Consultation on draft quality standard – deadline for comments **5pm** on 5 October 2017 **email:** QSconsultations@nice.org.uk

We would like to hear your views on these questions:

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.

2. [Insert any specific questions about the quality standard from the Developer, or delete if not needed]

<table>
<thead>
<tr>
<th>Organisation name – stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please leave blank):</th>
<th>[Royal Pharmaceutical Society]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.</td>
<td>[N/A]</td>
</tr>
<tr>
<td>Name of commentator person completing form:</td>
<td>[Yogeeta Bhupal- Professional Support Pharmacist]</td>
</tr>
<tr>
<td>Supporting the quality standard - Would your organisation like to express an interest in formally supporting this quality standard? More information.</td>
<td>[YES]</td>
</tr>
</tbody>
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### General Comments

The Royal Pharmaceutical Society is the professional body for pharmacists and pharmacy in Great Britain. As professionals in pharmaceutical care, pharmacists are well equipped to offer advice on managing clinical conditions and to raise patients’ and carers’ awareness and increase their understanding of their condition and therapy. With an increasing number of pharmacist independent prescribers and those specialising in specific disease states such as Parkinson’s disease, pharmacists are often directly involved with managing patient therapy and regular reviews.

### Quality Statement 2

**Information about impulse control disorders**

Page 8

Pharmacists are suitably trained to and routinely provide advice and information on detecting and managing side effects of medicines to both patients and their carers’. Being experts in medicines, pharmacists should be included in the examples of healthcare professionals given on page 8 who provide information about the risk of impulse control disorders.

### Quality Statement 3

**Supportive therapies**

Page 12

With increasing number of pharmacists and pharmacist independent prescribers working in GP practices, pharmacists may be involved in seeing patients with Parkinson’s disease and are able to refer appropriately to supportive therapies as needed. Pharmacists should be included in the list of healthcare professionals that is given on page 12.

### Quality Statement 4

**Medicines in hospital or a care home**

Page 14-16

Pharmacists working in hospitals and care homes are often the first healthcare professionals to record a patients medication history and do so on a regular basis. Pharmacists will also clinically screen medicines charts to ensure appropriate information in relation to medicines, such as dosing and timing is also recorded. Pharmacists should be included in the list of health and social care practitioners that is provided on page 16.

**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.
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- 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 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 and quality standards that we have produced on topics related to this quality standard by checking [NICE Pathways](https://www.nice.org.uk/).  

**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 from registered stakeholders and respondents 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.