

Community engagement: Improving health and wellbeing

Consultation on draft quality standard – deadline for comments [5pm] on [Monday 22/08/16] 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.
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.	N/A
Name of commentator 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]

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Comment number	Section	Statement number	<p style="text-align: center;">Comments</p> <p style="text-align: center;">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>
1	Statement 1		We agree with this statement in general but feel that health and care professionals should also be engaged at the beginning of the process together with local communities. A joint consultation with local communities and health and care professionals is likely to lead to more integrated working and solutions that can be delivered. However, it would be useful to define “local community” so that any engagement is not simply a tick box exercise with the same few individuals who are working to their own agenda rather than being truly representative.
2	Statement 2		Local communities are likely to have variable skills and knowledge on impact assessments. Again we would advocate for the early involvement of health and care professionals in the development of measures to assess the impact of the initiatives.
3	Statement 3		The work to identify the skills, knowledge, networks, relationships and facilities within the local community is a significant and complex audit. We feel that this will potentially be passed to the local healthwatch to complete but consideration needs to be given to resources, including funding, to undertake such an audit. It would also be useful to have a national template to provide some standardisation across the country.
4	Statement 4		Community members should be part of CCG and HWB boards so they are up to date on local initiatives and can undertake the bridging role. The Governor role of Foundation Trust could be considered in this context.
5	Question 1		We agree in general with the key principles outlined but see our comments above.
6	Question 2		The implementation of the standards should be the main focus and there will need to be national guidance, tools and resources to support this. This will then help support local implementation.
7	Question 3		We do not have any examples directly but will encourage our members to share any examples they may have.
8	Question 4		The net resources available have not been clarified so it is difficult to comment on whether or not the quality standards would be achievable by local services. In order to be successful, early involvement of all interested parties such as local communities, commissioners and providers in developing initiatives is crucial. We have concerns that Local Authority funding has effectively been cut in recent years and it would be counter productive to use much needed resources to collect data at the expense of providing services.

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9	Question 5		Commissioners should work with both local communities and local providers to plan health and wellbeing initiatives. It would be useful to have a requirement in annual reports and plans that demonstrates delivery of these quality statements on a consistent and continuous basis. This will ensure that work is ongoing and not just done once and forgotten. It will also create an accountability for commissioners to the community and lead to sustainable behaviour change.
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Insert extra rows as needed

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 comment 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 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.