NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Community pharmacies:

promoting health and wellbeing

NICE quality standard

Draft for consultation

January 2020

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| **This quality standard covers** how community pharmacies can support the health and wellbeing of the local population. It describes high-quality care and services in priority areas for improvement. **It is for** commissioners, service providers, health, public health and social care practitioners, and the public This is the draft quality standard for consultation (from 17 January to 14 February 2020). The final quality standard is expected to publish in June 2020. |

# Quality statements

[Statement 1](#_Quality_statement) Community pharmacies and local commissioners work together to integrate community pharmacy services into existing care and referral pathways.

[Statement 2](#_Quality_statement_4) Community pharmacies and local commissioners promote healthcare services and support available from community pharmacies.

[Statement 3](#_Quality_statement_1) Community pharmacies work with local commissioners to establish population needs, identify gaps in services and agree actions to address health inequalities.

[Statement 4](#_Quality_statement_3) People who have a long-term health condition or need support to adopt a healthier lifestyle are offered health and wellbeing advice and education when they use community pharmacy services.

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| Other quality standards that should be considered when commissioning or providing community pharmacy services include:* [Physical activity: encouraging activity in the community](https://www.nice.org.uk/guidance/qs183) QS183 (2019)
* [Diabetes in children and young people](https://www.nice.org.uk/guidance/qs125) QS125 (2016)
* [Obesity in adults: prevention and lifestyle weight management programmes](https://www.nice.org.uk/guidance/qs111) QS111 (2016)
* [Obesity in children and young people: prevention and lifestyle weight management programmes](https://www.nice.org.uk/guidance/qs94) QS94 (2015)
* [Smoking: harm reduction](https://www.nice.org.uk/guidance/qs92) QS92 (2015)
* [Smoking: reducing and preventing tobacco use](https://www.nice.org.uk/guidance/qs82) QS82 (2015)
* [Hypertension in adults](https://www.nice.org.uk/guidance/qs28) QS28 (2013)
* [Asthma](https://www.nice.org.uk/guidance/qs25) QS25 (2013)
* [Depression in adults](https://www.nice.org.uk/guidance/qs8) QS8 (2011)
* [Diabetes in adults](https://www.nice.org.uk/guidance/qs6) QS6 (2011)

A full list of NICE quality standards is available from the [quality standards topic library](http://www.nice.org.uk/Standards-and-Indicators/Developing-NICE-quality-standards-/Quality-standards-topic-library). |
| Questions for consultation Questions about the quality standard**Question 1** Does this draft quality standard accurately reflect the key areas for quality improvement?**Question 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?**Question 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.Local practice case studies**Question 4** Do you have an example from practice of implementing the NICE guideline that underpins this quality standard? If so, please provide details on the comments form. |

# Quality statement 1: Integrating services into care and referral pathways

## Quality statement

Community pharmacies and local commissioners work together to integrate community pharmacy services into existing care and referral pathways.

## Rationale

Community pharmacies have an important role in supporting the health and wellbeing of local populations. Integrating community pharmacies into existing local health and social care pathways will offer people effective, convenient and easily accessible services, reduce duplication of work and relieve pressure on the wider health and social care system. Within a well-integrated care pathway, community pharmacy teams should not only be able to support people to maintain their health and wellbeing, but also to refer or signpost them to other health services, services offered by local authorities and organisations in the community and voluntary sectors.

## Quality measures

### Structure

a) Evidence of community pharmacies and local commissioners working together to integrate community pharmacy services into existing care and referral pathways.

***Data source:*** Local data collection, for example, review of actions taken by commissioners or primary care networks and community pharmacies to facilitate integration.

b) Evidence of referral arrangements agreed between community pharmacies.

***Data source:*** Local data collection, for example, review of arrangements between pharmacies agreed locally or information collected through the [pharmacy quality scheme](https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-quality-payments-scheme/pqs/).

c) Evidence of referral arrangements agreed between community pharmacies, primary care networks, health, social care and support service providers.

***Data source:*** Local data collection, for example, review of arrangements agreed locally between community pharmacies, primary care networks, health, social care and support service providers or information collected through the pharmacy quality scheme.

d) Evidence of local arrangements to ensure read and write access for community pharmacy teams to NHS summary care records.

***Data source:*** Local data collection, for example, information collected through the pharmacy quality scheme.

### Outcome

a) Numbers of direct referrals from community pharmacies to health and social care services.

***Data source:***Local data collection, for example, analysis of referrals recorded in [PharmOutcomes](https://pharmoutcomes.org/pharmoutcomes/)/[Sonar](https://www.sonarhealth.org/SonarHealth/default.aspx) or review of referrals made by community pharmacy teams.

b) Proportion of people satisfied with the service they received from community pharmacy services.

Numerator – the number in the denominator satisfied with the service they received from community pharmacy services.

Denominator – the number of people using community pharmacy services.

***Data source:***Local data collection, for example, review of information recorded as part of the [Community Pharmacy Assurance Framework](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/community-pharmacy-assurance-framework-cpaf) (clinical governance).

## What the quality statement means for different audiences

**Service providers** (such as community pharmacies, local pharmaceutical committees, primary care networks, GP practices, social care providers, community and voluntary sector organisations) work together to establish referral pathways between community, mental health, social care, pharmacy, hospital and voluntary services in their local areas. They also establish information sharing practices to reduce multiple assessments and waiting times and offer people effective, convenient and accessible services.

**Health and social care practitioners** (such as community pharmacy teams, GPs, social prescribing link workers, community and voluntary sector staff) are aware of, develop and use local referral pathways and information-sharing practices across the health and social care system to ensure people in the local area receive effective, convenient and accessible services.

**Commissioners** (such as NHS England, Public Health England, clinical commissioning groups, local authorities) commission services that establish referral pathways between community, mental health, social care, pharmacy, hospital and voluntary services in their local areas. This allows community pharmacy teams to accept as well as make referrals to the service most appropriate for the person, without the need for the GP to be involved unless appropriate. They also ensure that local arrangements allow community pharmacy teams read and write access to NHS summary care records.

**People** **who use community pharmacies** receive support they need from a community pharmacy team or if they need more help, they are referred directly to a relevant health or care service without the need to go back to a GP.

## Source guidance

[Community pharmacies: promoting health and wellbeing](https://www.nice.org.uk/guidance/ng102) (2018) NICE guideline NG102 recommendation 1.1.1

# Quality statement 2: Promoting community pharmacies

## Quality statement

## Community pharmacies and local commissioners promote healthcare services and support available from community pharmacies.

## Rationale

Community pharmacy teams have the potential to play a greater role in health promotion, prevention and recognition of ill health, managing minor illness and referral to other health and care services. Lack of awareness of their skills and knowledge among members of the public and health and social care practitioners as well as a long-held view of a community pharmacist being responsible mainly for dispensing medicines, presents a barrier to community pharmacies fulfilling their full potential.

## Quality measures

### Structure

a) Evidence of local initiatives to raise awareness of the services and skills available within community pharmacies among members of the public.

***Data source:*** Local data collection, for example, review of activities carried out by partners within the primary care network to increase awareness of the role of community pharmacies.

b) Evidence of local initiatives to raise awareness of the services and skills available within community pharmacies among health and social care practitioners.

***Data source:*** Local data collection, for example, review of the primary care network’s activity to increase awareness of the role of community pharmacies.

### Outcome

a) Uptake of community pharmacy services.

***Data source:*** Local data collection, for example, review of pharmacy workloads or referrals NHS111 made to local community pharmacies.

b) Public awareness of the support available from local community pharmacies.

***Data source:***Local data collection, for example, surveys carried out with people accessing GP services.

## What the quality statement means for different audiences

**Service providers** (such as community pharmacies, PCNs, GP practices, NHS 111, A&E departments) work towards changing perceptions among local people and health and social care practitioners of pharmacists being only responsible for dispensing medicines. They develop campaigns and activities that promote the wider role of community pharmacies, the services provided by Healthy Living Pharmacies and the skills and knowledge of community pharmacists.

**Health and social care practitioners** (such as community pharmacy teams, GPs, NHS 111 and A&E staff, social care workers, community and voluntary sector staff) recognise and promote the role that community pharmacies can play in supporting the health and wellbeing of the local population. They actively advertise the services of local community pharmacies and raise awareness of the skills and knowledge of community pharmacy teams. Health and social care practitioners also highlight the community pharmacy as the first port of call for managing minor illness.

**Commissioners** (such as NHS England, Public Health England, clinical commissioning groups, local authorities) ensure that the services they commission from community pharmacies are promoted among local health and social care providers as well as members of the public accessing those services.

**People** are made aware of the services and support available from their local community pharmacies by community pharmacy teams, GPs, healthcare professionals or social workers. They are encouraged to use community pharmacies as the first port of call for advice on health and wellbeing and for minor illness instead of seeing their GP or going to A&E.

## Source guidance

[Community pharmacies: promoting health and wellbeing](https://www.nice.org.uk/guidance/ng102) (2018) NICE guideline NG102 recommendation 1.2.7

## Equality and diversity considerations

Initiatives and activities used to raise awareness of services that can be provided by community pharmacies need to be tailored to the local populations. Pharmacists and their role may be perceived differently by people from different cultural backgrounds. This may influence peoples’ use of the services offered. Different messages and different languages may be required to ensure that the uptake of services improves. Also, a proactive approach is needed for people who are homebound. For example, delivery drivers can hand out leaflets with basic information and contact details for the pharmacy, or family or carers who collect medicines can take the message to the person and encourage them to contact the pharmacy.

# Quality statement 3: Health inequalities

## Quality statement

Community pharmacies work with local commissioners to establish population needs, identify gaps in services and agree actions to address health inequalities.

## Rationale

All members of the public, including people who are homeless or have no permanent address and those unlikely to use other healthcare services, can get information and support from a community pharmacist without an appointment. Many pharmacists are well established within the community, have good relationships with the local population and a good understanding of their needs and the challenges some individuals face. Community pharmacies can support other agencies, primary care networks and commissioners in establishing the population’s needs as well as gaps in locally commissioned services. Together they can agree actions to address health inequalities.

## Quality measures

### Structure

1. Evidence of using intelligence from community pharmacies to inform which services should be commissioned locally.

***Data source:*** Local data collection, for example, joint strategic needs assessment or intelligence gathered by local authorities and local pharmaceutical committees to inform commissioning priorities of the primary care networks.

b) Evidence of actions agreed locally between local commissioners and community pharmacies to address health inequalities.

***Data source:*** Local data collection, for example, review of arrangements between community pharmacies and primary care networks agreed locally.

### Outcome

Uptake of community pharmacy services among people from underserved groups.

***Data source:*** Local data collection, for example, review of community pharmacy records.

## What the quality statement means for different audiences

**Service providers** (such as community pharmacies, primary care networks, GP practices, social care providers, community and voluntary sector organisations) share their knowledge and intelligence with local commissioners and each other to develop a good understanding of the local population and the extent of local health inequalities. They identify gaps in services where community pharmacies can make significant contributions and agree actions to address health inequalities. They identify groups within the population that are more likely to use NHS services if they are provided by community pharmacies; they identify the specific needs of these groups and any gaps in local services that would need to be addressed to meet these needs.

**Community pharmacy teams** use their skills and knowledge, including knowledge of people living in the local community, to tailor health and wellbeing interventions to suit individual needs and preferences and to maximise their impact. When tailoring interventions, they consider where and how people live and work, and personal factors such as identity, ethnicity, faith, culture and disability.

**Commissioners** ensure that they commission services that reflect the health and social care needs and priorities of the local population. They work with service providers to gain a better understanding of priority areas, to identify under-served populations and to agree actions to address health inequalities.

**People who use community pharmacies** have health and wellbeing services that suit their individual needs and preferences.

## Source guidance

[Community pharmacies: promoting health and wellbeing](https://www.nice.org.uk/guidance/ng102) (2018) NICE guideline NG102 recommendation 1.2.6

## Definitions of terms used in this quality statement

### Actions to address health inequalities

Addressing health inequalities should include working with other agencies to identify under-served groups. Health and wellbeing interventions should be tailored to suit the needs and preferences of individuals to maximise their impact. For example:

* using knowledge of the local community (particularly from staff who live in the community where they work) to take into account the context in which people live and work (their physical, economic and social environment)
* making use of the skills staff members already have (for example, if they speak languages commonly used in the area)
* taking into account other personal factors such as gender, identity, ethnicity, faith, culture or any disability that may affect the approach taken (for example, provide information in an appropriate format for people who may have difficulty reading).

[NICE’s guideline on [community pharmacies: promoting health and wellbeing](https://www.nice.org.uk/guidance/ng102) recommendation 1.2.6]

# Quality statement 4: Advice and education

## Quality statement

People who have a long-term health condition or need support to adopt a healthier lifestyle are offered health and wellbeing advice and education when they use community pharmacy services.

***Rationale***

Community pharmacies are well placed to offer health and wellbeing advice and education to everyone in the local community, whether they have a long-term health condition or need help to adopt a healthier lifestyle. Community pharmacy teams can engage with people who regularly buy over-the-counter medicines, collect prescriptions or ask for advice. They can use the opportunity to start a more general conversation about health and wellbeing. The informal setting may encourage people to ask more questions, consider how they feel or how their lifestyle may be affecting their health. Community pharmacy teams can offer support with adopting a healthier lifestyle, including stopping smoking, reducing alcohol consumption and managing weight. They can also provide more information on mental and physical wellbeing, deliver brief interventions and signpost to other services.

## Quality measures

### Structure

a) Evidence of local arrangements to ensure that people who have a long-term health condition or need help to adopt a healthier lifestyle are offered health and wellbeing advice and education when they use community pharmacy services.

***Data source:*** Local data collection, for example, review of community pharmacies’ standard operating procedures submitted through [Community Pharmacy Assurance Framework](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/community-pharmacy-assurance-framework-cpaf) (dispensing).

b) Evidence of pharmacy staff accessing training that provides them with skills and confidence to offer health and wellbeing advice and education.

***Data source:*** Local data collection, for example, review of pharmacy staff training records.

### Outcome

a) Proportion of people using community pharmacy services who are satisfied with the advice or information they received.

Numerator – the number in the denominator who are satisfied with the advice or information they received.

Denominator – the number of people using community pharmacy services for information or advice on health and wellbeing.

***Data source:***Local data collection, for example, surveys carried out with people using community pharmacy services.

b) Number of interventions and advice (very brief, brief and extended brief advice) delivered by local pharmacies.

***Data source***: Local data collection, for example, interventions and advice provided by the community pharmacy teams recorded in [PharmOutcomes](https://pharmoutcomes.org/pharmoutcomes/)/[Sonar](https://www.sonarhealth.org/SonarHealth/default.aspx).

## What the quality statement means for different audiences

**Service providers** (community pharmacies) ensure that systems and protocols are in place to offer advice on health and wellbeing to people who have a long-term health condition or need help to adopt a healthier lifestyle. They also ensure that members of staff have skills and confidence to provide health and wellbeing advice and education, including advice on stopping smoking, reducing alcohol consumption and managing weight. Pharmacies should have areas that offer privacy to people who would like to discuss their health and wellbeing in more detail.

**Community pharmacists** offer people who have a long-term health condition or need help to adopt a healthier lifestyle, health and wellbeing advice and education. This includes advice on stopping smoking, reducing alcohol consumption and managing weight. They provide relevant information and resources or provide a brief intervention suitable to the persons’ circumstances. If they cannot offer the support needed, they offer referrals or signpost to a relevant service. They also record the advice given and the interventions and referrals made.

**Commissioners** (such as NHS England, Public Health England, clinical commissioning groups, local authorities) commission community pharmacy services that provide people with information and advice on health and wellbeing. They ensure that relevant resources (such as leaflets or websites) and training for community pharmacy staff are available, and that all pharmacies have areas for private conversations.

**People who have a long-term health condition or need support to adopt a healthier lifestyle** are encouraged to discuss their health and wellbeing with the community pharmacist. They can ask for information about smoking, alcohol or healthy weight, get advice or receive a referral to another service that they may need.

## Source guidance

[Community pharmacies: promoting health and wellbeing](https://www.nice.org.uk/guidance/ng102) (2018) NICE guideline NG102 recommendations 1.4.1, 1.4.2 and 1.4.3

## Definitions of terms used in this quality statement

### Advice and education

Advice and education should be offered in line with NICE's guidelines on: behaviour change: individual approaches ([see the recommendations on delivering very brief, brief and extended brief advice](https://www.nice.org.uk/guidance/ph49/chapter/1-recommendations#recommendation-9-deliver-very-brief-brief-extended-brief-and-high-intensity-behaviour-change)).

[NICE’s guideline on [community pharmacies: promoting health and wellbeing](https://www.nice.org.uk/guidance/ng102) recommendation 1.4.1]

## Equality and diversity considerations

People should be provided with information that they can easily understand themselves, or with support, so they can communicate effectively with the community pharmacist. Information should be in a format that suits their needs and preferences. It should be accessible to people who do not speak or read English, and it should be culturally appropriate and age appropriate.

For people with additional needs related to a disability, impairment or sensory loss, information should be provided as set out in NHS England's [Accessible Information Standard](https://www.england.nhs.uk/ourwork/accessibleinfo/).

# About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, this may not always be appropriate in practice. Taking account of safety, shared decision-making, choice and professional judgement, desired levels of achievement should be defined locally.

Information about [how NICE quality standards are developed](https://www.nice.org.uk/standards-and-indicators/timeline-developing-quality-standards) is available from the NICE website.

See [quality standard advisory committees](http://www.nice.org.uk/Get-Involved/Meetings-in-public/Quality-Standards-Advisory-Committee) on the website for details of standing committee 2 members who advised on this quality standard. Information about the topic experts invited to join the standing members is available on the [quality standard’s webpage](https://www.nice.org.uk/guidance/indevelopment/gid-qs10115).

This quality standard has been included in the NICE Pathway on [community pharmacies: promoting health and wellbeing](https://pathways.nice.org.uk/pathways/community-pharmacies-promoting-health-and-wellbeing), which brings together everything we have said on a topic in an interactive flowchart.

NICE produces guidance, standards and information on commissioning and providing high-quality healthcare, social care, and public health services. We have agreements to provide certain NICE services to Wales, Scotland and Northern Ireland. Decisions on how NICE guidance and other products apply in those countries are made by ministers in the Welsh government, Scottish government, and Northern Ireland Executive. NICE guidance or other products may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

## Improving outcomes

This quality standard is expected to contribute to improvements in the following outcomes:

* awareness of services provided by community pharmacies
* uptake of interventions offered by community pharmacies
* referral pathways within the primary care networks
* health outcomes among the population
* health inequalities
* pharmacy as the first place people go with a non-urgent health issue
* minimising inappropriate use of health and social care services.

It is also expected to support delivery of the Department of Health and Social Care outcome frameworks:

* [Adult social care outcomes framework](https://digital.nhs.uk/data-and-information/publications/ci-hub/social-care)
* [NHS outcomes framework](https://digital.nhs.uk/data-and-information/publications/clinical-indicators/nhs-outcomes-framework)
* [Public health outcomes framework for England](https://www.gov.uk/government/collections/public-health-outcomes-framework).

## Resource impact

NICE quality standards should be achievable by local services. The potential resource impact is considered by the quality standards advisory committee, drawing on resource impact work for the source guidance. Organisations are encouraged to use the [resource impact report](https://www.nice.org.uk/guidance/ng102/resources) to help estimate local costs.

## Diversity, equality and language

During the development of this quality standard, equality issues were considered and [equality assessments](https://www.nice.org.uk/guidance/indevelopment/gid-qs10115/documents) are available. Any specific issues identified during development of the quality statements are highlighted in each statement.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

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