

## Community pharmacy to promote health and wellbeing

Consultation on draft guideline – deadline for comments 5pm on 21/02/2018 email: [CommunityPharmacy@nice.org.uk](mailto:CommunityPharmacy@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 the draft recommendations presented in the short version and any comments you may have on the evidence presented in the full version. We would also welcome views on the Equality Impact Assessment.</p> <p>We would like to hear your views on these questions:</p> <ol style="list-style-type: none"><li>1. Which areas will have the biggest impact on practice and be challenging to implement? Please say for whom and why.</li><li>2. Would implementation of any of the draft recommendations have significant cost implications?</li><li>3. What would help users overcome any challenges? (For example, existing practical resources or national initiatives, or examples of good practice.)</li></ol> <p>See section 3.9 of <a href="#">Developing NICE guidance: how to get involved</a> for suggestions of general points to think about when commenting.</p>
<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.	None
<b>Name of commentator person completing form:</b>	Andrew Cooke ( <a href="mailto:andrew.cooke@rpharms.com">andrew.cooke@rpharms.com</a> )

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Type		[office use only]		Comments
Comment number	Document (full version, short version or the appendices)	Page number Or 'general' for comments on the whole document	Line number Or 'general' for comments on the whole document	
				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.
Example 1	Full	16	45	We are concerned that this recommendation may imply that .....
Example 2	Full	16	45	Question 1: This recommendation will be a challenging change in practice because .....
Example 3	Full	16	45	Question 3: Our trust has had experience of implementing this approach and would be willing to submit its experiences to the NICE shared learning database. Contact.....
1	Full	7	14	This recommendation should also include advice on improving medicines adherence (Medicines Adherence NICE CG76) as up to 50% of patients with LTCs are not taking their medication as prescribed. This is an important determinant of health and wellbeing, which community pharmacy has a key role in supporting.
2	Full	7	14	This recommendation should also include using patient decision aids and the use of self-management plans (Recommendations within Medicines Optimisation NICE NG5)
3	Full	7	5	We are concerned that this recommendation may imply that pharmacists can only support 3 of the 7 national public health priorities, when all 7 can be supported by community pharmacies promoting health and wellbeing in line with the health needs of the individual and the local population, as set out within the Pharmaceutical Needs Assessment (PNA) and Joint Strategic Needs Assessment (JSNA).
4	Full	7	5	Add: <i>When someone uses pharmacy services for infectious diseases or with a prescription for antibiotics, use this as an opportunity to advise them on antimicrobial stewardship (AMS) (Antimicrobial stewardship NICE NG63 recommendations 1.2.1 and 1.5.6).</i> Community Pharmacies also offer influenza vaccination as a public health intervention, an important component of AMS. Community pharmacists also provide preventative advice, particularly for individuals who suffer from recurring infections, e.g. urinary tract infections and upper respiratory infections.
5	Full	7	5	All community pharmacists are encouraged to become dementia friends within the community pharmacy contractual framework. <i>Better care for people with dementia – as part of the drive to ensure 80 per cent of all pharmacy staff working in patient-facing roles take part in the Alzheimer's Society's Dementia Friends scheme.</i> <a href="https://www.england.nhs.uk/commissioning/primary-care/pharmacy/framework-1618/pqp/">https://www.england.nhs.uk/commissioning/primary-care/pharmacy/framework-1618/pqp/</a> . There are examples in Bolton and Manchester where community pharmacists are actively involved within a dementia public health framework <a href="http://www.gmhsc.org.uk/news/committed-to-creating-dementia-friendly-pharmacies-in-gm/">http://www.gmhsc.org.uk/news/committed-to-creating-dementia-friendly-pharmacies-in-gm/</a>
6	Full	8	7	This recommendation should also include behavioural support to improve medicines adherence (Medicines Adherence

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				NICE CG76) as up to 50% of patients with LTCs are not taking their medication as prescribed. This is an important determinant of health and wellbeing, which community pharmacy has a key role in supporting.
7	Full	9	11	Add 'and new models of care, including STPs and Primary Care Homes'
8	Full	13	25	Improving antimicrobial stewardship is an important public health imperative. There is currently insufficient evidence relating to the impact of community pharmacists performing simple diagnostic tests to identify bacterial infection, the use of clinical scores and pathways in a community pharmacy setting, and its effects on appropriate antibiotic prescribing rates. This should be included as a recommendation for research.
9	Full	29	9	The Community Pharmacy Contractual Framework includes specific mention of services to promote health and wellbeing such as: <ul style="list-style-type: none"> <li>• Better care for people with dementia – as part of the drive to ensure 80 per cent of all pharmacy staff working in patient-facing roles take part in the Alzheimer's Society's Dementia Friends scheme.</li> <li>• Increased support for healthy living – so there is a Royal Society of Public Health trained health champion in every community pharmacy, and ensuring each community pharmacy obtains the Healthy Living Pharmacy Level 1 status.</li> <li>• An advanced service to administer the influenza vaccine to eligible patients</li> </ul> These should be mentioned within this section, as per page 29, lines 11 – 14
10	Full	14	1	Recommendations for research number 6 could be incorporated within recommendation 1
11	Full	10	19	In order for information to be exchanged efficiently and safely, pharmacist must have read and write access to the electronic patient health record.
12	Full	4	3	This recommendation will be challenging to implement unless this is included as part of the national contracting framework
13	Full	5	8	This recommendation will be challenging to implement unless there are national awareness campaigns for patients

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 page and line number (not section number) of the text each comment is about.
- 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.

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- 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 that we have produced on topics related to this guideline 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.