of the definition of BMI and the potential health impact of each.		
	The patient was referred to Local Authority funded tier 2 weight management service.		
	The patient was referred to the NHS Digital Weight Management Programme (for those with hypertension and/or diabetes).		
Cancer awareness	The patient was referred to their GP following detection of red flag signs and symptoms that could be cancer symptoms.		

PQS 22-23 INHALER CHECK

for 5-15 yr Children

- SPACER (for use with any pMDI)

for ALL ASTHMA Patients

- Personalised Asthma Action Plan (PAAP)

for ALL INHALER Patients

- Inhaler Recycling discussed

Attach Bag Label
here

ACTIONS

- Record and Date on PMR Patient Flag
 Record on the PQS 21-22 Audit sheet
 Complete any referral via Pharmoutcomes

Audit Period : OCT 22 - MAR 23



Data collection form

Collate the answers using a 5-bar gate approach ~~III~~ and then add these up to give you the totals for each question. The totals will need to be added to the Manage Your Service (MYS) application when contractors make a declaration for a PQS payment.

Quality criterion	Information required for the PQS declaration	Number of patients	Total
Inhaler technique checks	The patient was identified as having been prescribed a new inhaler device and was offered an NMS.		
	The patient was subsequently provided with a <u>face-to-face</u> NMS, including an inhaler technique check.		
	The patient was subsequently provided with a <u>remote</u> NMS, including an inhaler technique check.		
	The patient was referred to their prescriber due to issues identified during the NMS.		
Inhaler waste management	A conversation was had with the patient and/or their carer on the safe and environmentally friendly disposal of their inhaler.		
Use of a spacer	The child aged between 5 to 15 has been referred to a healthcare professional for a spacer device, in line with NICE TA38.		
Personalised asthma action plan (PAAP)	The patient aged 5 years or over with asthma has been referred to a healthcare professional for a PAAP.		
3 or more short-acting bronchodilators in 6 months	The patient with asthma has been referred to a healthcare professional for an asthma review as the patient has had 3 or more short-acting bronchodilator inhalers dispensed without any corticosteroid inhaler within a 6-month period.		

Data collection form – Patients referred for a spacer device, PAAP and/or has been prescribed three or more short-acting bronchodilators without any corticosteroid within a six-month period

Patient bag label	Date of intervention	Date of referral	Reason for referral	GP practice	Action taken following the intervention, e.g. inhaler technique check, NMS
			Has not been prescribed a spacer device for use with a press and breathe pressurised MDI (the patient is aged 5-15 years) <input type="checkbox"/> Does not have a Personalised Asthma Action Plan <input type="checkbox"/> Has been prescribed three or more short-acting bronchodilator inhalers without any corticosteroid inhaler within a six-month period <input type="checkbox"/>		
			Has not been prescribed a spacer device for use with a press and breathe pressurised MDI (the patient is aged 5-15 years) <input type="checkbox"/> Does not have a Personalised Asthma Action Plan <input type="checkbox"/> Has been prescribed three or more short-acting bronchodilator inhalers without any corticosteroid inhaler within a six-month period <input type="checkbox"/>		
			Has not been prescribed a spacer device for use with a press and breathe pressurised MDI (the patient is aged 5-15 years) <input type="checkbox"/> Does not have a Personalised Asthma Action Plan <input type="checkbox"/> Has been prescribed three or more short-acting bronchodilator inhalers without any corticosteroid inhaler within a six-month period <input type="checkbox"/>		
			Has not been prescribed a spacer device for use with a press and breathe pressurised MDI (the patient is aged 5-15 years) <input type="checkbox"/> Does not have a Personalised Asthma Action Plan <input type="checkbox"/> Has been prescribed three or more short-acting bronchodilator inhalers without any corticosteroid inhaler within a six-month period <input type="checkbox"/>		
			Totals		

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Prevention Domain (AMS)

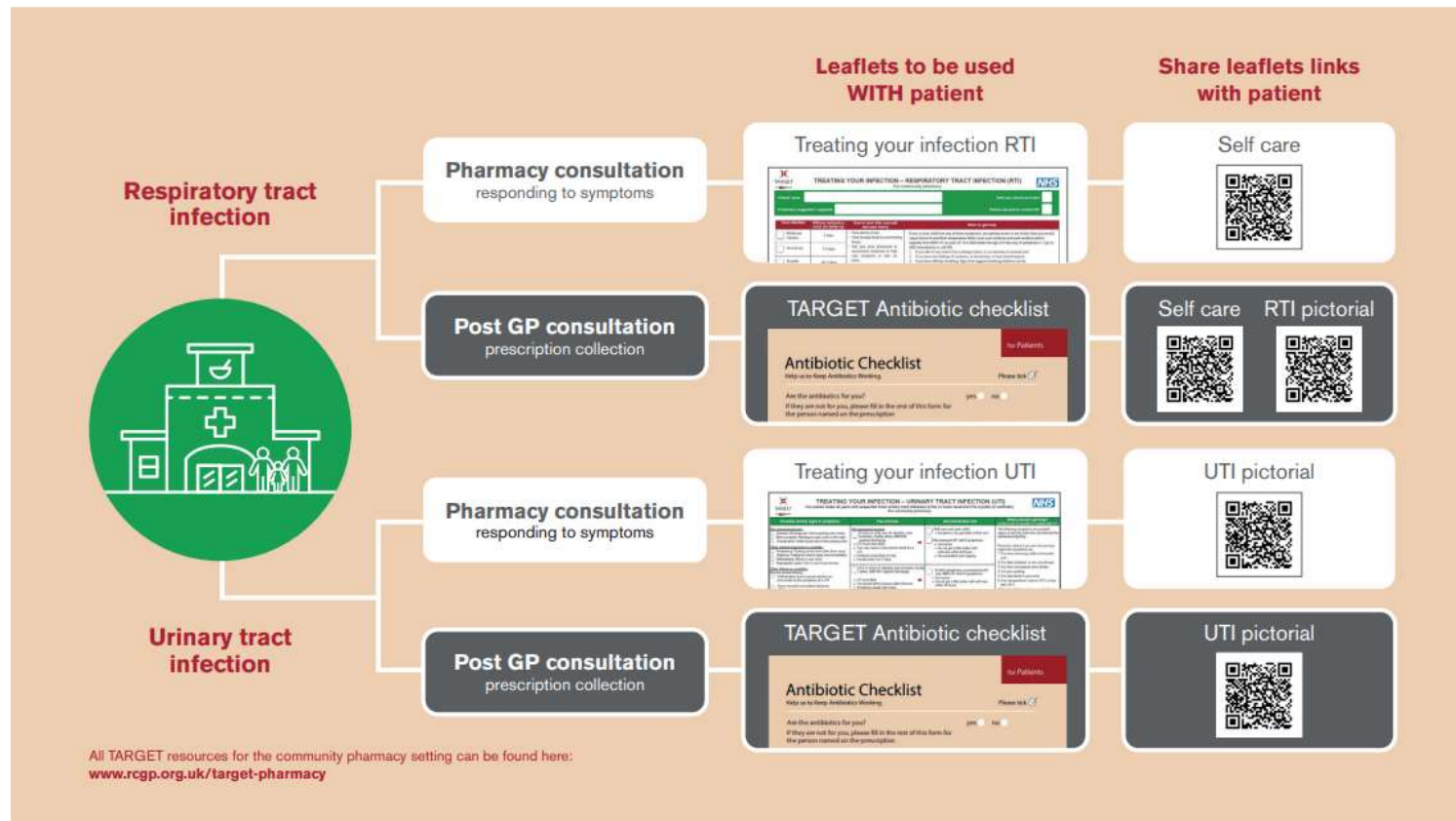
Six elements:

1. TARGET antibiotic checklist
2. TARGET Treating Your Infections leaflets
3. Staff Training
4. Antibiotic Guardian Pledge
5. AMS Action Plan
6. Safe Disposal



COMMUNITY PHARMACY FLOWCHART

A guide for when to use which TARGET resource for the management of Respiratory tract infection (RTIs) and Urinary tract infections (UTIs) in patients presenting in community pharmacy.



1. TARGET Antibiotic Checklist

Review practice to include use of TARGET antibiotic checklist

Recommendations from previous PQS AMS include using the TARGET leaflets with patients, providing bespoke awareness/education and promoting influenza vaccinations

Leaflets are completed by both patients and pharmacy team to inform dispensing process and provide bespoke advice

Need to collect data from at least 25 patients over four weeks using the checklist

Anonymised data from the checklists need to be added to MYS by 31 March 2024



Antibiotic Checklist
For use with patients/carers collecting antibiotics by community pharmacy staff

ANTIBIOTIC GUARDIAN
Keep Antibiotics Working

Antibiotic resistance is one of the biggest threats facing us today. Following this simple advice will help Keep Antibiotics Working.

STAGE 1
Antibiotic Checklist

STAGE 2
Checklist points

STAGE 3

On hand in
Ask the patient/carer to complete pages 1-2 'for patients'

Dispensing
Use the information collected on page 1 to check that the antibiotic is the right type and dose for that patient and that infection. Check against NICE/local antibiotic prescribing guidelines.

On hand out
Use the information gathered from the statements on page 2 to tailor the information you give to the patient/carer. There are several respiratory, urinary, dental and children's leaflets freely available at www.rcgp.org.uk/TARGETantibiotics to support self-care, safety-netting and prevention advice.

For more information on how your community pharmacy can Keep Antibiotics Working, visit Health Education England's AMR Hub and complete the e-module on Antimicrobial Stewardship for Community Pharmacy.

Make your pledge at www.AntibioticGuardian.com

Keep Antibiotics Working


2. TARGET Leaflets

Implement use of TARGET leaflets for RTI and UTI into CPCS or walk in consultations


Data collection with each of the two TARGET leaflets over 4 weeks with at least 15 patients or 8 weeks if 15 not identified in this period

Data collection from leaflets must be entered into MYS by 31 March 2024

Previous data collection sheets available, or can store duplicate of leaflet or enter directly into MYS



TREATING YOUR INFECTION – URINARY TRACT INFECTION (UTI)
For women under 65 years with suspected lower urinary tract infections (UTIs) or lower recurrent UTIs (cystitis or urethritis)
For community pharmacy



Possible urinary signs & symptoms	The outcome	Recommended care	When should I get help? Contact your GP practice or contact NHS 111
<p>Key signs/symptoms:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Dysuria: Burning pain when passing urine (wee) <input type="checkbox"/> New nocturia: Needing to pass urine in the night <input type="checkbox"/> Cloudy urine: Visible cloudy colour when passing urine <p>Other signs/symptoms to consider:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Frequency: Passing urine more often than usual <input type="checkbox"/> Urgency: Feeling the need to pass urine immediately <input type="checkbox"/> Haematuria: Blood in your urine <input type="checkbox"/> Suprapubic pain: Pain in your lower tummy <p>Other things to consider:</p> <p>Recent sexual history</p> <ul style="list-style-type: none"> <input type="checkbox"/> Inflammation due to sexual activity can feel similar to the symptoms of a UTI <input type="checkbox"/> Some sexually transmitted infections (STIs) can have symptoms similar to those of a UTI <p>Changes during menopause</p> <ul style="list-style-type: none"> • Some changes during the menopause can have symptoms similar to those of a UTI 	<p>Non-pregnant women:</p> <ul style="list-style-type: none"> <input type="checkbox"/> If none or only one of: dysuria, new nocturia, cloudy urine, AND/OR vaginal discharge <ul style="list-style-type: none"> • UTI much less likely • You may need a urine test to check for a UTI • Antibiotics less likely to help • Usually lasts 5 to 7 days <input type="checkbox"/> If 2 or more of: dysuria, new nocturia, cloudy urine; AND NO vaginal discharge <ul style="list-style-type: none"> • UTI more likely • You should start to improve within 48 hours • Symptoms usually last 3 days <p>Pregnant women:</p> <ul style="list-style-type: none"> <input type="checkbox"/> If suspected UTI 	<ul style="list-style-type: none"> <input type="checkbox"/> Self-care and pain relief. <ul style="list-style-type: none"> • Symptoms may get better on their own <input type="checkbox"/> Recommend GP visit if symptoms: <ul style="list-style-type: none"> • Get worse • Do not get a little better with self-care within 48 hours • Are persistent and ongoing <input type="checkbox"/> If mild symptoms, recommend self-care AND GP visit if symptoms: <ul style="list-style-type: none"> • Get worse • Do not get a little better with self-care within 48 hours <input type="checkbox"/> Recommend immediate GP visit/ NHS111 and self-care <input type="checkbox"/> Immediate GP referral 	<p>The following symptoms are possible signs of serious infection and should be assessed urgently.</p> <p>Phone for advice if you are not sure how urgent the symptoms are.</p> <ol style="list-style-type: none"> 1. You have shivering, chills and muscle pain 2. You feel confused, or are very drowsy 3. You have not passed urine all day 4. You are vomiting 5. You see blood in your urine 6. Your temperature is above 38°C or less than 36°C. 7. You have kidney pain in your back just under the ribs 8. Your symptoms get worse 9. Your symptoms are not starting to improve within 48 hours of taking antibiotics
<p>Self-care to help yourself get better more quickly</p> <ul style="list-style-type: none"> • Drink enough fluids to stop you feeling thirsty. Aim to drink 6 to 8 glasses • Avoid too much alcohol, fizzy drinks or caffeine that can irritate your bladder • Take paracetamol or ibuprofen at regular intervals for pain relief, if you can and have had no previous side effects • There is currently no evidence to support taking cranberry products or cystitis sachets to improve your symptoms • Consider the risk factors in the 'Options to help prevent UTI' column to reduce future UTIs 	<p>Options to help prevent a UTI</p> <p>It may help you to consider these risk factors:</p> <ul style="list-style-type: none"> • Stop bacteria spreading from your bowel into your bladder. Wipe from front (vagina) to back (bottom) after using the toilet. • Avoid waiting to pass urine. Pass urine as soon as you need. • Go for a wee after having sex to flush out any bacteria that may be near the opening to the urethra. • Wash the external vagina area with water before and after sex to wash away any bacteria that may be near the opening to the urethra. • Drink enough fluids to make sure you wee regularly throughout the day, especially during hot weather. <p>If you have a recurrent UTI, the following may help</p> <ul style="list-style-type: none"> • Cranberry products and D-mannose: There is some evidence to say that these work to help prevent recurrent UTI. • After the menopause: Topical hormonal treatment may help; for example, vaginal pessaries. • Antibiotics at night or after sex may be considered. 	<p>Antibiotic Resistance</p> <p>Antibiotics can be lifesaving. But antibiotics are not always needed for urinary symptoms.</p> <p>↓</p> <p>Antibiotics taken by mouth, for any reason, affect our gut bacteria making some resistant.</p> <p>↓</p> <p>This may make future UTI more difficult to treat.</p> <p>↓</p> <p>Common side effects to taking antibiotics include thrush, rashes, vomiting and diarrhoea. Seek medical advice if you are worried.</p> <p>↓</p> <p>Keep antibiotics working; only take them when advised by a health professional. This way they are more likely to work for a future UTI.</p>	<p>Community Pharmacy notes</p>

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Data Collection Form if you completed a Urinary Tract Infection (UTI) consultation with the patient or their representative (this is for women under the age of 65)		
Question	Answer	
1	When did you complete the consultation with the patient or their representative?	/ /
2	Who completed the consultation?	<input type="checkbox"/> Pharmacist <input type="checkbox"/> Trainee Pharmacist <input type="checkbox"/> Pharmacy Technician/dispenser, including trainee technician/dispenser <input type="checkbox"/> Counter staff
3	Patient Age <i>(N.B. women 65 or older are not eligible to participate in this data collection)</i>	<input type="checkbox"/> Under 65 <input type="checkbox"/> 65 or older <input type="checkbox"/> Not known
4	Is this patient pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Patient/ representative Uncertain
5a	Patient presenting symptoms	<input type="checkbox"/> Dysuria <input type="checkbox"/> New nocturia <input type="checkbox"/> Cloudy urine <input type="checkbox"/> Frequency <input type="checkbox"/> Urgency <input type="checkbox"/> Haematuria <input type="checkbox"/> Suprapubic pain <input type="checkbox"/> Abnormal vaginal discharge <input type="checkbox"/> Other (go to question 5b)
5b	What are the other symptoms?	
6	Patient referred to Pharmacist?	<input type="checkbox"/> Yes <input type="checkbox"/> No – referral was not needed <input type="checkbox"/> N/A – the pharmacist was the person who spoke to the patient about their symptoms
7a	Over the counter treatment recommended?	<input type="checkbox"/> Yes – supplied (go to question 7b) <input type="checkbox"/> Yes – declined (go to question 7b) <input type="checkbox"/> No
7b	Which over the counter treatment was recommended?	<input type="checkbox"/> Pain relief <input type="checkbox"/> Cystitis relief sachets <input type="checkbox"/> Cranberry products <input type="checkbox"/> D-mannose <input type="checkbox"/> Other (go to question 7c)
7c	Which other over the counter treatment was recommended?	
8	Self-care advice given?	<input type="checkbox"/> Yes – verbal advice only provided <input type="checkbox"/> Yes – verbal advice and patient leaflets provided <input type="checkbox"/> No

Page 1 of 2

Data Collection Form if you completed a Urinary Tract Infection (UTI) consultation with the patient		
Question	Answer	
9a	Did the patient have any of the following symptoms?	<input type="checkbox"/> Shivering, chills and muscle pain <input type="checkbox"/> Confusion, or are very drowsy <input type="checkbox"/> They have not passed urine all day <input type="checkbox"/> They are vomiting <input type="checkbox"/> They have blood in their urine <input type="checkbox"/> Their temperature is above 38°C or less than 36°C <input type="checkbox"/> They have kidney pain in their back just below the ribs <input type="checkbox"/> Their symptoms are getting worse <input type="checkbox"/> Their symptoms are not starting to improve within 48 hours of taking antibiotics
9b	How urgently was the patient referred?	<input type="checkbox"/> Immediately (go to question 9c) <input type="checkbox"/> If symptoms do not improve within 48 hours <input type="checkbox"/> If symptoms got worse <input type="checkbox"/> N/A (not referred to other services)
9c	Pharmacist advised patient to see GP/other service?	<input type="checkbox"/> Yes – GP <input type="checkbox"/> Yes – Out of Hours/ NHS 111 Service <input type="checkbox"/> Yes – Accident and Emergency <input type="checkbox"/> Yes – Other
9d	Reason(s) for referral to GP/other service	<input type="checkbox"/> Shivering, chills and muscle pain <input type="checkbox"/> Confusion, or are very drowsy <input type="checkbox"/> They have not passed urine all day <input type="checkbox"/> They are vomiting <input type="checkbox"/> They have blood in their urine <input type="checkbox"/> Their temperature is above 38C or less than 36C <input type="checkbox"/> They have kidney pain in their back just below the ribs <input type="checkbox"/> Their symptoms are getting worse <input type="checkbox"/> Their symptoms are not starting to improve within 48 hours of taking antibiotics <input type="checkbox"/> Other (go to question 9e)
9e	Other reason(s) for referral to GP/other service	

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3&4. Staff Training

Training and assessment	Who needs to complete it?	Pharmacists	Pharmacy technicians	Trainee pharmacists	Trainee pharmacy technicians	Dispensary staff	Medicines counter assistants	Delivery drivers
HEE infection prevention and control level 1 e-learning and e-assessment	Non-registered pharmacy staff			✓	✓	✓	✓	✓
HEE infection prevention and control level 2 e-learning and e-assessment	Registered pharmacy professionals	✓	✓	Recommended but not required	Recommended but not required			
HEE antimicrobial stewardship for community pharmacy e-learning and e-assessment	Patient-facing pharmacy staff that provide advice on medicines or healthcare	✓	✓	✓	✓	✓	✓	

Requirement	Who needs to complete it?	Pharmacists	Pharmacy technicians	Trainee pharmacists	Trainee pharmacy technicians	Dispensary staff	Medicines counter assistants
Should have become an Antibiotic Guardian and have an awareness of the local antibiotic formulary and how to access it	Patient-facing pharmacy staff that provide advice on medicines or healthcare	✓	✓	✓	✓	✓	✓

5. AMS Action Plan

Premises level AMS Action plan – either new or an update to the plan if the Prevention domain claimed in 22/23

“The action plan must include details of how all pharmacy staff involved in the provision of self-care advice will incorporate the principles of AMS into self-care advice, including reinforcing the messages around appropriate use of antibiotics, and the uptake of vaccinations, including the flu vaccine. There must be documented evidence, at the pharmacy, that the actions within the plan have been implemented by the day of the declaration”

Consider doing this BEFORE implementing training and leaflets/audits earlier in the domain



6. Safe Disposal

By the end of 31 March 2024, all patient-facing pharmacy staff working in the pharmacy on the day of the declaration must have been trained on the reasons why unwanted and expired antibiotics should be returned to the pharmacy for safe disposal and the adverse effects on the environment and AMR when antibiotics are disposed of in domestic waste.

RPS videos/resources available to support this

Must evidence that you have spoken to patients/carers for whom Abx have been dispensed from 1 June 2023 regarding benefits of returning unused antibiotics to the pharmacy for disposal



References

NHSE Guidance - <https://www.england.nhs.uk/wp-content/uploads/2021/09/PRN00176-pharmacy-quality-scheme-guidance-23-24-v2.pdf>

CPPE Hub Page - <https://www.cppe.ac.uk/services/pharmacy-quality-scheme>

CPE Home Page - <https://cpe.org.uk/quality-and-regulations/pharmacy-quality-scheme/>

eLFH - <https://portal.e-lfh.org.uk/>

NPSA patient safety alert on anticoagulants - <https://wchh.onlinelibrary.wiley.com/doi/pdf/10.1002/psb.77>

Community Pharmacy Oral Anticoagulant Safety Audit 21/22 - <https://www.england.nhs.uk/long-read/community-pharmacy-oral-anticoagulant-safety-audit-2021-22/>

Devon Specialist Meds Providers - <https://devon.communitypharmacy.org.uk/wp-content/uploads/sites/20/2023/01/2022-2023-Specialist-Medicines-Enhanced-Service-Providers.pdf>

Palliative care and end of life support details - <https://devon.communitypharmacy.org.uk/community-pharmacy-contractual-framework/community-pharmacy-reforms-2016-and-beyond/palliative-care-and-end-of-life-details-pqs-23-24/>

References

CPE 'Reducing climate change impact of inhalers' briefing - <https://cpe.org.uk/wp-content/uploads/2022/09/PSNC-Briefing-030.22-Inhaler-disposal-factsheet.pdf>

CPE respiratory referral form - <https://cpe.org.uk/wp-content/uploads/2022/10/Annex-C.-Referral-form-Referring-patients-with-asthma-2022-23.pdf>

TARGET Hub (use links in grey box) - <https://elearning.rcgp.org.uk/mod/book/view.php?id=13511&chapterid=784>

TARGET checklist leaflet - https://elearning.rcgp.org.uk/pluginfile.php/179949/mod_book/chapter/784/antibiotic-checklist-v2.pdf

TARGET RTI Leaflets - <https://elearning.rcgp.org.uk/mod/book/view.php?id=13511&chapterid=787>

TARGET UTI Leaflets - <https://elearning.rcgp.org.uk/mod/book/view.php?id=13511&chapterid=786>

Previous PQS resources - <https://cpe.org.uk/wp-content/uploads/2023/04/Pharmacy-Quality-Scheme-2022-23-Archived-website-content.pdf>

Antibiotic Guardian - <https://antibioticguardian.com/>

RPS Antibiotics disposal resources - <https://www.rpharms.com/recognition/all-our-campaigns/antimicrobial-resistance-stewardship/antibiotic-amnesty>

