

23 May 2025

REF: SHA/26530

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**APPEAL AGAINST NHS ENGLAND DECISION TO
RECOVER AN OVERPAYMENT FROM STAVELEY
PHARMACY (FDW17) ("THE APPELLANT")**

1 Outcome:

- 1.1 I dismiss the appeal and confirm the decision of NHS England to recover the overpayment of £1,331.28.
- 1.2 I note that neither party has submitted a claim for interest with regard to this dispute so I determine that no interest is payable on the sums to be paid from one party to another.

A copy of this decision is being sent to:

Staveley Pharmacy
NHS BSA on behalf of NHS England

REF: SHA/26530

Tel: 020 3928 2000
Email: nhsr.appeals@nhs.net**APPEAL AGAINST NHS ENGLAND DECISION TO
RECOVER AN OVERPAYMENT FROM STAVELEY
PHARMACY (FDW17) ("THE APPELLANT")****1 INTRODUCTION**

- 1.1 The Appellant appealed the decision of NHS England to recover an overpayment relating to the Pharmacy Quality Scheme.
- 1.2 The Secretary of State for Health and Social Care, pursuant to the National Health Service Litigation Authority (Pharmaceutical Remuneration – Payment Disputes) (England) Directions 2022 (the "Payment Disputes Directions"), has directed that NHS Resolution determines this type of appeal on their behalf. I, as an authorised officer of NHS Resolution, have made this determination.

2 DECISION

The NHS Business Services Authority ("NHS BSA"), acting on behalf of NHS England, sent a decision to the Appellant on 20 January 2025 in respect of Staveley Pharmacy (ODS code FDW17). The decision stated:

"Pharmacy Quality Scheme 2023/24 – Recovery of Overpayment

- 2.1 The Pharmacy Provider Assurance Team, part of the NHS Business Services Authority (NHSBSA), have been requested by NHS England to undertake a Post Payment Verification (PPV) exercise to provide assurance that pharmacy contractors have claimed correctly for the Pharmacy Quality Scheme (PQS).
- 2.2 As part of the Medicines Safety and Optimisation Domain, contractors were required to carry out an anticoagulation audit and submit the audit data by 31 March 2024.
- 2.3 Additionally, as part of the Prevention Domain, contractors were required to declare that they had shared their anonymised Target antibiotic checklist data and their anonymised TARGET treating your infections leaflets review data or that they had no patients identified as suitable by 31 March 2024.
- 2.4 Following a review of your pharmacy's 2023/24 PQS claim for the above domains, no audit data was submitted by your pharmacy for the Anticoagulant Audit on the Manage Your Service (MYS) data collection tool by the end of 31 March 2024.
- 2.5 Exceptionally, we contacted your pharmacy by email on the 4th July 2024 and 29th July 2024 to highlight that NHS England had instructed the NHSBSA to re-open the data collection tool via MYS for one week only, from 09:00 on Monday 29th July 2024 to 16:00 on Monday 5th August 2024. This was to provide contractors who had previously made a PQS declaration that audit data would be submitted by 31 March 2024 with a further opportunity to submit their already collected data via the MYS data

collection tool. The NHSBSA has identified that your pharmacy has not used the additional opportunity to submit the required audit data.

- 2.6 As no relevant audit data has been submitted, it appears that an overpayment in relation to your PQS payment has occurred.
- 2.7 Attached is a timeline of correspondence with your pharmacy to date which was passed to the NHS England local Pharmaceutical Services Regulations Committee (PSRC) to consider whether further action was necessary.
- 2.8 Having reviewed the information provided by the NHSBSA, the NHS England Pharmaceutical Services Regulations Committee has decided that an overpayment in relation to your PQS Declaration Payment 23/24 has occurred and has instructed recovery of this overpayment to be progressed in accordance with Regulation 94 (1) (a) of The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.
- 2.9 The below table outlines the recovery amount.

ODS Code	Recovery amount (£)
FDW17	£1,331.28

Action Required

- 2.10 Please respond to this correspondence at pharmacysupport@nhsbsa.nhs.uk to confirm your agreement for the overpayment to be recovered pursuant to Regulation 94(1) (a) of The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. Please send this confirmation by 19th February 2025. Where you agree an overpayment has been made the amount over paid will be recovered by deduction from a future NHSBSA payment to you. If you prefer you may indicate for this to be recovered in 6 monthly payments.
- 2.11 Once the NHSBSA has received confirmation to recover the overpayment you will be notified of when this will take place. A record of this process will be kept on your NHS England contractor file.
- 2.12 Please be aware that failing to contact us by 19th February 2025 to agree that there has been an overpayment DOES NOT mean that the overpayment cannot be recovered. Instead, where you do not agree that an overpayment has been made you have a right of appeal to the Secretary of State against NHS England's decision.
- 2.13 Should you choose to appeal then send a concise and reasoned statement of the grounds for your appeal within 30 days of the date of this letter to nhsr.appeals@nhs.net or: NHS Resolution, Primary Care Appeals, 10 South Colonnade, Canary Wharf, London, E14 4PU.
- 2.14 If there is no appeal within 30 days from the date of this letter, NHS England has requested that the NHSBSA Provider Assurance Team commence overpayment recoveries under Regulation 94(1) (b) of The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, on the basis that the final outcome of our investigation is that there has been an overpayment. The NHSBSA will notify you of when the overpayment recovery will take place. A record of this process will be kept on your NHS England contractor file.
- 2.15 For more information or for clarification of any of the details in the letter, please contact us using the details below.

2.16 Email us: pharmacysupport@nhsbsa.nhs.uk

2.17 Telephone: 0300 330 1295

2.18 Your co-operation is very much appreciated.”

3 THE DISPUTE

In an email dated 19 February 2025 addressed to NHS Resolution, the Appellant appealed against NHS England's decision. The grounds of appeal are:

3.1 “I would like to appeal this case.

3.2 I have evidences [sic] the document has been submitted and proof via email confirmation.

3.3 I have evidences [sic] that due to an IT error on the NHS end the documents cannot be seen.”

4 PROCEDURAL MATTER

4.1 NHS Resolution used its discretion under the Payment Disputes Directions and sought representations from the Appellant giving it the opportunity to provide any evidence which it has in support of the appeal submission.

5 SUMMARY OF REPRESENTATIONS

This is a summary of representations received on the appeal.

5.1 The NHS BSA on behalf of NHS England stated:

5.1.1 “Thank you for your letter dated the 19th February 2025 and the opportunity to provide representations on the appeal.

Background

5.1.2 The Pharmacy Quality Scheme (PQS) forms part of the Community Pharmacy Contractual Framework (CPCF). The full details and requirements of the scheme are outlined in Part VIIA Pharmacy Quality Scheme (England) of the [Drug Tariff](#). It supports delivery of the NHS Long Term Plan and rewards community pharmacy contractors that deliver quality criteria in three quality domains: clinical effectiveness, patient safety and patient experience.

5.1.3 Participation in the scheme was optional, and contractors could choose whether to participate in the whole scheme or in only one or two of the quality domains. The contractors were then rewarded for completion of each of the dimensions that they fully completed. All of the requirements in each domain had to be met to be eligible for the payment attached for that domain.

5.1.4 Contractors participating in the PQS 2023/24 were required to declare their performance against three quality domains on a day of their choosing during the declaration window; to be completed via the NHSBSA Manage Your Service (MYS) Portal. The declaration window was open between 09.00 on 5th February 2024 and 23.59 on 1st March 2024. Contractors had until the end of 31st March 2024 to complete some elements of the PQS. Where this was the case, they were asked to declare that the requirements of the criterion will be met by the end of 31st March 2024.

- 5.1.5 The three below quality domains were required to be completed by contractors:
- 5.1.5.1 Medicines and Safety Optimisation
 - 5.1.5.2 Respiratory
 - 5.1.5.3 Prevention
- 5.1.6 The Medicines and Safety Optimisation domain and the Prevention domain required contractors to submit audits by 31st March 2024. On the day of declaration, pharmacy contractors should have confirmed that they will have submitted audit data for the Medicines and Safety Optimisation, specifically the Anticoagulant Audit and Prevention domains which include the Target Antibiotic Checklist and Target Treating Your Infection leaflets by this date.
- 5.1.7 For the PQS 2023/24, contractors were required to confirm in their declaration that they will have the evidence that they have met the gateway criterion and quality criteria that they were claiming for by the end of 31st March 2024. The evidence of meeting the requirements of the gateway criterion and each domain should be retained for two years as it may be required for post-payment verification purposes.

Target Antibiotic checklist

- 5.1.8 By the end of 31st March 2024, contractors should have implemented, into their day-to-day practice, the recommendations for community pharmacy from the first TARGET antibiotic checklist review from the PQS 23/24 found in the Findings from the antimicrobial stewardship initiatives report. Contractors should have reviewed their current practice using the TARGET antibiotic checklist, in order that they provide tailored advice to patients and promote antibiotic awareness and stewardship.
- 5.1.9 This review should have been completed by the end of 31st March 2024 and carried out over four weeks with a minimum of 25 patients; or up to eight weeks if the minimum number of patients are not achieved within four weeks. Contractors should have a record of the start and end date of the review as they were required to enter this information into the MYS application when they made their declaration. Data received from MYS indicated that some contractors started the submission but did not complete it.
- 5.1.10 In the extremely unlikely event that a contractor was unable to complete the antibiotic review due to not having identified any eligible patients during the audit period, the contractor would still have been eligible for payment if they could evidence that they had robustly attempted to identify suitable patients. They would have needed to declare that no patients have been identified as being suitable for review on the data collection tool on MYS by the end of 31st March 2024.
- 5.1.11 When making a declaration for this criterion, contractors must have confirmed the following on the MYS application:
- 5.1.11.1 A declaration that by the end of 31st March 2024 the contractor will have completed the TARGET Antibiotic Checklist review.
 - 5.1.11.2 The start and end date of the review period.

5.1.11.3 A declaration that the contractor will have notified the patient's prescriber where concerns are identified.

5.1.11.4 A declaration that by the end of 31st March 2024, the contractor will have shared their anonymised data or have declared that no patients have been identified as being suitable for review via the data collection tool on the NHSBSA MYS application.

Target Treating your infection leaflet

5.1.12 Contractors should have reviewed the recommendations of the 2023/24 TARGET Treating Your Infection leaflet data collection report, which will be published alongside new data collection sheets by 1st September 2023 by NHS England prior to completing the 2023/24 review.

5.1.13 This review must have been completed by the end of 31st March 2024 and must be carried out over four weeks with a minimum of 15 patients for each leaflet, or up to eight weeks if the minimum number of patients are not achieved within four weeks for each leaflet. The data from the leaflets must have been submitted via the MYS data collection tool by the end of 31st March 2024. The contractor must have entered the start and finish dates of the data collection period on the MYS application at the point of declaration (which may be different from the date data is first entered on the MYS portal).

5.1.14 Where no patients are identified for the review, the contractor would still be eligible for payment if they can evidence that they have robustly attempted to identify suitable patients. This might be demonstrated through action plans, training or SOPs. They would have need to declare no patients have been identified as being suitable for review on the data collection tool on MYS by the end of 31st March 2024. Information from the NHSBSA dispensing data will be checked to confirm this declaration.

5.1.15 When making a declaration for this criterion, contractors must have confirmed the following on the MYS application:

5.1.15.1 A declaration that by the end of 31st March 2024 the contractor will have completed the TARGET treating your infections leaflets review.

5.1.15.2 The start and end date of the review period.

5.1.15.3 A declaration that where concerns are identified when completing the review, the patient's GP practice will be promptly notified.

5.1.15.4 A declaration that by the end of 31st March 2024, the contractor will have shared their anonymised data or have declared that no patients have been identified as being suitable for review via the data collection tool on the NHSBSA MYS application.

Anticoagulant Audit

5.1.16 By the end of 31st March 2024, contractors must have implemented into their day-to day practice, the findings and recommendations for community pharmacy from the 2023/24 PQS anticoagulant audit found in the Community pharmacy oral anticoagulant safety audit 2023/24 report.

5.1.17 The pharmacy must also have completed the revised audit, including notifying the patient's GP where concerns are identified, sharing their anonymised data

with NHS England, and incorporating any learning from the audit into future practice by the 31st March 2024.

- 5.1.18 The audit must have been carried out over two weeks with a minimum of 15 patients or four weeks if 15 patients are not achieved within two weeks, and there must be a follow up of any patient that is referred to their prescriber to identify what actions were taken. Contractors should have made a record of the start and end date of the audit as they were required to enter this information into the MYS application when they make their declaration. Contractors must have completed the anticoagulant audit by the end of 31st March 2024.
- 5.1.19 When making a declaration for this criterion, the following information must have been reported on the MYS application:
 - 5.1.19.1 A declaration that by the end of 31st March 2024 the contractor will have completed the anticoagulant audit.
 - 5.1.19.2 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).
 - 5.1.19.3 A declaration that where concerns are identified when completing the audit, that the patient's GP was/will be promptly notified.
 - 5.1.19.4 A declaration that by the end of 31st March 2024 the contractors 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.
- 5.1.20 To support contractors to successfully complete the PQS NHS England published guidance in June 2023. This guidance made it clear to contractors the necessity of reporting the audit data for the Medicines safety an optimisation domain on page 10, and the data for the Prevention audits on page 25.

Re-opening of the Audit Data Collection Tool

- 5.1.21 Following the completion of the 2023/24 PQS it had been identified that over 15% of the pharmacies that had claimed for the audit criteria had done so without submitting their audit data. This would then have meant that the claims for these pharmacies for the audit criteria would not have met the service specification outlined in Part VIIA of the Drug Tariff.
- 5.1.22 NHS England were aware that the number of pharmacies who had failed to submit audit data was far higher than in previous years. Representations had been made to NHS England suggesting that this was, at least in part, due to the added pressures contractors were under in February and March to deliver the Pharmacy First Service, a new service introduced on 31st January 2024.
- 5.1.23 As a result, NHS England agreed with Department Health and Social Care (DHSC) and Community Pharmacy England (CPE) to re-open the audit data submission window for one week and give the contractors who failed to submit their audit data one extra opportunity to meet this requirement of the PQS.
- 5.1.24 NHS England instructed the NHSBSA to reopen the data collection tool via MYS for one week only, from 09:00 on Monday 29th July 2024 to 16:00 on Monday 5th August 2024. This was to provide contractors who had previously declared that they would submit their audit data by 31st March 2024, with an

exceptional, final additional opportunity to submit their already collected data through the MYS data collection tool.

- 5.1.25 The Provider Assurance Team (PAT) sent emails to contractors on 4th July 2024, and again on 29th July 2024, to those contractors identified as not having submitted their audit data. The decision to reopen the MYS audit data tool was made to allow these contractors a second opportunity to submit their already collected data. Staveley Pharmacy (FDW17) received both these emails, as evidenced in the timeline.
- 5.1.26 These emails had been agreed between DHSC, NHSE and CPE. The emails were explicit that this was the final chance for contractors, who had not submitted audit data before 31st March 2024 to do so, and if they failed to take this extra opportunity their PQS payments for the relevant domain would be recovered:

“If the NHSBSA does not receive the required audit data between 09:00 on Monday 29th July 2024 to 16:00 on Monday 5th August 2024 via the MYS data collection tool, contractors will have their PQS payment for the domain in question recovered by the NHSBSA Provider Assurance Team.”

Post Payment Verification

- 5.1.27 The Pharmacy Provider Assurance Team (PAT), part of the NHS Business Services Authority, had been requested by NHS England to undertake a Post Payment Verification (PPV) exercise to provide assurance that pharmacy contractors have claimed correctly for the Pharmacy Quality Scheme, specifically the three audits laid out above.
- 5.1.28 Once the deadline of 31st March 2024 for submitting all audit data claims had passed, the PAT identified contractors who had claimed for PQS but had not submitted the required audit data on MYS. As outlined in the section above these results were shared with NHS England, DHSC and CPE and a decision was made to reopen the data submission window and give contractors a final opportunity to submit their data audit data.
- 5.1.29 To ensure all affected contractors were aware of the reopening of the submission window emails were sent to these contractors on 4th July 2024 and 29th July 2024 informing them that NHSBSA records show they had failed to submit the necessary audit data; and to allow these contractors to submit their already collected data, the MYS data collection tool would be reopened from 09:00 on 29th July 2024, to 16:00 on 5th August 2024.
- 5.1.30 As part of the PPV activity, after the submission window had closed, emails were then sent to all contractors who had not utilised the additional opportunity to submit the necessary audit data. This email outlined that NHSBSA records indicated that these contractors had still not submitted the required audit data on MYS despite a second opportunity to do so. The NHSBSA do not believe that a data submission can be made without it leaving a digital record that the MYS system would have retained. However, to give the contractor every opportunity to provide evidence of meeting the data submission requirements, these emails offered the contractors a chance to either provide evidence of their audit data submission in the form of an email confirmation or to agree to the recovery of their PQS payment.

- 5.1.31 Since no relevant audit data had been submitted on MYS, and no evidence of a submission has been presented, the outcome of the PPV investigation would recommend that an overpayment regarding their PQS payment had occurred.
- 5.1.32 Where a contractor did not agree to the outlined recovery, they were referred to the Pharmaceutical Services Regulations Committee (PSRC) for review. Contractors who did not respond to any of the PAT's requests via email or telephone were also escalated to the PSRC for review.
- 5.1.33 NHSBSA records for Staveley Pharmacy (FDW17) show they had submitted the relevant audit data for the TARGET treating your infections leaflet audit and TARGET Antibiotic Checklist audit, however no submission was received for the Anticoagulant audit, despite making a PQS declaration.
- 5.1.34 FDW17 were contacted via email to the premises specific shared NHSmail address (pharmacy.fdw17@nhs.net) on the 17th September 2024 to request evidence that the required audit data was submitted, with a deadline date to respond with said evidence of submission by the 1st October 2024.
- 5.1.35 NHS England have directed the PAT to use premises specific shared NHSmail address for all communication to contractors as there is a regulatory requirement for contractors to ensure they regularly check their mailbox ([The National Health Service \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013 Schedule 4 paragraph 29C](#). [NHS England guidance](#) reminds staff of the need to regularly check the premises specific NHSmail account and respond accordingly to emails that have been received.
- 5.1.36 In response to this request PAT received an email from [MW], Pharmacy Owner (XX@gmail.com) to advise the Antibiotic Checklist audit had been submitted initially and then resubmitted, therefore asking PAT to provide some clarity. An email response by PAT was sent to [M] on the 18th September 2024 to confirm that the TARGET Antibiotic Checklist audit had been submitted and received, however as per our email of the 17th September 2024, it is the Anticoagulant audit that was not submitted. Staveley Pharmacy (FDW17) were requested to provide a response to PAT's email by the 2nd October 2024 to either agree to the recovery of the Anticoagulant audit payment or provide evidence of the Anticoagulant audit submission on the MYS data collection tool.
- 5.1.37 A further two emails were received by PAT on the 18th September 2024 from Staveley Pharmacy (FDW17) with the first advising "*we did submit this also*" and "*is there a way of getting the history as it's on MYS*" and a second email advising "*all our data was online on MYS there's no access to it now*". PAT responded to Staveley Pharmacy (FDW17) emails on the 18th September 2024 to again advise no data had been submitted for the Anticoagulant audit on the MYS data collection tool, and requested evidence of submission by way of a confirmation email that would have been received by the pharmacy upon submitting the audit data on the MYS data collection tool.
- 5.1.38 The PAT received an email from Staveley Pharmacy (FDW17) on the 18th September 2024 to ask if there is any way they can challenge the proposed recovery as they are certain the Anticoagulant audit data was submitted on the MYS data collection tool, but they had not received an email confirmation. PAT responded to this email on the 19th September 2024 to advise if they do not agree to the recovery, their case will be referred to their Regional Team's PSRC to decide on whether to recover the overpayment.

- 5.1.39 As Staveley Pharmacy (FDW17) failed to respond to any of the PAT's requests to provide evidence of their submitted Anticoagulant audit data and did not agree to a recovery of the overpayment, the details of the case were passed to the NHS England Regional Team for their PSRC to review. A decision was sought as to whether an overpayment had occurred.

Pharmaceutical Services Regulation Committee (PSRC) Decision

- 5.1.40 The case of Staveley Pharmacy (FDW17) was escalated to PSRC for review on the 5th December 2024 as no evidence had been received to demonstrate the required Anticoagulant audit data had been submitted on the MYS data collection tool. A timeline of correspondence showing all contact the PAT had with Staveley Pharmacy (FDW17) was also provided to the PSRC for review. This included where the contractor had confirmed via email that no submission confirmation email for the Anticoagulant audit had been received.
- 5.1.41 This timeline has been provided to you in addition to this representation.
- 5.1.42 This timeline clearly illustrates that Staveley Pharmacy (FDW17) did not provide any evidence to demonstrate they had submitted the required Anticoagulant audit data within the required dates or agreed for a recovery of the overpayment made regarding PQS. This was despite repeated requests made by the PAT to the contractor to provide such evidence or agree to the recovery.
- 5.1.43 PSRC concluded that as no evidence was submitted to demonstrate that Staveley Pharmacy (FDW17) had submitted the Anticoagulant audit data as required for PQS, either originally or in the extra opportunity they had been given, Staveley Pharmacy (FDW17) was not entitled to the payment for the Anticoagulant audit section of the PQS. Therefore, an overpayment of £1,331.28 should be reclaimed pursuant to Regulation 94 (1) (a) of The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.
- 5.1.44 In making this decision, the PSRC relied on the information that was provided by the PAT and the repeated requests to the contractor for evidence of the audit data submission.

In Response to the contractor's appeal

- 5.1.45 The appellant states:
- "I have evidences the document has been submitted and proof via email confirmation".*
- 5.1.46 As per the Drug Tariff Part VIIA – PQS 2023/24 contractors are required to carry out an Anticoagulation audit and submit the audit data by 31st March 2024. Additionally, as part of the Prevention Domain, contractors were required to declare that they had shared their anonymised Antibiotic Checklist data and their anonymised TARGET treating your infections review data or that they had no patients identified as suitable by 31st March 2024.
- 5.1.47 Staveley Pharmacy (FDW17) did not submit any audit data for the Anticoagulant audit by the 31st March 2024.
- 5.1.48 Staveley Pharmacy (FDW17) were contacted by the PAT on the 4th July 2024, to inform them that the pharmacy had missed the original opportunity to submit their audit data regarding their PQS declaration, and to give the pharmacy a

further opportunity to submit their already collected data via the MYS collection tool. This window of opportunity ran from 9:00 on Monday the 29th July 2024 to 16:00 on Monday the 5th August 2024. A delivery complete notification which pertains to this email was received by the PAT on the 4th July 2024.

- 5.1.49 Again, a reminder email of the opportunity to submit the missing data was emailed to Staveley Pharmacy on the 29th July 2024. A delivery complete notification which pertains to this email was received by the PAT on the 29th July 2024.
- 5.1.50 Staveley Pharmacy did not submit any audit data by Monday the 5th August 2024.
- 5.1.51 Staveley Pharmacy (FDW17) have stated previously the Anticoagulant audit was submitted on the MYS data collection tool during the re-opening of the audit window. If the pharmacy had submitted the audit data on the MYS data collection tool, an email would have been automatically sent to the contractor. PAT have requested this confirmation email to show successful submission on five separate occasions, however, to date we are yet to receive any evidence of successful submission.
- 5.1.52 The appellant argues that:
- “I have evidences that due to an IT error on the NHS end the documents cannot be seen”. [sic]*
- 5.1.53 The NHSBSA do not believe that a data submission can be made without it leaving a digital record that the MYS system would have retained. If Staveley Pharmacy (FDW17) had submitted the required evidence on the MYS data collection tool by the 31st March 2024 or by the 5th August 2024 when the MYS data collection tool reopened, the MYS system would have automatically sent a confirmation email to the contractor.
- 5.1.54 The MYS team did not report any failings with the MYS data collection tool either up to the 31st March 2024 or during the week commencing 29th July 2024. The PAT did not receive any communication from Staveley Pharmacy (FDW17) regarding any system errors with the MYS data collection tool either up to the 31st March 2024 or during the week commencing 29th July 2024. The PAT were not aware of any technical issues with the MYS data collection tool that would affect Staveley Pharmacy (FDW17) submitting their audit data.
- 5.1.55 Our Data & Insight team have confirmed Staveley Pharmacy (FDW17) successfully submitted the relevant audit data for the TARGET treating your infections leaflet audit and TARGET Antibiotic Checklist audit. Data for 32 patients was submitted for the TARGET Antibiotic Checklist audit, and data for 33 patients was submitted for the TARGET treating your infections leaflet audit. No submission was received for the Anticoagulant audit.
- 5.1.56 It is unclear what IT error the pharmacy was speaking about as it would not appear to be with the MYS system, as evidence by the successful submissions of the TARGET treating your infections leaflet audit and TARGET Antibiotic Checklist audit.
- 5.1.57 The PAT does not dispute that the appellant may have this data, however it should be noted that this data has not been seen and so cannot confirm that this is the case. However, having undertaken the audit is only part of the requirements for meeting the audit criteria of the PQS. To meet the requirements of the scheme it is also essential that contractors submit their

audit data as outlined in the service specification to be eligible for the associated PQS payments.

- 5.1.58 The PQS is an optional scheme, and contractors do not need to take part. When a contractor chooses to take part and claim the benefits that the scheme provides for successful completion of the requirements the PAT, NHSE England and the ICB has a duty to ensure that payments claimed for the service are in accordance with the service specification. In this case unfortunately that was not the case and as a result the ICB made the decision that the claims made for the audit criteria did not meet the service specification and so had to be recovered.

Key points for consideration

- 5.1.59 NHS England respectfully asks that NHS Resolution consider the following key points when making its determination on the appeal:
- 5.1.60 The Pharmacy Quality Scheme service specification outlined in Drug Tariff Part VIIA and the published guidance are both very clear that only those contractors that submitted the required audit data by the 31st March 2024 were eligible for a PQS payment for those domains.
- 5.1.61 To support contractors to meet the scheme requirements for the audit criteria NHS England, DHSC and CPE agreed an additional window as an exceptional, final opportunity for contractors to submit their audit data.
- 5.1.62 The NHSBSA sent multiple emails informing contractors of the reopening of the MYS data collection tool. The contractor was therefore aware that they had had this final opportunity to submit the missing audit data as evidence.
- 5.1.63 The NHSBSA records for this contractor show they had not submitted the relevant Anticoagulant audit data on MYS by the 31st March 2024 or by the 5th August 2024 when the MYS data collection tool was reopened. However, the contractor had successfully used the MYS system to submit their PQS declaration and audit data for the Target Antibiotic Checklist audit and TARGET treating your infections leaflet audit.
- 5.1.64 Emails were sent to the contractor to provide evidence to demonstrate that they had submitted the required audit data. Only those contractors who did not submit any audit data for either Anticoagulant audit, TARGET treating your infections leaflet and TARGET antibiotic checklist, or who failed to engage with the process were referred to the regional PSRC.
- 5.1.65 The PSRC were presented with a timeline of correspondence, showing all contact between the Provider Assurance Team and the pharmacy.
- 5.1.66 The PSRC fully considered all information they had been presented with when making its determination for the overpayment under regulation 94 (1) (a) of The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.
- 5.1.67 Despite the contractors' assertions that they have submitted the relevant audit data noted within the appeal from Staveley Pharmacy (FDW17), it does not include any evidence that the audit data was submitted on MYS.
- 5.1.68 Despite the contractors' claims they have evidence of an IT issue, no evidence was submitted to substantiate their claims. PAT were not aware of any technical issues with the MYS data collection tool that would affect Staveley

Pharmacy (FDW17) submitting their audit data or viewing the confirmation emails, if they had submitted the audit data.

5.1.69 The Appellant has not provided any additional evidence to indicate that the PSRC's decision stating that the contractor failed to submit the necessary audit data for PQS as outlined in the Drug Tariff Part VIIA was incorrect. Since the PSRC determined that the audit data was not submitted, it logically follows that their decision regarding an overpayment is also consistent with the Drug Tariff Part VIIA.

5.1.70 The decision to make an overpayment recovery is in line with regulations and there is nothing in the appeal to suggest otherwise.

5.1.71 Having considered these matters, NHS England respectfully suggests that NHS Resolution conclude that the decision made by the PSRC, in respect of the £1,331.28 overpayment recovery from Staveley Pharmacy (FDW17), was fair and in accordance with regulation 94 (1) (a) of The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

5.1.72 Please let us know if you need anything further to help in these deliberations."

5.2 THE APPELLANT

5.2.1 "Here's the original email again"

Email from [AC "NHS Pharmacy"] to the Appellant of 10 February 2025

5.2.2 "Hi [W],

5.2.3 Sorry I missed you when I called into the pharmacy the other day. I had a brief chat with [K] about this and the main things I would highlight are as follows:

5.2.4 On 11/7/2024, email from [JE] says:

"Email sent to pharmacy.fdw17@nhs.net stating that our records show that the data had been input, however it has not been submitted. The window is open to resubmit the data between 09.00am Monday 29th July - 16.00pm Monday 5th August 2024 via the MYS data collection tool. By their own words they acknowledge that the work was done and the data was on their system"

5.2.5 So they acknowledge that the work WAS DONE and had been input onto their system.

5.2.6 Submission window reopened for Antibiotic Audit and Anticoagulation Audit. Both audits were resubmitted at the same time. No confirmation email was received for either resubmission.

5.2.7 An email from [AP] on 18/09/2024 stated that the Anticoagulant Audit had not been submitted. On the same day, [W] confirmed that the data had indeed been submitted. Both the Anticoagulant and Antibiotic Audits were resubmitted simultaneously; however, while the Antibiotic Audit appears to have gone through successfully, the Anticoagulant Audit did not for some reason. From our end, both audits were definitely resubmitted.

5.2.8 In summary, it appears that there may be a technical issue with the submission portal. Our statement confirming the submission of both audits seems to have been overlooked. We firmly stand by the fact that both audits were resubmitted

simultaneously — yet, while one was processed successfully, the other was not. There is no logical reason why we would fail to submit an audit, especially when the work was completed and acknowledged by the BSA. It feels highly unjust for us to face penalties for work that we have clearly carried out.

5.2.9 [W], this is my understanding of what's happened so please correct me if there's some detail I've missed or not aware of.

5.2.10 Have you spoken to [B] from the LPC? Do you want me to have a chat with him?

5.2.11 Let me know your thoughts."

6 OBSERVATIONS

No observations were received by NHS Resolution in response to the representations received on appeal.

7 CONSIDERATION

7.1 Direction 2 of the Payment Disputes Directions directs me to determine a dispute in respect of the recovery of an overpayment from an NHS pharmacist under Regulation 94(1) of the NHS (Pharmaceutical and Local Pharmaceutical Services Regulations) 2013 (the "Regulations") which is in the nature of an appeal against a decision of NHS England that there has been an overpayment.

7.2 Direction 4 of the Payment Disputes Directions requires me to determine the appeal by dismissing it if:

7.2.1 NHS England has advised that an appeal must be brought within 30 days of the date the Appellant was notified of NHS England's decision and the appeal was not brought within that timescale; or

7.2.2 I am of the opinion that notification of the appeal contains no valid grounds of appeal (for example because it amounts to a challenge to the legality or reasonableness of the Payment Disputes Directions, the Regulations or the Drug Tariff).

7.3 I consider that I am not required to dismiss the appeal pursuant to Direction 4 as:

7.3.1 the NHS BSA advised the Appellant of a 30 days' timescale for appeal and the appeal was received within that timescale; and

7.3.2 the grounds of the appeal are valid.

7.4 Direction 6 of the Payment Disputes Directions states that I may determine the appeal without hearing any oral representations but if an appellant asks to make oral representations a hearing must be arranged unless I am satisfied that:

7.4.1 a hearing is unnecessary; or

7.4.2 I must dismiss the appeal by virtue of Direction 4.

7.5 The Appellant has not requested a hearing. On the basis of the information before me I have considered that it is unnecessary to hold an oral hearing.

- 7.6 I have before me the papers considered by the NHS BSA. I also have before me the responses to NHS Resolution's own statutory consultations.
- 7.7 The Appellant seeks to appeal against the decision of NHS England that an overpayment had occurred and to recover the sum of £1,331.28.
- 7.8 The NHS BSA has provided a copy of the Pharmacy Quality Scheme Guidance 2023/24 ("the Guidance") and as such the contents and application of this have not been disputed by either party. I note the references to the Drug Tariff in the guidance and the NHS BSA's comments on this appeal. I have reviewed the March 2024 version of the Drug Tariff and I am satisfied that it contains the same requirements and dates as the guidance.
- 7.9 I note the Pharmacy Quality Scheme (PQS) forms part of the Community Pharmacy Contractual Framework (CPCF).
- 7.10 The NHS BSA explains that *"Participation in the scheme was optional, and contractors could choose whether to participate in the whole scheme or in only one or two of the quality domains. The contractors were then rewarded for completion of each of the dimensions that they fully completed. All of the requirements in each domain had to be met to be eligible for the payment attached for that domain."*

Contractors participating in the PQS 2023/24 were required to declare their performance against three quality domains on a day of their choosing during the declaration window; to be completed via the NHSBSA Manage Your Service (MYS) Portal. The declaration window was open between 09:00 on 5th February 2024 and 23:59 on 1st March 2024. Contractors had until the end of 31st March 2024 to complete some elements of the PQS. Where this was the case, they were asked to declare that the requirements of the criterion will be met by the end of 31st March 2024.

The three below quality domains were required to be completed by contractors:

- Medicines and Safety Optimisation*
- Respiratory*
- Prevention"*

- 7.11 There is no dispute between the parties that the Appellant signed up to partake in the PQS.
- 7.12 The NHS BSA went on to state *"... following the completion of the 2023/24 PQS it had been identified that over 15% of the pharmacies that had claimed for the audit criteria had done so without submitting their audit data. This would then have meant that the claims for these pharmacies for the audit criteria would not have met the service specification outlined in Part VIIA of the Drug Tariff."*

NHS England were aware that the number of pharmacies who had failed to submit audit data was far higher than in previous years. Representations had been made to NHS England suggesting that this was, at least in part, due to the added pressures contractors were under in February and March to deliver the Pharmacy First Service, a new service introduced on 31st January 2024.

As a result, NHS England agreed with Department Health and Social Care (DHSC) and Community Pharmacy England (CPE) to re-open the audit data submission window for one week and give the contractors who failed to submit their audit data one extra opportunity to meet this requirement of the PQS.

NHS England instructed the NHSBSA to reopen the data collection tool via MYS for one week only, from 09:00 on Monday 29th July 2024 to 16:00 on Monday 5th August 2024. This was to provide contractors who had previously declared that they would submit their audit data by 31st March 2024, with an exceptional, final additional opportunity to submit their already collected data through the MYS data collection tool.

The Provider Assurance Team (PAT) sent emails to contractors on 4th July 2024, and again on 29th July 2024, to those contractors identified as not having submitted their audit data. The decision to reopen the MYS audit data tool was made to allow these contractors a second opportunity to submit their already collected data. Staveley Pharmacy (FDW17) received both these emails, as evidenced in the timeline.”

- 7.13 I have been provided with copy emails and reminders that were sent to the Appellant as well as confirmation of the email address that was used and delivery receipts have also been provided. There is no dispute between the parties that these were sent electronically and to the premises specific email account as set out in the Regulations.
- 7.14 I note that the NHS BSA had been requested to undertake a Post Payment Verification (PPV) exercise to provide assurance that pharmacy contractors have claimed correctly for the PQS, specifically the three audits laid out above.
- 7.15 The NHS BSA states “As part of the PPV activity, after the submission window had closed, emails were then sent to all contractors who had not utilised the additional opportunity to submit the necessary audit data. This email outlined that NHSBSA records indicated that these contractors had still not submitted the required audit data on MYS despite a second opportunity to do so. The NHSBSA do not believe that a data submission can be made without it leaving a digital record that the MYS system would have retained. However, to give the contractor every opportunity to provide evidence of meeting the data submission requirements, these emails offered the contractors a chance to either provide evidence of their audit data submission in the form of an email confirmation or to agree to the recovery of their PQS payment.

FDW17 were contacted via email to the premises specific shared NHSmail address (pharmacy.fdw17@nhs.net) on the 17th September 2024 to request evidence that the required audit data was submitted, with a deadline date to respond with said evidence of submission by the 1st October 2024.”

- 7.16 I note that the decision letter states “Following a review of your pharmacy’s 2023/24 PQS claim, no audit data was submitted by your pharmacy for the Anticoagulant Audit on the Manage Your Service (MYS) data collection tool by the end of 31 March 2024.

Exceptionally, we contacted your pharmacy by email on the 4th July 2024 and 29th July to highlight that NHS England had instructed the NHSBSA to re-open the data collection tool via MYS for one week only, from 09:00 on Monday 29th July 2024 to 16:00 on Monday 5th August 2024. This was to provide contractors who had previously made a PQS declaration that audit data would be submitted by 31 March 2024 with a further opportunity to submit their already collected data via the MYS data collection tool. The NHSBSA has identified that your pharmacy has not used the additional opportunity to submit the required audit data.

As no relevant audit data has been submitted, it appears that an overpayment in relation to your PQS payment has occurred.”

- 7.17 I note that there is no dispute from the Appellant that the deadline to provide evidence to demonstrate meeting the quality criteria they have claimed for, as set out in the guidance and Drug Tariff, was 31 March 2024, and further that the portal was reopened from 29 July to 5 August 2024, to allow contractors a further opportunity to submit the relevant evidence.

- 7.18 The Appellant states “...I have evidences [sic] the document has been submitted and proof via email confirmation.
- I have evidences [sic] that due to an IT error on the NHS end the documents cannot be seen.*
- 7.19 Whilst the Appellant was given the opportunity to provide this evidence, I have not been provided with anything to demonstrate that this was the case and the submission was correctly made and received, as set out in the Guidance, by the relevant deadlines.
- 7.20 I note the email provided by the Applicant in their representations, however it is unclear as to the relevance of this email or who the sender of the email was.
- 7.21 I note the comments from the NHS BSA that “*The NHSBSA do not believe that a data submission can be made without it leaving a digital record that the MYS system would have retained. If Staveley Pharmacy (FDW17) had submitted the required evidence on the MYS data collection tool by the 31st March 2021 or by 5th August 2024 when the MYS data collection tool reopened, the MYS system would have automatically sent a confirmation email to the contractor.*
- The MYS team did not report any failings with the MYS data collection tool either up to the 31st March 2024 or during the week commencing 29th July 2024. The PAT did not receive any communication from Staveley Pharmacy (FDW17) regarding any system errors with the MYS data collection tool either up to the 31st March 2024 or during the week commencing 29th July 2024. The PAT were not aware of any technical issues with the MYS data collection tool that would affect Staveley Pharmacy (FDW17) submitting their audit data.”*
- 7.22 I note that there is no dispute that the Appellant submitted the relevant audit data for the TARGET treating your infections leaflet audit and TARGET Antibiotic Checklist audit but the Appellant disputes that there was no submission for the Anticoagulant audit.
- 7.23 The NHS BSA goes on to state “*It is unclear what IT error the pharmacy was speaking about as it would not appear to be with the MYS system, as evidence by the successful submissions of the TARGET treating your infections leaflet audit and TARGET Antibiotic Checklist audit.*”
- 7.24 The Appellant has not, at the time of NHS BSA’s original, request nor since including during this appeal, provided any evidence to support the claim for payment. I am of the view that, even though sign-up to the service was optional, once a pharmacy has chosen to sign-up it is the Appellant’s responsibility to ensure that it is familiar with the requirements of the service that it has signed-up to provide, which includes how information should be uploaded and the relevant dates that this should be done by. Further the guidance is clear in that to qualify for payment, data needs to be submitted on the MYS portal.
- 7.25 I am of the view that the Appellant did not meet the initial deadline of 31 March 2024, or the second deadline window of 29 July to 5 August 2024, to submit all its data on the MYS portal and, as such, it did not fulfil the requirements to qualify for payment.
- 7.26 I agree with the NHS BSA that the decision to recover the overpayment is appropriate.

8 DECISION

- 8.1 I have had regard to the Payment Disputes Directions which provide me with three options:

- 8.1.1 dismiss the appeal and confirm the decision of NHS England; or
 - 8.1.2 substitute for the decision any decision that NHS England could have taken when it took the decision; or
 - 8.1.3 quash the decision, with or without remitting the matter to NHS England for it to take the decision again subject to such directions as NHS Resolution considers appropriate.
- 8.2 I dismiss the appeal and confirm the decision of NHS England to recover the overpayment of £1,331.28.
- 8.3 I note that neither party has submitted a claim for interest with regard to this dispute so I determine that no interest is payable on the sums to be paid from one party to another.

Head of Appeals
NHS Resolution