

Consultation on draft quality standard – deadline for comments 5pm on 16 August 2018 **email:** QSconsultations@nice.org.uk

	<p>Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly.</p> <p>We would like to hear your views on these questions:</p> <ol style="list-style-type: none">1. Does this draft quality standard accurately reflect the key areas for quality improvement? If the systems and structures were available, do you think it would be possible to collect the data for the proposed quality measures? Do you have an example from practice of implementing the NICE guideline(s) that underpins this quality standard? If so, please submit your example to the NICE local practice collection on the NICE website. Examples of using NICE quality standards can also be submitted.2. [Insert any specific questions about the quality standard from the Developer, or delete if not needed]
Organisation name – stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please leave blank):	Royal Pharmaceutical Society
Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.	
Name of commentator person completing form:	Heidi Wright

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<p>Supporting the quality standard - Would your organisation like to express an interest in formally supporting this quality standard? More information.</p>			
Type	[office use only]		
Comment number	Section	Statement number	Comments
Insert each comment in a new row. Do not paste other tables into this table because your comments could get lost – type directly into this table.			
1		1	Although polypharmacy is not being considered as a separate topic within this standard statement 1 should specifically include a medicines review as part of the care and support needs assessment. Medicines are the most common intervention made in the NHS and many people are taking 10 or more medicines. A person-centred medicines review would ensure that medicines were optimised for the individual and help them to understand the need for the medicines prescribed for them.
2		3	<p>It is important that statement 3 includes ongoing monitoring and review of medicines as part of continuous and consistent care and support. It is important that strict medicines management regimes are met, for example for people with Parkinson's.</p> <p>As stated by the British Geriatrics Society 'polypharmacy is an important source of morbidity in community-dwelling older people with complex conditions and care home residents'. We agree that all older people with complex conditions and care home residents should have a regular medication review.</p>
3		General	<p>There are huge inequalities in the system depending on location and a person's mobility. Care home residents can take advantage of pharmacists providing clinical support (medicines reviews etc) but may not have access to the full range of community pharmacy services. Housebound residents receive little or no support in the form of pharmaceutical care and in many parts of the country they cannot even benefit from a simple medicines use review.</p> <p>As more and more people are expected to receive home based care this inequality will increase so urgent attention needs to be given to ensuring they have access to appropriate services to make sure they have access to the full range of pharmaceutical care provided and their medicines are optimised to ensure they obtain the most benefit from them.</p>

Insert extra rows as needed

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Checklist for submitting comments

- Use this comment form and submit it as a Word document (not a PDF).
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Include section number of the text each comment is about eg. introduction; quality statement 1; quality statement 2 (measure).
- If commenting on a specific quality statement, please indicate the particular sub-section (for example, statement, measure or audience descriptor).
- Combine all comments from your organisation into 1 response. We cannot accept more than 1 response from each organisation.
- Do not paste other tables into this table – type directly into the table.
- Underline and highlight any confidential information or other material that you do not wish to be made public.
- Do not include medical information about yourself or another person from which you or the person could be identified.
- Spell out any abbreviations you use
- For copyright reasons, comment forms do not include attachments such as research articles, letters or leaflets (for copyright reasons). We return comments forms that have attachments without reading them. The stakeholder may resubmit the form without attachments, but it must be received by the deadline.

You can see any guidance and quality standards that we have produced on topics related to this quality standard by checking [NICE Pathways](#).

Note: We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate.

Comments received from registered stakeholders and respondents during our consultations are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.