

1

2

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

3

4

Guideline scope

5

Community pharmacy: promoting health and wellbeing

6

7 **Topic**

8 The Department of Health in England has asked NICE to produce a guideline
9 on how community pharmacies can promote health and wellbeing.

10 This guideline will also be used to develop the NICE quality standard on
11 community pharmacy: promoting health and wellbeing. The guideline will be
12 developed using the methods and processes outlined in [Developing NICE](#)
13 [guidelines: the manual](#).

14 For more information about why this guideline is being developed, and how
15 the guideline will fit into current practice, see the [context](#) section.

16 ***Who the guideline is for***

- 17 • Local authorities.
- 18 • Community pharmacies.
- 19 • Commissioners of health-promoting interventions that could be delivered in
20 community pharmacies.

21 It may also be relevant for:

- 22 • People using community pharmacies and their families and carers, and the
23 public.
- 24 • Private and voluntary sector organisations commissioned to provide health-
25 promoting services for the NHS or local authorities.
- 26 • People working in related services, for example, GPs.

27 NICE guidelines cover health and care in England. Decisions on how they
28 apply in other UK countries are made by ministers in the [Welsh Government](#),
29 [Scottish Government](#), and [Northern Ireland Executive](#).

30 ***Equality considerations***

31 NICE will carry out [an equality impact assessment](#) during scoping. The
32 assessment:

- 33 • lists equality issues identified, and how they have been addressed
- 34 • explains why any groups are excluded from the scope.

35 The guideline will look at inequalities relating to disadvantaged and
36 underserved groups (such as people with insecure housing or living in areas
37 with no nearby general practice) and people with a physical or mental health
38 condition.

39 **1 What the guideline is about**

40 ***1.1 Who is the focus?***

- 41 • All members of the community that a community pharmacy¹ serves.

42 ***1.2 Settings***

43 **Settings that will be covered**

- 44 • Any setting where community pharmacy services are provided, such as:
 - 45 – commercial settings, including those sited in larger businesses such as
 - 46 – supermarkets
 - 47 – healthcare settings, such as general practices, health centres, urgent
 - 48 – care centres and hospitals
 - 49 – community settings, such as community centres, colleges, care homes
 - 50 – and universities.

¹ A community pharmacy is a healthcare service for everyone. Staff dispense medicines and give advice on health issues. They also dispose of unwanted medicines, provide advice on treating minor illnesses or long-term conditions, and tell people about other relevant services. Community pharmacies can be on high streets and in supermarkets. In addition, pharmacy staff can work in community settings, for example, in people's homes.

51

52 **Settings that will not be covered**

- 53 • Hospital pharmacies dispensing for inpatients or outpatients.
- 54 • Services that people use as a result of referral or signposting from a
- 55 community pharmacy.
- 56 • Online pharmacies.

57 **1.3 Activities, services or aspects of care**

58 We will look at evidence on the areas listed below when developing the
59 guideline, but it may not be possible to make recommendations on all the
60 areas.

61 **Key areas that will be covered**

62 Health and wellbeing advice and tailored health and wellbeing activities for
63 everyone in contact with community pharmacy staff. This includes:

- 64 1 Using posters, TV or computer screens to raise awareness of health
65 promotion campaigns, including those requested by NHS England, such
66 as Dry January.
- 67 2 Providing information on how to keep healthy, for example, providing
68 self-help booklets for people who want to quit smoking, or leaflets on
69 sugar consumption.
- 70 3 Offering advice, education or behavioural support. This could include
71 approaches such as [Making Every Contact Count](#) (based on a resource
72 developed by NHS Humber and Yorkshire). It could also include
73 interventions related to:
 - 74 – alcohol use (such as brief advice)
 - 75 – cancer awareness (such as information on the risks and benefits of
 - 76 sunlight exposure)
 - 77 – healthy eating, weight management and physical activity
 - 78 – lower back pain (such as information on how exercise can help)
 - 79 – mental health and wellbeing (such as advice on how to get a good
 - 80 night's sleep)

- 81 – osteoporosis (such as advice on how exercise and diet can help).
- 82 – sexual health (such as advice on contraception)
- 83 – smoking (such as providing smoking cessation support).
- 84 4 Referral or signposting (directing) people to other services or support²,
- 85 such as services that offer chlamydia testing.

86 **Areas that will not be covered**

- 87 1 Community pharmacy services not related to promoting health and
- 88 wellbeing such as: treating disease, dispensing, other medicine or
- 89 device services, vaccinations, self-care for disease management, and
- 90 urgent care. (See [NICE guidance that is closely related to this guideline](#)
- 91 for a list of related NICE guidelines.)
- 92 2 Commissioning arrangements for the [Community Pharmacy Contractual](#)
- 93 [Framework](#).
- 94 3 Workplace activities to support the health and wellbeing of pharmacy
- 95 staff.

96 **1.4 Economic aspects**

97 We will take economic aspects into account when making recommendations.

98 We will develop an economic plan that states for each review question (or key

99 area in the scope) whether economic considerations are relevant and, if so,

100 whether this is an area that should be prioritised for economic modelling and

101 analysis. We will review the economic evidence and carry out economic

102 analyses using NHS and personal social services, public sector, societal or an

103 individual perspective, as appropriate.

104 **1.5 Key issues and questions**

105 While writing this scope, we have identified the following key issues, and key

106 questions related to them:

² According to the Pharmaceutical Services Negotiating Committee's description of the [Community Pharmacy Contractual Framework](#), signposting is to 'help people who ask for assistance by directing them to the most appropriate source of help'.

- 107 1 Is it effective and cost effective to use posters or digital screens to
108 promote health and wellbeing (including for specific health promotion
109 campaigns requested by NHS England) in community pharmacies?
- 110 2 Is it effective and cost effective for community pharmacies to provide
111 information on how to improve health and wellbeing (such as booklets
112 containing self-help material)?
- 113 3 Is it effective and cost effective for community pharmacies to offer
114 advice, education or behavioural support to promote health and
115 wellbeing? This includes approaches such as [Making Every Contact](#)
116 [Count](#) (based on a resource developed by NHS Humber and Yorkshire).
117 It could also include interventions related to:
- 118 – alcohol use (such as brief advice)
 - 119 – cancer awareness (such as information on the risks and benefits of
120 sunlight exposure)
 - 121 – healthy eating, weight management and physical activity
 - 122 – lower back pain (such as information on how exercise can help)
 - 123 – mental health and wellbeing (such as advice on how to get a good
124 night's sleep)
 - 125 – osteoporosis (such as advice on how exercise and diet can help).
 - 126 – sexual health (such as advice on contraception)
 - 127 – smoking (such as providing smoking cessation support).
- 128 4 Is it effective and cost effective for community pharmacies to refer or
129 signpost people to other services or support?

130 For questions 1 to 4 above, we will also ask the following sub-questions:

- 131 a) What characteristics of the person delivering the intervention (for
132 example, their job role and competencies) affect its effectiveness and
133 cost effectiveness?
- 134 b) How does the way the intervention is delivered (for example, the
135 medium used) affect its effectiveness and cost effectiveness?
- 136 c) What characteristics of the people receiving the intervention (for
137 example, age or gender) affect its effectiveness and cost effectiveness?

138 d) Is the intervention acceptable to users of community pharmacy
139 services? How could it be made more acceptable?

140

141 The key questions may be used to develop more detailed review questions,
142 which guide the systematic review of the literature.

143 **1.6 Main outcomes**

144 The main outcomes that will be considered when searching for and assessing
145 the evidence are:

- 146 1 Clinical measurements or health outcomes, such as:
 - 147 – physiological and biochemical measures related to risk factors such
 - 148 as blood pressure, body mass index (BMI) or blood glucose levels
 - 149 – morbidity
 - 150 – mortality.
- 151 2 Behavioural outcomes and modifying factors or determinants of
152 behaviour (for example, awareness, knowledge, attitudes and intentions;
153 smoking cessation; or levels of physical activity).
- 154 3 Uptake, continuation and completion of interventions or services to
155 promote, maintain and improve health and wellbeing (for example,
156 completing all sessions in a weight management programme).
- 157 4 Wellbeing.
- 158 5 Quality of life.
- 159 6 Preference and experience of people using the service.
- 160 7 Costs, savings and cost effectiveness.

161 **2 Links with other NICE guidance, NICE quality** 162 **standards, and NICE Pathways**

163 **2.1 NICE guidance**

164 **NICE guidance about the experience of people using NHS services**

165 NICE has produced the following guidance on the experience of people using
166 the NHS. This guideline will not include additional recommendations on these
167 topics unless there are specific issues related to community pharmacies:

- 168 • [Patient experience in adult NHS services](#) (2012) NICE guideline CG138

169 **NICE guidance that is closely related to this guideline**

170 ***Published***

171 NICE has published the following guidance that is closely related to this
172 guideline:

- 173 • [Sunlight exposure: risks and benefits](#) (2016) NICE guideline NG34.
- 174 • [Dementia, disability and frailty in later life – mid-life approaches to delay or](#)
175 [prevent onset](#) (2015) NICE guideline NG16.
- 176 • [Vitamin D: increasing supplement use in at-risk groups](#) (2014) NICE
177 guideline PH56.
- 178 • [Needle and syringe programmes](#) (2014) NICE guideline PH52.
- 179 • [Contraceptive services for under 25s](#) (2014) NICE guideline PH51.
- 180 • [Smoking: harm reduction](#) (2013) NICE guideline PH45.
- 181 • [Smokeless tobacco: South Asian communities](#) (2012) NICE guideline PH39
- 182 • [Type 2 diabetes: prevention in people at high risk](#) (2012) NICE guideline
183 PH38.
- 184 • [Smoking: stopping in pregnancy and after childbirth](#) (2010) NICE guideline
185 PH26.
- 186 • [Alcohol-use disorders: prevention](#) (2010) NICE guideline PH24.
- 187 • [Cardiovascular disease: identifying and supporting people most at risk of](#)
188 [dying early](#) (2008) NICE guideline PH15.

- 189 • [Maternal and child nutrition](#) (2008) NICE guideline PH11.
- 190 • [Stop smoking services](#) (2008) NICE guideline PH10.
- 191 • [Drug misuse in over 16s: psychosocial interventions](#) (2007) NICE guideline
- 192 CG51.
- 193 • [Sexually transmitted infections and under-18 conceptions: prevention](#)
- 194 (2007) NICE guideline PH3.
- 195 • [Smoking: brief interventions and referrals](#) (2006) NICE guidelines PH1.

196 ***In development***

197 NICE is currently developing the following guidance that is closely related to
198 this guideline:

- 199 • [Acute medical emergencies in adults and young people](#). NICE guideline.
- 200 Publication date to be confirmed.
- 201 • [Increasing the uptake of HIV testing among people at higher risk of](#)
- 202 [exposure](#). NICE guideline. Publication expected December 2016.
- 203 • [Sexually transmitted infections: condom distribution schemes](#). NICE
- 204 guideline. Publication expected March 2017.
- 205 • [Smoking cessation interventions and services](#). NICE guideline. Publication
- 206 expected October 2017
- 207 • [Flu vaccination - increasing uptake](#). NICE guideline. Publication expected
- 208 January 2018.
- 209 • [Antimicrobial stewardship – changing risk-related behaviours in the general](#)
- 210 [population](#). NICE guideline. Publication date to be confirmed.

211 **2.2 NICE quality standards**

212 **NICE quality standards that may need to be revised or updated when** 213 **this guideline is published**

- 214 • To be confirmed after consultation on the scope.

215 **NICE quality standards that may use this guideline as an evidence** 216 **source when they are being developed**

- 217 • Community pharmacy: promoting health and wellbeing. NICE quality
- 218 standard. Publication date to be confirmed.

219 **2.3 NICE Pathways**

220 [NICE Pathways](#) bring together all NICE guidance and associated products on
221 a topic in an interactive flowchart.

222 When this guideline is published, the recommendations will be incorporated
223 into a new pathway on community pharmacy. Links to related pathways, such
224 as smoking prevention and cessation, will be added as needed.

225 An outline of the new pathway, based on the scope, is included below. It will
226 be adapted and more detail added as the recommendations are written during
227 guideline development.

Community pharmacy overview



229 **3 Context**

230 **3.1 Key facts and figures**

231 Community pharmacies are contractors that dispense NHS prescriptions
232 under the 'NHS (Pharmaceutical Services and Local Pharmaceutical
233 Services)' regulations. As of 31 March 2015, there were 11,674 community
234 pharmacies in England ([General Pharmaceutical Services in England –
235 2005/06 to 2014/15](#)).

236 Most prescription items are dispensed by community pharmacies (92% of all
237 items dispensed in the community, a total of 978.3 million). In 2014,
238 prescription items costing £8.9 billion were dispensed in the community.
239 Ninety per cent were dispensed free of charge, with 60% provided free to
240 people aged 60 and over ([General Pharmaceutical Services in England –
241 2005/06 to 2014/15](#)).

242 Community pharmacies are well positioned to promote health and wellbeing to
243 all members of the local community, including people who do not visit GPs or
244 other healthcare services. As a result, they can help reduce both health
245 inequalities and individual health risks.

246 Many health conditions can be prevented by people adopting healthier
247 behaviours. These include: type 2 diabetes, cardiovascular disease and
248 conditions related to obesity and smoking.

249 **3.2 Current practice**

250 The Pharmaceutical Services Negotiating Committee's [Community Pharmacy
251 Contractual Framework](#) includes a range of health-promoting services that
252 community pharmacies should provide (see Essential service 4 and Essential
253 service 5).

254 In addition, pharmacies can participate in up to 6 public health campaigns
255 each year at the request of NHS England ([Public health \[promotion of healthy
256 lifestyles\]](#) Pharmaceutical Services Negotiating Committee).

257 The [Healthy Living Pharmacy](#) framework sets out criteria for pharmacies that
258 want to specialise in health-promoting activities. These pharmacies can also
259 be commissioned to provide related services.

260 **3.3 Policy, legislation, regulation and commissioning**

261 **Policy**

- 262 • The [NHS Five Year Forward View](#) (UK Government) sets out how the NHS
263 could improve the way it promotes wellbeing and prevents health
264 conditions. It also commits to extending access to primary care.

- 265 • Public Health England's 7 priorities include obesity, smoking and alcohol
266 ([From evidence into action: opportunities to protect and improve the](#)
267 [nation's health](#)).
- 268 [The community pharmacy offer for improving the public's health: a briefing for](#)
269 [local government and health and wellbeing boards](#) (Local Government
270 Association and Public Health England). This describes how health and
271 wellbeing boards, local authorities and commissioners can work with
272 community pharmacies to promote health and wellbeing.

273 **Commissioning**

274 The [Community Pharmacy Contractual Framework](#) and [Healthy Living](#)
275 [Pharmacy](#) framework describe commissioning arrangements for services to
276 promote health and wellbeing. Most community pharmacy services are
277 commissioned by NHS England and local government through the community
278 pharmacy contract. Other interventions and services to promote health and
279 wellbeing are commissioned by local authorities.

280 **4 Further information**

This is the draft scope for consultation with registered stakeholders. The consultation dates are 10 June to 7 July 2016.

The final scope will take Public Health England priorities into account to ensure that associated areas of work carried out by the 2 organisations complement each other.

The guideline is expected to be published in June 2018.

You can follow progress of the [guideline](#).

Our website has information about how [NICE guidelines](#) are developed.

281