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**PHARMACY QUALITY SCHEME (ENGLAND)**


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**Pharmacy Quality Scheme (PQS) 2025/26**

1. PQS 2025/26 gateway criterion
  - 1.1 To qualify for the Pharmacy Quality Scheme (PQS) 2025/26 payment, pharmacy contractors will have to meet the gateway criterion in Table 1 by the end of 31 August 2025. Pharmacy contractors must claim payment for the PQS 2025/26 quality criteria during the declaration period, which is between 09:00 on 2 February 2026 and 23:59 on 27 February 2026.
  - 1.2 Meeting the gateway criterion will not, in and of itself, earn a PQS payment for the pharmacy contractor, as these payments are also subject to the payment conditions relating to the domains, which are made up of the quality criteria set out in section 2.

**Table 1. Gateway criterion**

Domain	Description of the Gateway criterion
Gateway Criterion	<p><b>Advanced services – Pharmacy First &amp; Pharmacy Contraception Service</b></p> <p>Contractors must have signed up to deliver the Pharmacy First Service and the Pharmacy Contraception service by the end of 31 August 2025 and remain registered for <b>both</b> services until the end of the scheme, 31 March 2026.</p> <p><i>Further information for contractors who open or change ownership from 1 September 2025 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 declaration to deliver the service and subsequent registration from 1 September 2025 until the end of the scheme, 31 March 2026.</p> <p>Contractors should note that they will <b>not</b> be able to claim payment for the quality criteria during the declaration period if the gateway criterion has not been met.</p> <p><i>Please note that following de-registration from the Pharmacy First and/or Pharmacy Contraception Service the contractor will not be able to re-register for the service for a period of four months from the final day of their 30 days' notice. Any contractors that de-register between the 1 September 2025 until the end of the scheme, 31 March 2026 will not meet the Gateway Criterion for this scheme. Contractors who deregister before the declaration window will not be able to make a declaration; those who deregister after the close of the declaration but before the 31 March 2026 will have their payments recovered by the NHSBSA.</i></p>

2. **PQS 2025/26 domains**
    - 2.1 To receive a PQS payment the pharmacy contractor must have met the gateway criterion by the end of 31 August 2025. The contractor must also declare between 09:00 on 2 February 2026 and 23:59 on 27 February 2026 as having met and have evidence demonstrating meeting one or more of the domains in Table 2 (please note, contractors must meet all of the quality criteria in each domain to be eligible for a PQS payment in respect of that domain). No PQS payment will be made to contractors that fail to submit their declaration by 23:59 on 27 February 2026, even if they have evidence to demonstrate that they have undertaken the work to meet the scheme requirements. The overall level of the PQS payment will depend on how many of the domains the pharmacy contractor declares it has met.
    - 2.2 Please note, the validity period for training for the PQS 2025/26 runs until the end of 31 March 2026 so, for example, if a pharmacist needs to complete the Consulting with people with mental health problems e-learning, this will need to be completed within the 4 years prior to 31 March 2026 (between 1 April 2022 and the end of 31 March 2026).
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Table 2. Domains and Quality Criteria

Domain	Description of the Quality criterion
Medicines Optimisation	<p data-bbox="518 611 877 633"><b>Palliative and End of Life Care Action Plan</b></p> <p data-bbox="518 658 1241 680">As soon as possible after 1 April 2025 and by the end of 31 March 2026 the contractor:</p> <ul data-bbox="566 685 1241 936" style="list-style-type: none"> <li>• must have updated NHS Profile Manager to show they are a 'Pharmacy palliative care medication stockholder' if they routinely hold the 16 palliative and end of life critical medicines listed below and can support local access to parenteral haloperidol. If NHS Profile Manager is updated centrally by head office, it will need to be confirmed that this will be done by the end of 31 March 2026. Contractors who claimed for the Medicines Safety &amp; Optimisation domain in 2023/24 must ensure their status is correct and updated for 2025/26 by logging into NHS Profile Manager and confirming this between 1 April 2025 and by the end of 31 March 2026 by verifying their account at <a href="https://organisation.nhswebsite.nhs.uk/sign-in">https://organisation.nhswebsite.nhs.uk/sign-in</a> If this verification has not been completed a contractor will not have met this requirement even if their profile is still showing them as a stock holder.</li> </ul> <p data-bbox="518 958 1241 1061">Contractors with profiles that cannot currently be updated via NHS Profile Manager, may still claim for this domain and update the Directory of Services (DoS) profile by contacting their Regional DoS lead. Contact details available <a href="#">here</a>. If contractors are not a stockholder of these 16 palliative and end of life critical medicines, they are not required to update NHS Profile Manager.</p> <p data-bbox="531 1088 957 1111">The 16 palliative and end of life critical medicines are:</p> <ul data-bbox="531 1115 1053 1518" style="list-style-type: none"> <li>• Cyclizine solution for injection ampoules 50mg/1ml</li> <li>• Cyclizine tablets 50mg</li> <li>• Dexamethasone solution for injection ampoules 3.3mg/1ml</li> <li>• Dexamethasone tablets 2mg</li> <li>• Haloperidol tablets 500mcg (or 1.5mg tablets or 5mg/5ml liquid)</li> <li>• Hyoscine butylbromide solution for injection 20mg/1ml</li> <li>• Levomepromazine solution for injection ampoules 25mg/1ml</li> <li>• Metoclopramide solution for injection ampoules 10mg/2ml</li> <li>• Midazolam solution for injection ampoules 10mg/2ml</li> <li>• Morphine sulfate oral solution 10mg/5ml</li> <li>• Morphine sulfate solution for injection ampoules 10mg/1ml</li> <li>• Morphine sulfate solution for injection ampoules 30mg/1ml</li> <li>• Oxycodone solution for injection ampoules 10mg/1ml</li> <li>• Oxycodone oral solution sugar free 5mg/5ml</li> <li>• Sodium chloride 0.9% solution for injection ampoules 10ml</li> <li>• Water for injections 10ml</li> </ul> <p data-bbox="518 1545 1241 1688">By the end of 31 March 2026, contractors must have an action plan in place to use when they do not have the required stock of the 16 palliative and end of life critical medicines and/or parenteral haloperidol available for a patient. This must include collated information from pharmacies in their area to be able to aid a patient, relative/carer in obtaining medication as swiftly as possible by redirecting them to the nearest open community pharmacy that stocks the 16 palliative and end of life critical medicines and/or parenteral haloperidol.</p> <p data-bbox="518 1715 1241 1776">To qualify for payment all contractors must have this action plan irrespective of whether they do or do not routinely stock the 16 palliative and end of life critical medicines listed above.</p>

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	<p>The action plan must include:</p> <ul style="list-style-type: none"> <li>• an awareness of any locally commissioned services for palliative care including any on call and delivery arrangements;</li> <li>• a list of community pharmacies stocking the 16 palliative and end of life critical medicines for palliative/end of life care in their area and noting the ability to check the DoS to find pharmacies stocking these medicines;</li> <li>• details of where parenteral haloperidol can be accessed locally, e.g. through any local commissioning arrangements;</li> <li>• awareness of other support services that may be useful for patients/relatives/carers.</li> </ul> <p>The action plan for 2025/26 must be available for inspection from the end of 31 March 2026 at premises level and must be retained for 3 years for PPV purposes.</p> <p>For contractors who claimed for the Medicines Safety &amp; Optimisation domain in 2023/24, an update to the previous action plan will be required.</p> <p>When making a declaration for this criterion, the following information must be reported on the MYS application:</p> <ul style="list-style-type: none"> <li>• Confirm if the pharmacy does or does not stock the 16 palliative and end of life critical medicines.</li> <li>• If the pharmacy does stock the 16 palliative and end of life critical medicines, a declaration that by the end of 31 March 2026, the DoS will have been updated to indicate that the pharmacy is a 'Pharmacy palliative care medication stockholder'.</li> <li>• A declaration that by the end of 31 March 2026, the pharmacy will have a new or updated action plan in place on the premises, available for inspection, with collated information from pharmacies in their local area to be able to aid a patient, relative/ carer in obtaining medication as swiftly as possible by redirecting them to the nearest open community pharmacy that stocks the 16 palliative and end of life critical medicines and/or parenteral haloperidol.</li> </ul> <p><b>Consulting with people with mental health problems - CPPE Learning</b></p> <p>To support the quality of New Medicine Service consultations following the expansion of the service, by the end of 31 March 2026, all pharmacists working at the pharmacy on the day of the declaration must have satisfactorily completed, within the last 4 years (between 1 April 2022 and end of 31 March 2026), the Consulting with people with mental health problems e-learning <a href="#">CPPE online training</a>.</p> <p>Since there is no e-assessment for the e-learning, pharmacists will need to confirm completion of the Consulting with people with mental health problems e-learning in their CPPE record. When a pharmacist has confirmed completion, they will be able to download a certificate of study.</p> <p>Contractors will need to have evidence to demonstrate that all pharmacists working at the pharmacy on the day of the declaration have satisfactorily completed, within the last 4 years (between 1 April 2022 and end of 31 March 2026) the <a href="#">CPPE online training</a>. This evidence must be available for inspection from the end of 31 March 2026 at premises level and must be retained for 3 years for PPV purposes.</p> <p>When making a declaration for this criterion, the following information must be reported on the MYS application:</p> <ul style="list-style-type: none"> <li>• the total number of pharmacists working at the pharmacy on the day of the declaration who have satisfactorily completed the CPPE online training since 1 April 2022.</li> <li>• the total number of pharmacists working at the pharmacy on the day of the declaration who have not satisfactorily completed the CPPE online training since 1</li> </ul>
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	<p>April 2022 but who will undertake this requirement between the day of the declaration and the end of 31 March 2026.</p> <ul style="list-style-type: none"> <li>That the contractor has the evidence to demonstrate that all pharmacists working at the pharmacy on the day of the declaration have satisfactorily completed, within the last 4 years (between 1 April 2022 and end of 31 March 2026) the CPPE online training.</li> </ul> <p><b>Respiratory</b></p> <p><b>Use of a Spacer in Patients Aged 5-15 Years</b></p> <p>By the end of 31 March 2026, the pharmacy must be able to evidence that between 1 April 2025 and the day of the declaration they have:</p> <ul style="list-style-type: none"> <li>checked that all children aged 5 to 15 (inclusive) prescribed a press and breathe pressurised MDI for asthma have a spacer device, where appropriate, in line with <a href="#">NICE TA38</a> and</li> <li>referred children aged 5 to 15 (inclusive) with asthma to an appropriate healthcare professional where this is not the case.</li> </ul> <p>When making a declaration for this criterion, the following information must be reported on the MYS application:</p> <ul style="list-style-type: none"> <li>the total number of children aged 5 to 15 (inclusive) referred to a prescriber for a spacer device, where appropriate, in line with <a href="#">NICE TA38</a> between 1 April 2025 and the day of the declaration.</li> </ul> <p><b>Referrals for patients using 3 or more short-acting bronchodilator inhalers in 6 months</b></p> <p>By the end of 31 March 2026, the pharmacy must be able to evidence that between 1 April 2025 and the day of the declaration that patients with asthma, for whom three or more short-acting bronchodilator inhalers were dispensed without any corticosteroid inhaler within a six-month period have, since the last review point, been referred to an appropriate healthcare professional for an asthma review.</p> <p>For contractors who claimed elements of these criteria previously as part of PQS 2023/24, a new review will be required. In addition, the pharmacy team's knowledge and understanding of the process to identify suitable patients should be reviewed. Methods used to identify 'at risk' patients for referral should be reviewed for effectiveness.</p> <p>Where no patients are identified for referral under any of the criteria of the domain, the contractor will still be eligible for payment if they can evidence that they have robustly attempted to identify suitable patients and that they have processes in place for referrals should they identify a patient who is suitable. They will need to declare no patients have been identified as needing these interventions on the MYS declaration. Contractors are advised to record any intervention and/or referrals made in the patient medication record (PMR).</p> <p>When making a declaration for this criterion, the following information must be reported on the MYS application:</p> <ul style="list-style-type: none"> <li>the total number of patients with asthma, for whom three or more short-acting bronchodilator inhalers were dispensed without any corticosteroid inhaler within a six-month period and who were referred to an appropriate healthcare professional for an asthma review between 1 April 2025 and the day of the declaration.</li> </ul> <p>The evidence for meeting the requirements of both of the respiratory criteria above must be available for inspection from the end of 31 March 2026 at premises level and must be retained for 3 years for PPV purposes.</p>
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	<p><b>Emergency Contraception - CPPE Learning &amp; E-Assessment</b></p> <p>To support the quality of Pharmacy Contraception Service consultations following the expansion of the service to include Emergency Contraception, by the end of 31 March 2026, all pharmacists and any pharmacy technicians intending to provide the Pharmacy Contraception Service working at the pharmacy on the day of the declaration, must have satisfactorily completed, within the last 3 years (between 1 April 2023 and end of 31 March 2026), the <a href="#">CPPE online training</a> and passed the <a href="#">e-assessment</a>.</p> <p>Contractors will need to have evidence to demonstrate that all pharmacists and any pharmacy technicians intending to provide the Pharmacy Contraception Service working at the pharmacy on the day of the declaration have satisfactorily completed, within the last 3 years (between 1 April 2023 and end of 31 March 2026) the <a href="#">CPPE online training</a> and passed the <a href="#">e-assessment</a>. This evidence must be available for inspection from the end of 31 March 2026 at premises level and must be retained for 3 years for PPV purposes.</p> <p>When making a declaration for this criterion, the following information must be reported on the MYS application:</p> <ul style="list-style-type: none"><li>• the total number of pharmacists and any pharmacy technicians involved in the supply of Emergency Contraception working at the pharmacy on the day of the declaration who have satisfactorily completed the CPPE online training and passed the associated e-assessment since 1 April 2023.</li><li>• the total number of pharmacists and any pharmacy technicians involved in the supply of Emergency Contraception working at the pharmacy on the day of the declaration who have not satisfactorily completed the CPPE online training and passed the associated e-assessment since 1 April 2023 but who will undertake this requirement between the day of the declaration and the end of 31 March 2026.</li><li>• That the contractor has the evidence to demonstrate that all pharmacists and any pharmacy technicians involved in the supply of Emergency Contraception working at the pharmacy on the day of the declaration have satisfactorily completed, within the last 3 years (between 1 April 2023 and end of 31 March 2026) the CPPE online training and passed the e-assessment.</li></ul>
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<p><b>Patient Safety</b></p>	<p><b>Antimicrobial Stewardship - Pharmacy First consultations - Clinical Audit</b></p> <p>Contractors must complete a clinical audit, which will concern the clinical advice and consultations provided to patients scoring FeverPAIN 0-3 on the Pharmacy First Sore Throat clinical pathway. The 2025/26 clinical audit should be conducted from 1 September 2025 and completed no later than 31 March 2026.</p> <p>The audit must be carried out with a minimum of 10 patients over four weeks, or over an eight-week period if 10 patients are not achieved. Contractors should make a record of the start and end date of the audit as they will be required to enter this information into the MYS application when they make their declaration. Contractors should choose an eight-week consecutive period between the audit launch and 3 February 2026 to commence the data collection (please ensure you complete the audit no later than 31 March 2026).</p> <p>The pharmacy must have completed the audit, sharing their anonymised data with NHS England, and incorporating any learnings from the audit into future practice by the end of 31 March 2026. The information that needs to be submitted to NHS England is included in the audit document, which will be accessible from the <a href="#">NHSBSA website</a> by the end of May 2025, and must be reported on the MYS data collection tool.</p> <p>Completing the audit data submission is an essential requirement for meeting the audit criterion. Undertaking the audit without submitting the data will mean the contractor will not have met the requirements of this domain. MYS allows a contractor to start their data collection and then return to it later should this be necessary. Where a data collection has been started but not submitted, it will not be eligible for payment. Contractors who successfully complete their data collection submission will receive a data collection submission confirmation email as evidence that their submission has been successful. This email must be provided if a contractor needs to demonstrate that they have successfully completed their data collection submission. Should a contractor not receive this data submission confirmation email within one hour of submitting their declaration then, after first checking their junk email folder, they should email the provider assurance team at <a href="mailto:pharmacysupport@nhsbsa.nhs.uk">pharmacysupport@nhsbsa.nhs.uk</a> immediately to make them aware of the issue.</p> <p><b>No patient identifiable data should be entered onto the MYS data collection tool.</b></p> <p>Where no patients are identified for the audit, the contractor will still be eligible for payment if:</p> <ul style="list-style-type: none"> <li>• the contractor can evidence that they have robustly attempted to identify suitable patients and;</li> <li>• they will need to declare no patients have been identified as being suitable for review on the data collection tool on MYS by the end of 31 March 2026.</li> </ul> <p>When making a declaration for this criterion, the following must be confirmed on the MYS application:</p> <ul style="list-style-type: none"> <li>• a declaration that by the end of 31 March 2026 the contractor will have completed the clinical audit;</li> <li>• the start and end date of the audit period (which may be different from the date data are first entered on the MYS data collection tool);</li> <li>• a declaration that by the end of 31 March 2026 the contractor will have shared their anonymised data or have declared that no patients have been identified as being suitable for audit via the data collection tool on the MYS application.</li> </ul> <p>That the contractor has or will have incorporated any learnings from the audit into their future practice by the end of 31 March 2026.</p>
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	<p><b>Sepsis - CPPE Learning &amp; E-assessment</b></p> <p>By the end of 31 March 2026, all registered pharmacy professionals working at the pharmacy on the day of the declaration must have satisfactorily completed, within the last two years (between 1 April 2024 and end of 31 March 2026), the <a href="#">CPPE sepsis online training</a> and passed the <a href="#">e-assessment</a>.</p> <p>Contractors will need to have evidence to demonstrate that all registered pharmacy professionals working at the pharmacy on the day of the declaration have satisfactorily completed, within the last 2 years (between 1 April 2024 and end of 31 March 2026) the <a href="#">CPPE sepsis online training</a> and passed the <a href="#">e-assessment</a>. This evidence must be available for inspection from the end of 31 March 2026 at premises level and must be retained for 3 years for PPV purposes.</p> <p>When making a declaration for this criterion, the following information must be reported on the MYS application:</p> <ul style="list-style-type: none"> <li>• the total number of registered pharmacy professionals working at the pharmacy on the day of the declaration who have satisfactorily completed the CPPE sepsis online training<sup>1</sup> and passed the associated e-assessment<sup>2</sup> since 1 April 2024.</li> <li>• the total number of registered pharmacy professionals working at the pharmacy on the day of the declaration who have not satisfactorily completed the CPPE sepsis online training<sup>1</sup> and passed the associated e-assessment<sup>2</sup> since 1 April 2024 but who will undertake this requirement between the day of the declaration and the end of 31 March 2026.</li> <li>• That the contractor has the evidence to demonstrate that all registered pharmacy professionals working at the pharmacy on the day of the declaration have satisfactorily completed, within the last 2 years (between 01 April 2024 and end of 31 March 2026) the CPPE sepsis online training and passed the e-assessment.</li> </ul> <p><b>Regularising Enhanced DBS Checks for registered pharmacy professionals</b></p> <p>By the end of 31 March 2026, all registered pharmacy professionals working at the pharmacy on the day of the declaration must have undertaken an enhanced DBS check to support the safe provision of clinical services, with a certificate issued within the last three years (between 1 April 2023 and end of 31 March 2026), to regularise the frequency of performing these checks in line with other healthcare professionals in the NHS.</p> <p>Contractors will need to have evidence to demonstrate that all registered pharmacy professionals working at the pharmacy on the day of the declaration must have requested an enhanced DBS check to support the safe provision of clinical services, with a certificate issued within the last three years (between 1 April 2023 and end of 31 March 2026). This evidence must be available for inspection from the end of 31 March 2026 at premises level and must be retained for 3 years for PPV purposes.</p> <p>When making a declaration for this criterion, the following information must be reported on the MYS application:</p> <ul style="list-style-type: none"> <li>• the total number of registered pharmacy professionals working at the pharmacy on the day of the declaration who have undertaken an enhanced DBS check and received a certificate since 1 April 2023.</li> <li>• the total number of registered pharmacy professionals working at the pharmacy on the day of the declaration who have not undertaken an enhanced DBS check since 1 April 2023 but who will undertake this requirement between the day of the declaration and the end of 31 March 2026.</li> <li>• That the contractor has the evidence to demonstrate that all registered pharmacy professionals working at the pharmacy on the day of the declaration have undertaken an enhanced DBS check and received a certificate to support the safe provision of clinical services within the last three years (between 1 April 2023 and end of 31 March 2026).</li> </ul>
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- 2.3 The following applies to all training that is associated with PQS 2025/26. Many of the criteria in this scheme include training and related assessments being undertaken by pharmacy team members. The following terms are used in the requirements to define different types of staff:
- **Registered pharmacy professionals** are pharmacists and pharmacy technicians.
  - **Patient-facing pharmacy staff** include all registered pharmacy professionals, trainee pharmacists, trainee pharmacy technicians, dispensary staff, medicine counter assistants and delivery drivers. Contractors may also have other staff that can be identified as having patient-facing roles.
  - **Non-registered pharmacy staff** include all trainee pharmacists, trainee pharmacy technicians, dispensary staff, medicine counter assistants and delivery drivers.
  - **Patient-facing staff that provide advice on medicines or healthcare** include all registered pharmacy professionals, trainee pharmacists, trainee pharmacy technicians, dispensary staff and medicine counter assistants.
  - **Non-registered patient-facing pharmacy staff who provide health advice** includes trainee pharmacists, trainee pharmacy technicians, dispensary staff and medicine counter assistants.
- 2.4 An electronic certificate of completion of the training will be provided following the completion of each of the e-assessments. Contractors must keep a copy of the certificate for each member of staff as evidence that the training and e-assessment has been completed. As there is no e-assessment specifically linked to the CPPE *Consulting with people with mental health problems* e-learning, pharmacy professionals will need to confirm completion by downloading a certificate of study from their CPPE learning record.
- 2.5 If staff members have previously completed any of the training and, where applicable, successfully passed the e-assessments which are within the validity period as explained in 2.2, they are not required to complete this training again.
- 2.6 All training and e-assessments must have been successfully completed by the end of 31 March 2026. However, in relation to training requirements where new staff who have recently joined the pharmacy or staff returning from long term leave, for example maternity leave, have not undertaken the training and assessment by the end of 31 March 2026 the pharmacy contractor can count them as having completed the training and assessment, if the pharmacy contractor has a training plan in place to ensure that these staff complete the training and assessment within 30 days of the day of the declaration or by the end of 31 March 2026, whichever is the later. This training plan and demonstrable evidence of completion of training and assessment must be retained at the pharmacy to demonstrate that the pharmacy contractor has met this quality criterion.
- 2.7 By the end of 31 March 2026, the contractor must have for each staff member, excluding those staff for whom there is a training plan in place as described above, at premises level, an electronic copy of the personalised certificate (stored and accessible digitally) provided upon completion of the training and assessment (where applicable), as evidence that all relevant members of staff have completed the training.
3. Payment for PQS 2025/26
- 3.1 Pharmacy contractors must claim payment for the PQS 2025/26 quality domains during the declaration period which is between 09:00 on 2 February 2026 and 23:59 on 27 February 2026. Contractors must have evidence to demonstrate meeting the gateway criterion\* and the domains that they have claimed for by the end of 31 March 2026.
- \* Contractors, who opened from 1 September 2025 up until 31 December 2025 or had a change of ownership resulting in a new ODS code, must sign up to deliver the Pharmacy First Service and Pharmacy Contraception service, within two weeks of opening under the new ODS code, and remain registered until the end of the scheme, 31 March 2026 to qualify for payment for PQS 2025/26.
- Contractors, who opened or had a change of ownership from 1 January 2026 resulting in a new ODS code will not be eligible for the gateway criteria and will not qualify for payment for PQS 2025/26.
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- 3.2 Pharmacy contractors will need to make a declaration to the NHSBSA using the MYS application. MYS is available at <https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/manage-your-service-mys>.
- 3.3 Completing the declaration is an essential requirement for meeting the scheme requirements. Undertaking some or all the scheme requirements without submitting the final declaration will not enable a payment to be made. MYS allows a contractor to start their declaration and then return to it later should this be necessary. Where a declaration has been started but not submitted, it will not be eligible for payment. Contractors who successfully complete their declaration will receive a declaration confirmation email as evidence that their declaration has been successful. This email must be provided if a contractor needs to demonstrate that they have successfully completed their declaration. Should a contractor not receive this declaration confirmation email within one hour of submitting their declaration then, after checking their junk email folder, they should email the provider assurance team at [pharmacysupport@nhsbsa.nhs.uk](mailto:pharmacysupport@nhsbsa.nhs.uk) immediately to make them aware of the issue.
- 3.4 The domain(s) have a designated maximum number of points dependent on the participating contractor's total prescription volume in 2024/25\*<sup>\*/\*\*/\*\*\*/\*</sup> according to the NHSBSA's payment data as shown in Table 3.

\* Contractors, who opened part way through 2024/25, will have their total prescription volume determined as the average number of prescriptions dispensed per month during the full months they were open in 2024/25 multiplied by 12. Please note that change in ownership for the purpose of the PQS banding only is not treated as a new contractor.

\*\* Contractors, who opened after 1 April 2025, will be placed in band 2 for PQS 2025/26. Please note that change in ownership for the purpose of the PQS banding only is not treated as a new contractor.

\*\*\* Contractors, who are eligible for the Pharmacy Access Scheme (PhAS), are automatically placed in band 2

\*\*\*\* Where two pharmacies have consolidated, in accordance with Regulation 26A,161 since 1 April 2024, the total prescription volume of the continuing pharmacy will be determined as the item volume for the continuing pharmacy only. The item volume for the closing pharmacy will not be attributed to the continuing pharmacy. This is not the same as a change in ownership situation.

**Table 3. Maximum number of points per domain**

Band	Band 1	Band 2
Annual Items	0-1,800	1,801 and above
Medicines Optimisation	1.50	30.00
Patient Safety	1.00	20.00
<b>Total</b>	<b>2.50</b>	<b>50.00</b>

- 3.5 The total funding for PQS 2025/26 is £30 million. The funding will be divided between qualifying pharmacies based on the number of points they have achieved up to a maximum £115.00 per point. Each point will have a minimum value of £57.50, based on all contractors achieving maximum points. Payments will be made to eligible contractors depending on the band they are placed in, how many domains they have declared they are meeting, and hence points claimed.

- 3.6 For example:  
Assuming the number of contractors in each band and the average number of points achieved by each contractor is as set out in Table 4, we can calculate how many points in total were delivered and therefore the value of each point:

**Table 4**

	Number of contractors	Average points per contractor
Band 1	13	2
Band 2	8,347	30

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The total number of points is 250,436 which means £30 million would deliver a value per point of £119.79.

However, each point is capped at a total of £115.00. So, the contractor would receive £115.00 per point they earned. This would mean that around £1.2 million (out of the £30 million) would remain undelivered through the PQS and would be taken into account in the delivery of the overall Community Pharmacy Contractual Framework funding agreement.

#### 4. Aspiration payment

- 4.1 Contractors will be able to claim an aspiration payment. The aspiration payment is optional for pharmacy contractors and not claiming it will not impact on the pharmacy contractor's ability to claim payment for PQS 2025/26.
- 4.2 Pharmacy contractors will need to make a declaration to the NHSBSA using MYS and indicate which domains they intend to achieve before the end of the declaration period. MYS is available at <https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/manage-your-service-mys>. The aspiration payment must be claimed between 09:00 on 1 May 2025 to 23:59 on 16 May 2025 for contractors to receive payment on 1 July 2025.
- 4.3 Completing the declaration within the declaration window is essential to receive an aspiration payment. MYS allows a contractor to start their declaration and then return to it later should this be necessary. Where a declaration has been started but not submitted, it will not be eligible for payment. Contractors who successfully complete their declaration will receive a declaration confirmation email as evidence that their declaration has been successful. This email must be provided if a contractor needs to demonstrate that they have successfully completed their declaration. Should a contractor not receive this declaration confirmation email within one hour of submitting their declaration then, after checking their junk email folder, they should email the provider assurance team at [pharmacysupport@nhsbsa.nhs.uk](mailto:pharmacysupport@nhsbsa.nhs.uk) immediately to make them aware of the issue.
- 4.4 The maximum number of points for which a pharmacy contractor can be paid an aspiration payment is 75% of the number of points available. The value of each point for the aspiration payment is set at £57.50 (i.e. the minimum value of a point for PQS 2025/26).
- 4.5 The aspiration payment will be reconciled with the payment for the PQS 2025/26 on 1 April 2026. Where there is a change of ownership during the course of 2025/26 and the previous contractor received an aspiration payment and does not make a declaration between 09:00 on 2 February 2026 and 23:59 on 27 February 2026, this aspiration payment will be recovered from the previous contractor. A new contractor cannot rely upon the PQS activities conducted by a previous contractor for PQS payment where a change of ownership has occurred resulting in a new ODS code being issued for the contractor.
- 4.6 For example:

PQS Band for 2025/26	Band 2
Maximum 'aspiration points' which can be paid	37.5
Points intended to deliver, as per Aspiration payment declaration	50
Aspiration payment (paid at £57.50 per aspiration point)	£2,156.25
Points actually delivered, as per 2025/2026 declaration (made between 09:00 on 2 February 2026 and 23:59 on 27 February 2026,	50
Reconciliation payment (1 April 2026) (based on final value of £80.00 per point)	£1843.75
Total 2025/26 PQS payment	£4,000.00

The pharmacy's prescription volume in 2024/25 would put them in Band 2 for 2025/26 PQS. They intend to achieve 50 points in 2025/26 (i.e. the maximum available for Band 2). They receive an aspiration payment of £2,156.25 (i.e. 75% of 50 points is 37.5, and 37.5 multiplied by £57.50 is £2,156.25). The pharmacy achieves the 50 points as intended. In addition, the points delivered by all contractors mean the value of a point is set at £80.00. In the reconciliation payment the pharmacy contractor receives £1,843.75.

#### 5. Validation of Claims

- 5.1 NHS England has a duty to be assured that where contractors choose to take part in the PQS that they meet the requirements of the scheme and earn the payments claimed. NHS England will
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**PHARMACY QUALITY SCHEME (ENGLAND)**

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- work with the NHSBSA Provider Assurance Team to undertake verification checks on all declarations. The verification checks include comparing the information provided by contractors in their declarations against the datasets and evidence sources available, as well as evidence held by the pharmacy to demonstrate meeting the scheme requirements.
- 5.2 When contractors make their submission for the PQS 2025/26, they are making a declaration that they have met the gateway criterion and will meet the quality criteria in each of the domains they are claiming for by the end of 31 March 2026. It is the contractor's responsibility to be able to provide evidence of meeting the scheme requirements and this may be required by the NHSBSA for post-payment verification.
- 5.3 Contractors experiencing any difficulty with collating evidence of meeting the scheme requirements or making the declarations for the PQS 2025/26 can contact the NHSBSA Provider Assurance Team at [pharmacysupport@nhsbsa.nhs.uk](mailto:pharmacysupport@nhsbsa.nhs.uk) to make them aware of these difficulties at the time the difficulties occur.
- 5.4 In cases where NHS England consider that a claim has been made for a PQS payment for which the contractor is not eligible, it will be treated as an overpayment. In such cases, contractors will be contacted by the NHSBSA and notified of the overpayment recovery process. Any overpayment recovery would not prejudice any action that NHS England may also seek to take under the performance related sanctions and market exit powers within The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.
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