

Disclaimer: The below are suggested timelines to help you identify when you need to start the work for PQS 2025/26 and contains timelines linked to what needs to be declared for domain.. Pharmacy contractors should familiarise themselves with the full detail available on the [Pharmacy Quality Scheme - Community Pharmacy England](#)

Timelines for PQS Domains 2025/26

Contractors can make their PQS declaration at any time during the declaration window, between 09.00 on 2 February 2024 and 23.59 on 27 February 2026.

Domains	To do	Latest suggested start dates so that you meet deadlines	Deadline
Gateway	Pharmacy owners must have signed up to deliver the Pharmacy First Service and the Pharmacy Contraception service by the end of 31st August 2025 and remain registered for both services until the end of the scheme, 31st March 2026.	Immediately	31/08/25
Medicines Optimisation	<p>Palliative and End of Life Care Action Plan</p> <ul style="list-style-type: none"> Confirm if the pharmacy does or does not stock the 16 palliative and end of life critical medicines. If the pharmacy does stock the 16 palliative and end of life critical medicines, a declaration that by the 31st of March 2026, the DoS will have been updated to indicate that the pharmacy is a 'Pharmacy palliative care medication stockholder'. Have a declaration that by the end of March 26 the pharmacy will have a new or updated action plan available for inspection that shows you can signpost patients or their carers/relatives to the nearest pharmacy holding the 16 palliative and end of life critical medicines and/or parenteral haloperidol 		31/3/26
	<p>Consulting with people with mental health problems – CPPE learning</p> <ul style="list-style-type: none"> To support the quality of New Medicine Service consultations following the expansion of the service, by the 31st March 2026, all pharmacists working at the pharmacy on the day of the declaration must have satisfactorily completed, within the last 4 years (between 1 April 2022 and end of 31 March 2026), the Consulting with people with mental health problems e-learning CPPE online training. Since there is no e-assessment for the e-learning, pharmacists will need to confirm completion of the Consulting with people with mental health problems e-learning in their CPPE record. When a pharmacist has confirmed completion, they will be able to download a certificate of study. Pharmacy owners will need to have evidence to demonstrate that all pharmacists working at the pharmacy on the day of the declaration have satisfactorily completed, within the last 4 years (between 1st April 2022 and end of 31st March 2026) the CPPE online training. This evidence must be available for inspection from the end of 31st March 2026 at premises level and must be retained for 3 years for PPV purposes. 	Immediately but suggested before the end of July 2025	31/03/26

	<p>Respiratory: Use of a spacer in patients aged 5-15 years</p> <ul style="list-style-type: none"> • Checked that all children aged 5 to 15 (inclusive) prescribed a press and breathe pressurised MDI for asthma have a spacer device, where appropriate, in line with NICE TA38; and • Referred children aged 5 to 15 (inclusive) with asthma to an appropriate healthcare professional where this is not the case. • Where no patients are identified for referral, the pharmacy owner 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. Pharmacy owners are advised to record any intervention and/or referrals made in the patient medication record (PMR). • The evidence for meeting above criterion must be available for inspection from the end of 31st March 2026 at premises level and must be retained for 3 years for PPV purposes. 	<p>Immediately - 1/4/25</p>	<p>31/03/26</p>
	<ul style="list-style-type: none"> • Respiratory: Referrals for patients using 3 or more short-acting bronchodilator inhalers in 6 months • By the end of 31st March 2026, the pharmacy must be able to evidence that between 1st April 2025 and the day of the declaration that patients with asthma, for whom three or more short-acting bronchodilator inhalers were dispensed without any corticosteroid inhaler within a six-month period have, since the last review point, been referred to an appropriate healthcare professional for an asthma review. • For pharmacy owners who claimed elements of these criteria previously as part of PQS 2023/24, a new review will be required. In addition, the pharmacy team's knowledge and understanding of the process to identify suitable patients should be reviewed. Methods used to identify 'at risk' patients for referral should be reviewed for effectiveness. • Where no patients are identified, the pharmacy owner 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. Pharmacy owners are advised to record any intervention and/or referrals made in the patient medication record (PMR). • The evidence for meeting the above criterion must be available for inspection from the end of 31st March 2026 at premises level and must be retained for 3 years for PPV purposes. 	<p>Immediately - 1/4/25</p>	<p>31/3/26</p>

	<p>Emergency Contraception – CPPE learning & e-assessment</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 31st March 2026, all pharmacists and any pharmacy technicians intending to provide the Pharmacy Contraception Service working at the pharmacy on the day of the declaration, must have satisfactorily completed, within the last 3 years (between 1st April 2023 and end of 31st March 2026), the CPPE online training and passed the e-assessment.</p> <p>Pharmacy owners will need to have evidence to demonstrate that all pharmacists and any pharmacy technicians intending to provide the Pharmacy Contraception Service working at the pharmacy on the day of the declaration have satisfactorily completed, within the last 3 years (between 1st April 2023 and end of 31st March 2026) the CPPE online training and passed the e-assessment. This evidence must be available for inspection from the end of 31st March 2026 at premises level and must be retained for 3 years for PPV purposes.</p>	<p>Immediately</p> <p>Preparing for this now will support you during the busiest time of year</p>	<p>31/03/26</p>
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<p>Patient Safety</p>	<p>Antimicrobial Stewardship - Pharmacy First consultations – Clinical Audit</p> <ul style="list-style-type: none"> Pharmacy owners must complete a clinical audit, which will concern the clinical advice and consultations provided to patients scoring FeverPAIN 0-3 on the Pharmacy First Sore Throat clinical pathway. The 2025/26 clinical audit should be conducted from 1st September 2025 and completed no later than 31st March 2026. The audit must be carried out with a minimum of 10 patients over four weeks, or over an eight-week period if 10 patients are not achieved. Pharmacy owners should make a record of the start and end date of the audit Pharmacy owners should choose an eight-week consecutive period between the audit launch and 3rd February 2026 to commence the data collection (please ensure you complete the audit no later than 31st March 2026). The pharmacy must have completed the audit, sharing their anonymised data with NHS England, and incorporating any learnings from the audit into future practice by the end of 31st March 2026. The information that needs to be submitted to NHS England is included in the audit document, which will be accessible from the NHSBSA website by the end of May 2025, and must be reported on the MYS data collection tool. Completing the audit data submission is an essential requirement for meeting the audit criterion. Undertaking the audit without submitting the data will mean the pharmacy owner will not have met the requirements of this domain. MYS allows a pharmacy owner 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. Pharmacy owners 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 pharmacy owner needs to demonstrate that they have successfully completed their data collection submission. Should a pharmacy owner not receive this data submission confirmation email within one hour of submitting their declaration then; after first checking their junk email folder, they should email the provider assurance team at pharmacysupport@nhsbsa.nhs.uk immediately to make them aware of the issue. 	<p>Start between</p> <p>1/4/25 and 1/9/25</p> <p>Cannot start later than 3/2/26</p>	<p>31/3/26</p>
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	<p>Regularising Enhanced DBS checks for registered pharmacy professionals</p> <ul style="list-style-type: none"> • By the end of 31st March 2026, all pharmacists and pharmacy technicians (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 1st April 2023 and end of 31st March 2026), to regularise the frequency of performing these checks in line with other healthcare professionals in the NHS. • Pharmacy owners will need to have evidence to demonstrate that all pharmacists and pharmacy technicians working at the pharmacy on the day of the declaration must have requested an enhanced DBS check to support the safe provision of clinical services, with a certificate issued within the last three years (between 1st April 2023 and end of 31st March 2026). This evidence must be available for inspection from the end of 31st March 2026 at premises level and must be retained for 3 years for PPV purposes. 		31/03/26