National Institute for Health and Care Excellence

Community pharmacies: promoting health and wellbeing

Stakeholder engagement – deadline for comments 17:00 on 2/10/2019
email: QStopicengagement@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 or arrive after the deadline.

We would like to hear your views on these questions:

1. What are the **key areas for quality improvement** that you would want to see covered by this quality standard? Please **prioritise up to 5 areas** which you consider as having the greatest potential to improve the quality of care. Please state the specific aspects of care or service delivery that should be addressed, including the actions that you feel would most improve quality.

Organisation details

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 person completing form	Heidi Wright
Supporting the quality standard	

Would your organisation like to express an interest in formally supporting this quality standard? More information.	
Type	**[Office use only]**

Quality improvement comments

Key area for quality improvement	**Why is this important?**	**Why is this a key area for quality improvement?** Evidence of information that care in the suggested key areas for quality improvement is poor or variable and requires improvement?	**Supporting information** If available, any national data sources that collect data relating to your suggested key areas for quality improvement? Don't paste other tables into this table as your comments could get lost. Type directly into this table.
Separately list each key area for quality improvement that you would want to see covered by this quality standard.	**Example:** There is good evidence that appropriate and effective pulmonary rehabilitation can drive significant improvements in the quality of life and health status of people with COPD.	**Example:** The National Audit for COPD found that the number of areas offering pulmonary rehabilitation has increased in the last three years and although many people are offered referral, the quality of pulmonary rehabilitation and its	EXAMPLE: Please see the Royal College of Physicians national COPD audit which highlights findings of data collection for quality indicators relating to pulmonary rehabilitation. http://www.rcplondon.ac.uk/resources/chronic-obstructive-pulmonary-disease-audit

Example: Pulmonary rehabilitation for chronic obstructive pulmonary disease (COPD)	Pulmonary rehabilitation is recommended within NICE guidance. Rehabilitation should be considered at all stages of disease progression when symptoms and disability are present. The threshold for referral would usually be breathlessness equivalent to MRC dyspnoea grade 3, based on the NICE guideline.	availability is still limited in the UK. Individual programmes differ in the precise exercises used, are of different duration, involve variable amounts of home exercise and have different referral criteria.	
Key area for quality improvement 1 Community pharmacists take part as a member of	If community pharmacy is included as part of the HWB hub they will have knowledge of the local demographics in relation to public health of the population and can	We anticipate that Health and Wellbeing Hubs will be formed around the new PCNs. As it is early days for PCNs this may not have happened yet. Being a participating member of the PCN	The NHS Long term plan chapter 2 page 33. https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf CVD prevention is one of the national service specifications of the of PCN DES and part of new pharmacy contract.

the local Health and Wellbeing Hub	offer services that help to address the needs of the population	will allow easier referral of patients into the service and signposting of patients nearing more specialist support. Being part of the Hub will allow for sharing of priorities for targeting as well as consistency of message and approach to care	
Key area for quality improvement 2 Signposting and referrals	Mechanisms should be established that enable appropriate referrals from community pharmacies to other support services. Community pharmacies often notice early signs and symptoms of conditions and should be able to refer people to the	Appropriate referrals into the pharmacy service i.e. in line with the priorities identified for the PCNs. We expect that these mirror the NHS long term plan which has identified smoking, obesity and alcohol consumption as priorities to manage to enable prevention of future disease.	Plans for PCNs to recruit “Link workers” in the NHS plan

	appropriate local services, including GP practices. This fits with the national agenda on early diagnosis for long term conditions including respiratory, cardiovascular disease, cancer and mental health conditions. Community pharmacists should also be able to refer people to link workers for social prescribing where appropriate.	Appropriate signposting from pharmacies to locally available services including newly appointed link workers (once in post)	
Key area for quality improvement 3	More people visit a community pharmacy than any other health service provider and there is the opportunity to	This is seen as a priority in NHS Long term plan. Community pharmacies buck the inverse law with a higher number og=f	See section 2.26 of Long term plan

Addressing health inequalities	engage with people including homeless people, those from ethnic minorities, those with mental health problems or learning disabilities as well as those who are socially isolated.	pharmacies in areas of higher deprivation. ty.	Todd and colleagues (2014) stated hat the majority of the population can access a community pharmacy within 20 min walk and crucially, access is greater in areas of highest deprivation—*a positive pharmacy care law*. (Todd A, Copeland A, Husband A*, et al* The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England *BMJ Open* 2014;**4:**e005764. doi:10.1136/bmjopen-2014-005764)
Key area for quality improvement 4 Training on behavioural support and providing brief advice which includes shared decision making	Community pharmacists can, and do, provide opportunistic interventions. With additional training, these interventions could be even more effective and be undertaken in line with the Universal Personalised Care Plan	NICE recommendations for "behavioural change: individual approaches" and "Stop smoking interventions and services"	

and health literacy			
Key area for quality improvement 5 Supporting reducing antimicrobial resistance	Community pharmacists and their teams have a key role in flu vaccination, safety netting, self-care; preventing use of antibiotics and supporting appropriate use of antibiotics when needed	Supporting key messages to patients on not asking for an antibiotic prescription for self-limiting conditions.	Again the NHS Long term plan and the pharmacy contract support this https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/773065/uk-20-year-vision-for-antimicrobial-resistance.pdf
Additional developmental areas of emergent practice Supporting better medicines taking			

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 QStopicengagement@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.