

National Institute for Health and Care Excellence

Community pharmacies: promoting health and wellbeing

Consultation on draft quality standard – deadline for comments 17:00 on 14/02/2020

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

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.	NA
Name of person completing form	Heidi Wright

<p>Supporting the quality standard</p> <p>Would your organisation like to express an interest in formally supporting this quality standard? More information.</p>	
<p>Type</p>	<p>[Office use only]</p>

Comments on the draft quality standard

<p>Comment number</p>	<p>Section</p>	<p>Statement number</p>	<p>Comments</p> <p>Insert each comment in a new row.</p> <p>Do not paste other tables into this table because your comments could get lost – type directly into this table.</p>
<p>1</p>	<p>Statement 1</p>	<p>1</p>	<p>This will require PCNs to work with their LPCs so that community pharmacies are integrated into local care and referral pathways. As social prescribing develops, community pharmacies should be included in these pathways so they can refer people to link workers.</p> <p>The referral pathways need to be supported by a digital infrastructure which facilitates the sharing of information between community pharmacies and other providers, including, but not limited, to general practices. The NHS Digital and Professional Record Standards Body Pharmacy Information Flows project provides a basis for this. The pathways need to be clearly defined to make the experience seamless for patients. If a community pharmacist refers a person to another provider then this should be actioned as a priority referral and the person should be seen as soon as possible and not put to the back of the queue.</p> <p>Referral information and data is not yet part of the Pharmacy Quality Scheme so if this was to be collected in this way than related criteria would need to be incorporated into the PQS.</p> <p>In terms of data collection around patient satisfaction, then this could be measured as part of the Community Pharmacy Patient Questionnaire</p>

			<p>As part of this statement it says that <i>They also ensure that local arrangements allow community pharmacy teams read and write access to NHS summary care records</i>. The SCR is obtained from information drawn from the person's record held within the GP practice. Community pharmacies will not be able to write to this record, in fact no one is able to actually write to a SCR. However, as Local Health and Care records (LHCR) develop we would expect community pharmacies to have both read and write access to these.</p>
2	Statement 2	2	<p>From April 2020 all community pharmacies will be level 1 Health Living Pharmacies (HLP). This will make it easier to promote the services they provide nationally as there will be consistency in provision. Locally, PCNs will need to work with their community pharmacy colleagues to promote more localised services that are tailored to local needs.</p> <p>Examples of good practice on healthcare services and support from community pharmacies need to be collated and promoted to demonstrate to the public what to expect.</p>
3	Statement 3	3	<p>Currently the intelligence that community pharmacy staff may have in relation to the local population and their health needs remains within the pharmacy as there is no process in place that facilitates the sharing of this information. In order for this standard to be implemented in practice, community pharmacies need to become much more integrated into their local PCNs.</p> <p>The services that community pharmacies provide need to be highlighted to link workers so they can be included in social prescribing services.</p> <p>Health inequalities is a broad definition so needs to be more clearly defined in the context of this statement. Following a definition then tools that allow healthcare providers to recognise health inequalities and also approach and discuss sensitive topics should be developed.</p>
4	Statement 4	4	<p>For this statement to be implemented successfully, community pharmacists and their team members need to be able to access training and education to ensure they have the relevant skills and knowledge. This should be made available to pharmacists and pharmacy staff free of charge.</p>

			<p>The pharmacy team also need to have access to the services available locally that they can signpost or refer people to for further help and support.</p> <p>Pharmacists should offer people the opportunity to talk in private about their health and wellbeing, in their consultation rooms and should have protected time to deliver this service.</p>
5	General	General	<p>The RPS welcomes these quality standards as they highlight the role community pharmacists and pharmacy staff can play in supporting and promoting the health and wellbeing of patients and the public. It highlights the role of community pharmacies in promoting self-care and supporting people with long term conditions to self-manage.</p> <p>We believe that the statements are ambitious but achievable if healthcare providers work together to achieve the same goal. The right systems need to be in place in order to support more public health services being delivered by community pharmacies.</p>
6	General	General	<p>The draft document doesn't specify how to achieve the targets, so it is difficult to comment if it is feasible. Time expectations are also not included.</p>
7	General	General	<p>The perception of pharmacists as healthcare professionals needs to be addressed following national criticism of pharmacists undertaking the roles and activities suggested as part of this consultation. There should be more clarity on roles and who can provide what in relation to healthcare professionals and collaboration should be supported.</p>
8	General	General	<p>The standards, if agreed, should be implemented in a stepwise approach. If they are all implemented at once there is a risk that the system will not be able to support all of the work.</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 QStopicengagement@nice.org.uk

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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.