

# National Institute for Health and Care Excellence

## Supporting adult carers

**Consultation on draft quality standard – deadline for comments** 5pm on 09/11/20

**Please email your completed form to:** QSconsultations@nice.org.uk

Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly.

We would like to hear your views on these questions:

1. Does this draft quality standard accurately reflect the key areas for quality improvement?
2. Are local systems and structures in place to collect data for the proposed quality measures? If not, how feasible would it be for these to be put in place?
3. Do you think each of the statements in this draft quality standard would be achievable by local services given the net resources needed to deliver them? Please describe any resource requirements that you think would be necessary for any statement. Please describe any potential cost savings or opportunities for disinvestment.
4. Do you have an example from practice of implementing the NICE guideline that underpins this quality standard? If so, please provide details.

### Organisation details

<b>Organisation name – Stakeholder or respondent</b>  (if you are responding as an individual rather than a registered stakeholder please leave blank)	Royal Pharmaceutical Society
<b>Disclosure</b>  Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.	

Name of person completing form	Heidi Wright
Supporting the quality standard	<p>Would your organisation like to express an interest in formally supporting this quality standard? <a href="#">More information.</a></p>
Type	[Office use only]

## Comments on the draft quality standard

Comment number	Section	Statement number	Comments
<p>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.</p>			
Example 1	Statement 1 (measure)	1	<i>This statement may be hard to measure because...</i>
1	Statement 1	1	<p>We agree with this statement around identifying unpaid carers and that this should be undertaken at the earliest opportunity. Across the UK today 13.6 million people are unpaid carers to someone who is older, disabled or seriously ill. And this has estimated to increase by 4.5 million because of the COVID-19 Pandemic.</p> <p>Utilising community pharmacists to identify carers, refer them to support services and ensure they are identified as a carer at their GP surgery has proven to work. The evaluation research suggests that the Carer-Friendly Pharmacy Pilot, undertaken in 2014/15, is an effective and pragmatic approach to identifying and supporting carers, with pharmacy staff being an invaluable resource. (<a href="http://psnc.org.uk/wp-content/uploads/2015/02/20224-Evaluation-2015.pdf">http://psnc.org.uk/wp-content/uploads/2015/02/20224-Evaluation-2015.pdf</a>)</p> <p>Research carried out for Carers Week 2015 (<a href="https://www.employersforcarers.org/news/item/1012-carers-week-we-re-calling-on-all-communities-to-become-more-carer-friendly">https://www.employersforcarers.org/news/item/1012-carers-week-we-re-calling-on-all-communities-to-become-more-carer-friendly</a>) revealed that carers consider community pharmacies to be the most carer-friendly of all health and care</p>

			services, with their accessibility, longer opening hours, helpful staff, advice from the pharmacist without an appointment among the reasons carers gave for ranking them top.
2	Statement	2	<p>We agree that carers should be included in the decision making and care planning for the person they care for, with the person's consent.</p> <p>There should be an expectation that carers are well informed about the medicines the person they are caring for is taking, they should have the opportunity to voice an opinion about the medicines and be supported so that they can play a part in helping the patient to take their medicines. This can be supported by pharmacists working in all care settings and may require access to specialist pharmacists, such as those specialising in mental health.</p> <p>There are a range of carer organisations and many other different organisations providing care and support in a variety of ways. Most of these organisations have little or no proper access to good advice about medicines. They need help and support in order to be well informed around medicines and their use and this guidance could provide the opportunity to make that the norm.</p> <p>One issue that is encountered when involving carers in the care of their patients is the issue of confidentiality and sharing patient information with a person who is not the patient. This guidance should provide some clarity on this matter so healthcare professionals are able to share information, particularly around medicines, with carers as carers are often the ones ensuring that the patient takes their medicines.</p>
3	Statement	5	<p>Using community pharmacists to ensure carers receive a flu vaccination, thereby enabling them to continue in work, education or training, as well as continue to undertake their caring duties, has worked in practice and needs to be encouraged.</p> <p>As the carers flu vaccination campaign has shown, when a carer visits a pharmacy (for example to collect a prescription), pharmacy teams have a window of opportunity to offer services that could help the carer maintain their health and well-being. This is highlighted in a paper exploring who uses pharmacy for flu vaccinations <a href="https://pubmed.ncbi.nlm.nih.gov/26821372/">https://pubmed.ncbi.nlm.nih.gov/26821372/</a></p>

			<p>Community pharmacists have a huge role in reassuring carers, helping to reduce their anxiety, acting as convenient and accessible points for information/ signposting and general advice on medicines and lifestyle issues. Carers often neglect their own health and wellbeing needs and community pharmacists have the opportunity to recognise this and support the carers. Some examples of services that community pharmacists could provide to carers include:</p> <ol style="list-style-type: none"> <li>1. Identify carers and tag their medical records</li> <li>2. Notify the carer's GP</li> <li>3. Provide them with general health advice</li> <li>4. Provide them with an NHS health check</li> <li>5. Offer them a flu vaccination</li> <li>6. Offer them a pneumococcal vaccination</li> <li>7. Help them access electronic prescription service</li> <li>8. Provide a home delivery service</li> <li>9. Screen carers for hypertension, COPD and diabetes risk factors</li> <li>10. Offer them services such as smoking cessation, weight management etc.</li> <li>11. Offer them an MUR or NMS for themselves.</li> <li>12. Give advice on how to use, store and administer medicines safely<sup>1</sup></li> <li>13. Advise them on disability aids and equipment</li> <li>14. Refer carers to their local carers' service for information, advice and support</li> <li>15. Support the mental health and wellbeing of carers</li> </ol>
4	Genral	General	<p>Many care receivers are supported by several unpaid care givers. (Carers UK often reference 'circles of care'). This is mentioned briefly in the guidance but could do with more emphasis. For example would multiple carers support decision making for the care receiver or would there be a primary carer bearing in mind that care needs and who cares often change too.</p> <p>Now that virtual consultations are more common there is value in pharmacists supporting carers and care receivers with their medicines and questions and having conversations with both the carer and the care receiver at the same time rather than just including two people in the discussion.</p>

Insert more rows as needed

## Checklist for submitting comments

- Use this form and submit it as a Word document (not a PDF).
- Complete the disclosure about links with, or funding from, the tobacco industry.
- 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
- Please provide concise supporting information for each key area. Provide reference to examples from the published or grey literature such as national, regional or local reports of variation in care, audits, surveys, confidential enquiries, uptake reports and evaluations such as impact of NICE guidance recommendations
- For copyright reasons, do not include attachments of **published** material such as research articles, letters or leaflets. However, if you give us the full citation, we will obtain our own copy
- Attachments of unpublished reports, local reports / documents are permissible. If you wish to provide academic in confidence material i.e. written but not yet published, or commercial in confidence i.e. internal documentation, highlight this using the highlighter function in Word.

Please return to [QSconsultations@nice.org.uk](mailto:QSconsultations@nice.org.uk)

NICE reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion of NICE, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.

Comments received from registered stakeholders and respondents during our stakeholder engagements 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.