

PQS 2026/27

Resource Pack



Pharmacy Quality Scheme 2026/27 Action and Evidence Portfolio Workbook

Section	Page number
Introduction	3
Important dates for the diary	5
PQS flow chart – How to use the Action and Evidence Portfolio Workbook	6
PQS 2026/27 checklist	7
Gateway criterion	
Gateway criterion a) Palliative and end of life PQS questionnaire	8
Gateway criterion b) Updating NHS Profile Manager if the pharmacy is a 'Pharmacy palliative care medication stockholder'	8
Gateway criterion c) Palliative and end of life care action plan	10
Domain 1: Medicines optimisation and patient safety	
Quality criterion a) Respiratory: CPPE asthma e-learning and e-assessment	11
Quality criterion b) Safer management of urgent repeat medicines supply requests and referrals	12
Domain 2: Professional practice	
Quality criterion a) Clinical services audit and clinical peer review	14
Action plan	
Action plan	16

Links

- [CPE PQS Scheme 2026/27 Action and Evidence Portfolio Workbook](#)

Aspiration Payment

- Must have been claimed between 9am on 13 July 2026 to 11:59pm on 28 July 2026 through [MYS](#) for payment on 1 September 2026.
- **It is optional and not claiming it will not impact on your ability to claim payment for the PQS 2026/27.**
- The aspiration payment for each domain is paid on the understanding that you will have made a declaration within the declaration period and that you will have completed the PQS 2026/27 before 11:59pm on 26 February 2027, stating you will meet the conditions of the relevant domains. If you do not achieve the full number of points you have claimed for, payment issued for the remainder will be reclaimed.
- The maximum number of points you can receive an aspiration payment for is 80% of the number of points within your band. **The value of the point for the aspiration payment is set at £64.20, the minimum value of a point for the PQS 2026/27.**

Gateway Criterion

Links

- ❑ [CPE Pharmacy Quality Scheme](#)
- ❑ [PQS Checklist](#)

Palliative and End of Life Care (PEoLC) questionnaire

NHS Profile Manager Update if the pharmacy is a 'Pharmacy palliative care medication stockholder'

Palliative and End of Life Care (PEoLC) action plan

To participate, all pharmacies must complete the above.

Gateway Criterion a:

Palliative and End of Life Care Questionnaire

Complete the questionnaire via the [NHSBSA website](#) from **August 2026** and submit it by **31 December 2026** to meet the gateway criterion.

- A confirmation email will be sent following successful submission. Pharmacy owners should retain this as proof of completion. If no confirmation email is received within one hour (after checking junk/spam folders), contact the NHSBSA Provider Assurance Team at pharmacysupport@nhsbsa.nhs.uk.
- Do **not** include any patient identifiable information in the questionnaire.
- Failure to complete the questionnaire by **31 December 2026** will mean the gateway criterion is not met and payment for the quality criteria cannot be claimed.

Gateway Criterion b:

Pharmacy palliative care medication stockholder

Between **2 June 2026** and **31 March 2027**, pharmacy owners who routinely stock the 16 specified palliative and end of life medicines and can support access to parenteral haloperidol must **update or verify** their [NHS Profile Manager](#) status as a '*Pharmacy palliative care medication stockholder*'.

- Pharmacies that claimed the Medicines Optimisation domain in **2025/26** must verify their NHS Profile Manager account during this period, even if their profile already shows them as a stockholder. Failure to do so means this requirement will not be met.
- If NHS Profile Manager cannot be updated, pharmacy owners should contact their [Regional Directory of Services \(DoS\) Lead](#) to update their DoS profile.

Links

- ❑ [Palliative and end of life care criterion in the 2026/27 PQS – information for external stakeholders](#)

Gateway Criterion b:

Pharmacy palliative care medication stockholder

If pharmacy owners are **not** a stockholder of these 16 palliative and end-of-life critical medicines, they are **not** required to update NHS Profile Manager.

The 16 palliative and end of life critical medicines are:

Cyclizine solution for injection ampoules 50mg/1ml	Midazolam solution for injection ampoules 10mg/2ml
Cyclizine tablets 50mg	Morphine sulfate oral solution 10mg/5ml
Dexamethasone solution for injection ampoules 3.3mg/1ml	Morphine sulfate solution for injection ampoules 10mg/1ml
Dexamethasone tablets 2mg	Morphine sulfate solution for injection ampoules 30mg/1ml
Haloperidol tablets 500mcg (or 1.5mg tablets or 5mg/5ml liquid)	Oxycodone solution for injection ampoules 10mg/1ml
Hyoscine butylbromide solution for injection 20mg/1ml	Oxycodone oral solution sugar free 5mg/5ml
Levomepromazine solution for injection ampoules 25mg/1ml	Sodium chloride 0.9% solution for injection ampoules 10ml
Metoclopramide solution for injection ampoules 10mg/2ml	Water for injections 10ml

Gateway Criterion c: PEoLC action plan

By **31 March 2027**, all pharmacy owners must have a **PEoLC action plan** in place, regardless of whether they routinely stock the 16 specified palliative and end of life medicines.

- The action plan should enable staff to quickly direct patients, relatives or carers to the nearest pharmacy with the required medicines and/or parenteral haloperidol if they are unavailable at the pharmacy and must be available for inspection from **31 March 2027** and retained for **3 years** for Pharmacy Quality Scheme verification purposes.

Links

- ☐ [Action plan template 2026/27 \(Word\)](#)
- ☐ [Action plan template 2026/27 \(PDF\)](#)

Gateway Criterion c: PEoLC action plan

The action plan must include:

- Information on local palliative care services, including out-of-hours and delivery arrangements: [HWE Immediate Access to Emergency Medicines](#)
- A list of local pharmacies that stock the 16 specified medicines: [HWE Immediate Access to Emergency Medicines – Selected Pharmacies](#) including awareness of using the **Directory of Services (DoS)** to identify stockholders.
- Details of where parenteral haloperidol can be accessed locally.
- Information on other relevant support services for patients, relatives and carers.

All contractors must have an action plan, even if they do not routinely stock the 16 critical palliative medicines or parenteral haloperidol.



April – Aug 2026

2 June

PQS start date

13 July

Aspiration payment window opened

28 July

Aspiration payment window closed

August

- **Palliative and End of Life Care questionnaire (PEoLC)**
 - **Clinical Services Audit**
- will be published on the NHSBSA website.



Sept 2026 – Jan 2027

1 September

Aspiration payment is paid to pharmacy owners if claim was submitted by deadline of 28 July 2026

October

CPPE Respiratory Training and Assessment

November

Palliative and End of Life Care questionnaire, NHS Profile Update and Action Plan

31 December

Deadline to complete the PEoLC questionnaire to meet the Gateway criterion

January

Clinical Services Audit



Feb – Apr 2027

1 February

PQS declaration window opens

26 February

PQS declaration window closes

Final date to submit your claim for MYS to claim payment

31 March

FINAL deadline

to meet the requirements of the gateway (except the PEO LC questionnaire which needed to be completed and submitted by 31st December 2026) and quality criteria have been met

1 April

Pharmacy owners will be paid their PQS payment

Medicines Optimisation and Patient Safety

(15 points)

Respiratory, asthma guidelines

- CPPE E-learning and Asthma e-assessment

Safe Management of urgent repeat medicines supply requests and referrals

- SOP Updates

There are two quality criteria in this domain. Both quality criteria must be met to claim payment for the domain.

Medicines Optimisation and Patient Safety (15 points)

a) Respiratory, asthma guidelines

By **31 March 2027**, all pharmacists working at the pharmacy on the day of the declaration must have completed **either**:

- the [CPPE Asthma for Pharmacy Quality Scheme 2026/27](#) e-learning programme, **or**
 - **Unit 4** of the **CPPE Fundamentals of Respiratory Therapeutics** e-learning (completed since **19 February 2025**),
- and** passed the [CPPE Asthma e-assessment](#) between **19 February 2025** and **31 March 2027**.

Pharmacy owners must retain evidence of completion for all relevant pharmacists. This must be available for inspection from **31 March 2027** and kept for **3 years** for Pharmacy Quality Scheme verification purposes.

Links

- ☐ [Training record sheet 2026/27 \(Word\)](#)
- ☐ [Training record sheet 2026/27 \(PDF\)](#)

Medicines Optimisation and Patient Safety (15 points)

b) Safe Management of urgent repeat medicines supply requests and referrals

By **31 March 2027**, pharmacy owners must update relevant **Standard Operating Procedures (SOPs)** to ensure the safe management of urgent repeat medicine supply requests, including situations where the pharmacy is unable to respond to requests or referrals.

Updated SOPs must include:

- Procedures for managing urgent requests for **time-critical medicines**.
- Guidance on the supply of **Controlled Drugs** in line with current regulations.

All pharmacy staff must be familiar with the updated SOPs. The SOPs must be available for inspection from **31 March 2027** and retained for **3 years** for Pharmacy Quality Scheme verification purposes.

Links

- [Briefing on the Urgent supply of medicines and appliances strand of Pharmacy First](#)

Patient Safety

(15 points)

Antimicrobial Stewardship Audit

- A minimum of **10 patients**.
- An **action plan** to improve practice.
- A **peer discussion** (1–2 hours) with a 'buddy' pharmacist to review the audit findings and action plan.

There is one quality criterion in this domain.

This quality criterion needs to be met to be eligible to claim payment for the domain.

Professional Practice (15 points)

Quality criterion: Clinical services audit

By **31 March 2027**, pharmacy owners must complete the **2026/27 clinical audit** on the quality of **Pharmacy First clinical pathway consultations**.

The audit data must be submitted via the **MYS application** (available from **August 2026**) and anonymised data shared with **NHS England**. Simply completing the audit without submitting the data will **not** meet the Quality Scheme requirements.

Pharmacy owners should record the audit start and end dates for their MYS declaration. A confirmation email will be sent after successful submission and should be retained as proof. If no confirmation email is received within one hour (after checking junk/spam folders), contact pharmacysupport@nhsbsa.nhs.uk.

Do **not** enter any patient identifiable information into the MYS data collection tool.

Points & Banding

- Total PQS funding: £20 million
 - Funding is divided based on points achieved
 - Maximum of £128.50 per point
 - Minimum of £64.20 per point (if all contractors claim max points)
- Final payment depends on:
 - ☐ Domains claimed
 - ☐ Payment band

Band	Band 1	Band 2
Annual Items	0-1,800	1,801 and above
Medicines Optimisation & Patient Safety	0.75	15
Professional Practice	0.75	15
Total	1.50	30

Points & Banding

An example where aspiration payment has been claimed:

PQS band for 2026/27	Band 2
Maximum 'aspiration points' which can be paid	24
Points intended to deliver, as per Aspiration payment declaration	30
Aspiration payment (paid at £64.20 per aspiration point)	£1,540.80
Points actually delivered, as per 2026/2027 declaration (made between 09:00 on 1 February 2027 and 23:59 on 26 February 2027)	30
Reconciliation payment (1 April 2027) (based on final value of £75 per point)	£709.20
Total 2026/27 PQS payment	£2,250.00

If no aspiration payment has been claimed, full payment will be made on 1 April following a successful claim.

Making The Final Declaration

- Declaration period: **1 – 26 February 2027.**
- Claim on MYS.
- Must declare full compliance with criteria in any domain you're claiming for.
- No declaration = no payment.
- Late submissions WILL NOT be accepted.

Post Payment Verification (PPV)

All evidence for PQS must be available for inspection from the end of 31st March 2027 at premises level and must be retained for 3 years for PPV purposes.

Do not claim for activity you have not done and cannot hold evidence for. It will be considered an overpayment and WILL be reclaimed.

Additional Resources

Drug Tariff Update Part VIIA: [Pharmacy Quality Scheme \(PDF: 231KB\)](#)

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

CPE PQS Action and Evidence Workbook: <https://cpe.org.uk/briefings/briefing-010-26-community-pharmacy-england-pqs-2026-27-action-and-evidence-portfolio-workbook/>

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

MYS Portal: <https://manage-your-service-pharmacy.nhsbsa.nhs.uk/nhs-prescription-services-submissions/login>

FAQs

Q. Do I have to claim an Aspiration payment?

- No, the Aspiration payment is optional. If pharmacy owners do not want to claim it, it will not impact on the pharmacy owner's ability to claim a PQS payment for the 2026/27 Scheme.

Q. What happens if I do not meet all the domains that I have aspired to meet (when claiming my Aspiration payment) when I make my PQS declaration during the declaration period?

- Where pharmacies have been paid an Aspiration payment which exceeds their final declared total, they must pay back monies for domains which have subsequently not been achieved; this will be deducted automatically by the NHS Business Services Authority (NHSBSA). Receiving an Aspiration payment is conditional on a pharmacy owner's agreement to this arrangement.

FAQs

Q. Do I need to meet both domains to be eligible for a PQS payment?

- No. Each domain has an allocated number of points, which vary based on the pharmacy's prescription volume. While you must meet all the criteria in a domain to achieve the points for that domain, you do not need to achieve both domains to receive a PQS payment.

Q. When will the PEOLC questionnaire be available to complete?

- The PEOLC questionnaire will be published on the NHSBSA website during August 2026. We will alert pharmacy owners when this has been published through our normal communication channels.

FAQs

Q. If my pharmacy does not routinely stock the 16 palliative and end of life critical medicines listed in the Palliative and end of life care action plan criterion do I need to start stocking these medicines to be able to claim as meeting the requirements of the domain?

- No. If pharmacy owners do not routinely stock these medicines, there is no requirement to stock these medicines to meet the requirements of the criterion.

Q. If my pharmacy does not routinely stock the 16 palliative and end of life critical medicines, do I need to update NHS Profile Manager to confirm that I do not stock these medicines?

- No. If you do not routinely stock the 16 palliative and end of life critical medicines listed in the Palliative and end of life care action plan criterion, you are not required to update NHS Profile Manager; it is only those pharmacy owners that stock the medicines, who are required to update NHS Profile Manager.

FAQs

Q. How will the NHSBSA check my PQS claim for Post-Payment Verification (PPV)?

- A. The NHSBSA may contact you to request evidence supporting your PQS declaration. They will review this evidence to ensure it meets the PQS requirements. If it's insufficient or not provided, you may have to repay the funding. Keep all records for at least **three years**. More information: [Post-Payment Verification \(PPV\)](#)

Q. Are trainee pharmacists required to complete Unit 4 of the CPPE Fundamentals of respiratory therapeutics e-course and pass the Asthma e-assessment?

- No. It is, however, sensible for trainee pharmacists to undertake this learning.