

Community pharmacy: promoting health and wellbeing

Review protocols

A number of elements within the protocols are common across two or more of the review questions. To reduce repetition these details have been included below the protocols, and will not be repeated in each protocol.

The elements common across reviews 1 to 4 are:

- Eligibility criteria - population
- Eligibility criteria - interventions
- Eligibility criteria - comparators
- Outcomes and prioritisation
- Eligibility criteria - study design
- Other inclusion or exclusion criteria
- Selection process - duplicate screening
- Data management (software)
- Information sources - databases and dates
- Methods for assessing bias at outcome or study level

See [common elements across reviews 1 to 4](#) for more details.

Review 1 - Providing information on health and wellbeing

These review questions are relevant to key issues and questions 1 and 2 in the scope.

Review question 1a - Effectiveness of awareness raising and provision of information

Field	Content	Developer notes
Review question 1a	How can information on health and wellbeing (including information provided as part of awareness raising campaigns) be provided in an effective way by community pharmacy staff? For example, are booklets containing self-help material effective?	
Type of review question	Intervention	
Objective of the review	<p>This review aims to determine which interventions are effective for providing information on health and wellbeing in community pharmacy. This includes information that is provided as part of a wider health promotion campaign, such as specific awareness raising campaigns requested by NHS England.</p> <p>This review will focus on the effectiveness of information aimed at a group of users of community pharmacy services, rather than interventions that are tailored to an individual.</p> <p>The review will also explore whether effectiveness varies by the characteristics of the intervention, the person delivering the intervention, or the person receiving the intervention.</p>	
Eligibility criteria - population	Anyone who may use community pharmacy services	See common elements section for further details.
Eligibility criteria - interventions	<p>Any intervention delivered by community pharmacy staff that provides information on health and wellbeing, including:</p> <ul style="list-style-type: none"> • Posters • Leaflets • Self-help booklets • TV or computer screens • Counter cards • SMS messaging • Verbal information given by staff • Product displays • Any other intervention that provides information or awareness raising to users of community pharmacy services 	<p>Exclusions:</p> <ul style="list-style-type: none"> • Interventions delivered by anyone who is not working for a community pharmacy • Interventions delivered by distance-selling (online) pharmacies <p>See common elements section for further details.</p>
Eligibility interventions - comparators	<p>No intervention.</p> <p>Any other approach to providing information on health and wellbeing by community pharmacy staff.</p>	See common elements section for further details.

Field	Content	Developer notes
Outcomes and prioritisation	1 Behavioural outcomes - Action 2 Modifying factors or determinants of behaviour - Awareness - Knowledge - Attitudes - Intentions	See common elements section for further details.
Eligibility criteria – study design	- Systematic reviews of studies of effectiveness - Studies of effectiveness, including: <ul style="list-style-type: none"> o Randomised controlled trials o Quasi-experimental studies, such as non-randomised controlled trials and before and after studies 	See common elements section for further details.
Other inclusion or exclusion criteria	Only papers published in English will be included. Only studies undertaken in the UK, Australia, Canada and Republic of Ireland will be included.	See common elements section for further details. March 15, 2017: The committee requested that in addition to the initially agreed 4 countries the effectiveness review be expanded to include studies from the European Union (including Norway and Switzerland), New Zealand and Chile. Change approved by NICE QA on March 28, 2017
Proposed sensitivity or subgroup analysis	Where evidence allows, the review will also answer the following sub questions: <ol style="list-style-type: none"> I. What characteristics of the person delivering the intervention (for example their job role and competencies, or being a health champion) affect its effectiveness in community pharmacy? II. How does the way the intervention is delivered, for example, the medium used, when, how often, or where the intervention takes place (such as in a consultation room, over the counter, in someone's home, or electronic communication) affect its effectiveness in community pharmacy? III. What characteristics of the people receiving the intervention (for example, age or gender) affect its effectiveness in community pharmacy? Subgroup analysis by the health area (for example, physical activity, smoking cessation) may be undertaken, if appropriate.	

Field	Content	Developer notes
Selection process – duplicate screening	See common elements section for details.	
Data management (software)	See common elements section for details.	
Information sources – databases and dates	See common elements section for details.	
Methods for assessing bias at outcome or study level	See common elements section for details.	
Criteria for quantitative synthesis	For details please see section 6.4 of Developing NICE guidelines: the manual	
Methods for quantitative analysis – combining studies and exploring inconsistency	Data from different studies will be meta-analysed if the studies are similar enough in terms of interventions, comparators and outcomes.	
Meta-bias assessment- publication bias, selective reporting bias	For details please see section 6.2 of Developing NICE guidelines: the manual .	
Confidence in cumulative evidence	For details please see sections 6.4 and 9.1 of Developing NICE guidelines: the manual	
Review staff	Ella Novakovic (Senior Technical Analyst) Daniel Tuvey (Information Specialist)	

Review question 1b - Acceptability of providing information

Field	Content	Developer notes
Review question 1b	Is providing information acceptable to users of community pharmacy services?	
Type of review question	Views and experiences	

Objective of the review	<p>The review aims to determine whether providing information (including information provided as part of awareness raising campaigns) is acceptable to users of community pharmacy services. This includes information that is provided as part of a wider health promotion campaign, such as specific awareness raising campaigns requested by NHS England. This review will focus on the acceptability of information provided to a group of users of community pharmacy services rather than interventions that are tailored to an individual.</p> <p>This review will also explore how interventions could be made more acceptable to users of community pharmacy services.</p>	
Eligibility criteria - population	Anyone who may use community pharmacy services	See common elements section for further details.
Eligibility criteria - interventions	<p>Any intervention delivered by community pharmacy staff that provides information on health and wellbeing, including:</p> <ul style="list-style-type: none"> • Posters • Leaflets • Self-help booklets • TV or computer screens • Counter cards • SMS messaging • Verbal information given by staff • Product displays • Any other intervention that provides information or awareness raising to users of community pharmacy services 	<p>Exclusions:</p> <ul style="list-style-type: none"> • Interventions delivered by anyone who is not working for a community pharmacy • Interventions delivered by distance-selling (online) pharmacies <p>See common elements section for further details.</p>
Eligibility criteria - comparators	<p>No intervention.</p> <p>Any other information intervention delivered by community pharmacy staff.</p>	See common elements section for further details.
Outcomes and prioritisation	<p>Preferences and experiences of people using the service</p> <p>Quality of life</p>	See common elements section for further details.
Eligibility criteria – study design	<p>Interviews – unstructured and semi-structured (face to face, via telephone or SMS, or online).</p> <p>Focus groups.</p>	See common elements section for further details.
Other inclusion or exclusion criteria	Only studies undertaken in the UK, Australia, Canada and Republic of Ireland will be included. Only studies published in English will be included.	See common elements section for further details.
Proposed sensitivity or subgroup analyses	Where evidence allows, the review will also answer the following sub question:	

	<p>I. How can information be made more acceptable to users of community pharmacy services?</p> <p>Subgroup analysis by the health area (for example, physical activity, smoking cessation) may be undertaken, if appropriate.</p>	
Selection process – duplicate screening	See common elements section for details.	
Data management (software)	See common elements section for details.	
Information sources – databases and dates	See common elements section for details.	
Methods for assessing bias at outcome or study level	See common elements section for details.	
Criteria for quantitative synthesis	For details please see section 6.4 of Developing NICE guidelines: the manual	
Methods for quantitative analysis – combining studies and exploring inconsistency	Data from different studies will be summarised using narrative synthesis.	
Meta-bias assessment- publication bias, selective reporting bias	For details please see section 6.2 of Developing NICE guidelines: the manual .	
Confidence in cumulative evidence	For details please see sections 6.4 and 9.1 of Developing NICE guidelines: the manual	
Review staff	Ella Novakovic (Senior Technical Analyst) Daniel Tuvey (Information Specialist)	

Review question 1c - Cost effectiveness of providing information

Field	Content	Developer notes
Review question 1c	How can information on health and wellbeing (including information provided as part of awareness raising campaigns) be provided in a cost effective way by community pharmacy staff? For example, are booklets containing self-help material cost effective?	
Type of review question	Cost effectiveness	
Objective of the review	This review aims to determine which interventions are effective and cost effective for providing	

Field	Content	Developer notes
	<p>information on health and wellbeing in community pharmacy. This includes information that is provided as part of a wider health promotion campaign, such as specific awareness raising campaigns requested by NHS England. This review will focus on the cost effectiveness of information provided to a group of users of community pharmacy services rather than interventions that are tailored to an individual.</p> <p>The review will also explore whether cost effectiveness varies by the characteristics of the intervention, the person delivering the intervention, or the person receiving the intervention.</p>	
Eligibility criteria - population	Anyone who may use community pharmacy services	See common elements section for further details.
Eligibility criteria - interventions	<p>Any intervention delivered by community pharmacy staff that provides information on health and wellbeing, including:</p> <ul style="list-style-type: none"> • Posters • Leaflets • Self-help booklets • TV or computer screens • Counter cards • SMS messaging • Verbal information given by staff • Product displays • Any other intervention that provides information to users of community pharmacy services 	<p>Exclusions:</p> <ul style="list-style-type: none"> • Interventions delivered by anyone who is not working for a community pharmacy • Interventions delivered by distance-selling (online) pharmacies <p>See common elements section for further details.</p>
Eligibility criteria - comparators	<p>No intervention.</p> <p>Any other approach to providing information on health and wellbeing by community pharmacy staff.</p>	See common elements section for further details.
Outcomes and prioritisation	<p>Costs, saving and cost effectiveness</p> <ul style="list-style-type: none"> - Cost per quality adjusted life year - Cost per unit of effect - Net benefit 	See common elements section for further details.
Eligibility criteria – study design	<ul style="list-style-type: none"> - Systematic reviews of cost-effectiveness studies - Economic evaluations - Cost-utility studies - Cost benefit studies - Cost-effectiveness studies - Cost minimisation studies - Cost-consequence studies 	See common elements section for further details.
Other inclusion or exclusion criteria	<p>Only papers published in English will be included.</p> <p>Only studies undertaken in the UK, Australia, Canada and Republic of Ireland will be included.</p>	See common elements section for further details.

Field	Content	Developer notes
Proposed sensitivity or subgroup analysis	<p>Where evidence allows, the review will also answer the following sub questions:</p> <ol style="list-style-type: none"> I. What characteristics of the person delivering the intervention (for example their job role and competencies, or being a health champion) affect its cost effectiveness in community pharmacy? II. How does the way the intervention is delivered, for example, the medium used, when, how often, or where the intervention takes place (such as in a consultation room, over the counter, in someone's home, or electronic communication) affect its cost effectiveness in community pharmacy? III. What characteristics of the people receiving the intervention (for example, age or gender) affect its cost effectiveness in community pharmacy? <p>Subgroup analysis by the health area (for example, physical activity, smoking cessation) may be undertaken, if appropriate.</p>	
Selection process – duplicate screening	See common elements section for details.	
Data management (software)	See common elements section for details.	
Information sources – databases and dates	See common elements section for details.	
Methods for assessing bias at outcome or study level	See common elements section for details.	
Criteria for quantitative synthesis	For details please see section 6.4 of Developing NICE guidelines: the manual	
Methods for quantitative analysis – combining studies and exploring inconsistency	Data from different studies will be meta-analysed if the studies are similar enough in terms of interventions, comparators and outcomes.	
Meta-bias assessment- publication bias, selective reporting bias	For details please see section 6.2 of Developing NICE guidelines: the manual .	
Confidence in cumulative evidence	For details please see sections 6.4 and 9.1 of Developing NICE guidelines: the manual	
Review staff	Ella Novakovic (Senior Technical Analyst)	

Field	Content	Developer notes
	Daniel Tuvey (Information Specialist)	

Review 2 - Offering advice or education to promote health and wellbeing

These review questions are relevant to key issue and question 3 in the scope.

Review question 2a - Effectiveness of advice or education

Field	Content	Developer notes
Review question 2a	What are the most effective ways for community pharmacy staff to offer advice or education to promote health and wellbeing to users of community pharmacy services?	
Type of review question	Intervention	
Objective of the review	<p>This review aims to determine which interventions are effective for offering advice or education to promote health and wellbeing in community pharmacy.</p> <p>This review will focus on the effectiveness of advice or education that is tailored to an individual, rather than information that is provided to a group of users of community pharmacy services.</p> <p>The review will also explore whether effectiveness varies by the characteristics of the intervention, the person delivering the intervention, or the person receiving the intervention.</p>	
Eligibility criteria - population	Anyone who may use community pharmacy services	See common elements section for further details.
Eligibility criteria - interventions	<p>Any intervention delivered by community pharmacy staff that offers advice or education to promote health and wellbeing, including:</p> <ul style="list-style-type: none"> • Brief advice • Very brief advice • Face to face advice • Face to face education • Tailored SMS messaging • Any other form of advice or education that is tailored to an individual 	<p>Exclusions:</p> <ul style="list-style-type: none"> • Interventions delivered by anyone who is not working for a community pharmacy • Interventions delivered by distance-selling (online) pharmacies <p>See common elements section for further details.</p>
Eligibility criteria - comparators	<p>No intervention.</p> <p>Any intervention provided by community pharmacy staff that provides information.</p>	See common elements section for further details.

Field	Content	Developer notes
	Any other intervention provided by community pharmacy staff that offers advice or education to promote health and wellbeing.	
Outcomes and prioritisation	<ol style="list-style-type: none"> 1 Clinical measurements or health outcomes 2 Behavioural outcomes <ul style="list-style-type: none"> - Action 3 Modifying factors or determinants of behaviour <ul style="list-style-type: none"> - Intention - Attitudes - Knowledge - Awareness 4 Wellbeing 5 Quality of life 	See common elements section for further details.
Eligibility criteria – study design	<ul style="list-style-type: none"> - Systematic reviews of studies of effectiveness - Studies of effectiveness, including: <ul style="list-style-type: none"> o Randomised controlled trials o Quasi-experimental studies, such as non-randomised controlled trials and before and after studies 	See common elements section for further details.
Other inclusion or exclusion criteria	Only papers published in English will be included. Only studies undertaken in the UK, Australia, Canada and Republic of Ireland will be included.	See common elements section for further details. March 15, 2017: The committee requested that in addition to the initially agreed 4 countries the effectiveness review be expanded to include studies from the European Union (including Norway and Switzerland), New Zealand and Chile. Change approved by NICE QA on March 28, 2017
Proposed sensitivity or subgroup analysis	Where evidence allows, the review will also answer the following sub questions: <ol style="list-style-type: none"> I. What characteristics of the person delivering the intervention (for example their job role and competencies, or being a health champion) affect its effectiveness in community pharmacy? II. How does the way the intervention is delivered, for example, the medium used, when, how often, or where the intervention takes place (such as in a consultation room, over the counter, in someone's home, or 	

Field	Content	Developer notes
	<p>electronic communication) affect its effectiveness in community pharmacy?</p> <p>III. What characteristics of the people receiving the intervention (for example, age or gender) affect its effectiveness in community pharmacy?</p> <p>Subgroup analysis by the health area (for example, physical activity, smoking cessation) may be undertaken, if appropriate.</p>	
Selection process – duplicate screening	See common elements section for details.	
Data management (software)	See common elements section for details.	
Information sources – databases and dates	See common elements section for details.	
Methods for assessing bias at outcome or study level	See common elements section for details.	
Criteria for quantitative synthesis	For details please see section 6.4 of Developing NICE guidelines: the manual	
Methods for quantitative analysis – combining studies and exploring inconsistency	Data from different studies will be meta-analysed if the studies are similar enough in terms of interventions, comparators and outcomes.	
Meta-bias assessment- publication bias, selective reporting bias	For details please see section 6.2 of Developing NICE guidelines: the manual .	
Confidence in cumulative evidence	For details please see sections 6.4 and 9.1 of Developing NICE guidelines: the manual	
Review staff	Ella Novakovic (Senior Technical Analyst) Daniel Tuvey (Information Specialist)	

Review question 2b - Acceptability of advice or education

Field	Content	Developer notes
Review question 2b	Is offering advice or education acceptable to users of community pharmacy services?	
Type of review question	Views and experiences	

Objective of the review	<p>The review aims to determine whether offering advice or education is acceptable to users of community pharmacy services. This review will focus on the acceptability of advice or education that is tailored to an individual, rather than information that is provided to a group of users of community pharmacy services.</p> <p>The review will also explore how interventions could be made more acceptable to users of community pharmacy services.</p>	
Eligibility criteria - population	Anyone who may use community pharmacy services	See common elements section for further details.
Eligibility criteria - interventions	<p>Any intervention delivered by community pharmacy staff that offers advice or education to promote health and wellbeing, including:</p> <ul style="list-style-type: none"> • Brief advice • Very brief advice • Face to face advice • Face to face education • Tailored SMS messaging • Any other form of advice or education that is tailored to an individual 	<p>Exclusions:</p> <ul style="list-style-type: none"> • Interventions delivered by anyone who is not working for a community pharmacy • Interventions delivered by distance-selling (online) pharmacies <p>See common elements section for further details.</p>
Eligibility criteria - comparators	<p>No intervention.</p> <p>Any intervention provided by community pharmacy staff that provides information.</p> <p>Any other intervention provided by community pharmacy staff that offers advice or education to promote health and wellbeing.</p>	See common elements section for further details.
Outcomes and prioritisation	<p>Preference and experience of people using the service</p> <p>Quality of life</p>	See common elements section for further details.
Eligibility criteria – study design	<p>Interviews – unstructured and semi-structured (face to face, via telephone or SMS, or online).</p> <p>Focus groups.</p>	See common elements section for further details.
Other inclusion or exclusion criteria	<p>Only studies undertaken in the UK, Australia, Canada and Republic of Ireland will be included.</p> <p>Only studies published in English will be included.</p>	See common elements section for further details.
Proposed sensitivity or subgroup analyses	Where evidence allows, the review will also answer the following sub question:	

	<p>I. How can advice or education be made more acceptable to users of community pharmacy services?</p> <p>Subgroup analysis by the health area (for example, physical activity, smoking cessation) may be undertaken, if appropriate.</p>	
Selection process – duplicate screening	See common elements section for details.	
Data management (software)	See common elements section for details.	
Information sources – databases and dates	See common elements section for details.	
Methods for assessing bias at outcome or study level	See common elements section for details.	
Criteria for quantitative synthesis	For details please see section 6.4 of Developing NICE guidelines: the manual	
Methods for quantitative analysis – combining studies and exploring inconsistency	Data from different studies will be summarised using narrative synthesis.	
Meta-bias assessment- publication bias, selective reporting bias	For details please see section 6.2 of Developing NICE guidelines: the manual .	
Confidence in cumulative evidence	For details please see sections 6.4 and 9.1 of Developing NICE guidelines: the manual	
Review staff	Ella Novakovic (Senior Technical Analyst) Daniel Tuvey (Information Specialist)	

Review question 2c - Cost effectiveness of advice or education

Field	Content	Developer notes
Review question 2c	What are the most cost effective ways of offering advice or education to promote health and wellbeing by community pharmacy staff?	
Type of review question	Cost effectiveness	
Objective of the review	This review aims to determine which interventions are cost effective for offering advice or education to promote health and wellbeing in community pharmacy. This review will focus on the cost effectiveness of advice or education that is tailored to an individual, rather than information that is	

Field	Content	Developer notes
	<p>provided to a group of users of community pharmacy services.</p> <p>The review will also explore whether cost effectiveness varies by the characteristics of the intervention, the person delivering the intervention, or the person receiving the intervention.</p>	
Eligibility criteria - population	Anyone who may use community pharmacy services	See common elements section for further details.
Eligibility criteria - interventions	<p>Any intervention delivered by community pharmacy staff that offers advice or education to promote health and wellbeing, including:</p> <ul style="list-style-type: none"> • Brief advice • Very brief advice • Face to face advice • Face to face education • Tailored SMS messaging • Any other form of advice or education that is tailored to an individual 	<p>Exclusions:</p> <ul style="list-style-type: none"> • Interventions delivered by anyone who is not working for a community pharmacy • Interventions delivered by distance-selling (online) pharmacies <p>See common elements section for further details.</p>
Eligibility criteria - comparators	<p>No intervention.</p> <p>Any intervention provided by community pharmacy staff that provides information.</p> <p>Any other intervention provided by community pharmacy staff that offers advice or education to promote health and wellbeing.</p>	See common elements section for further details.
Outcomes and prioritisation	<p>Costs, savings and cost effectiveness</p> <ul style="list-style-type: none"> - Cost per quality adjusted life year - Cost per unit of effect - Net benefit 	See common elements section for further details.
Eligibility criteria – study design	<ul style="list-style-type: none"> • Systematic reviews of cost-effectiveness studies • Economic evaluations • Cost-utility studies • Cost benefit studies • Cost-effectiveness studies • Cost minimisation studies • Cost-consequence studies 	See common elements section for further details.
Other inclusion or exclusion criteria	<p>Only papers published in English will be included.</p> <p>Only studies undertaken in the UK, Australia, Canada and Republic of Ireland will be included.</p>	See common elements section for further details.
Proposed sensitivity or subgroup analysis	<p>Where evidence allows, the review will also answer the following sub questions:</p> <ol style="list-style-type: none"> I. What characteristics of the person delivering the intervention (for example their job role and competencies, or being a 	

Field	Content	Developer notes
	<p>health champion) affect its cost effectiveness in community pharmacy?</p> <p>II. How does the way the intervention is delivered, for example, the medium used, when, how often, or where the intervention takes place (such as in a consultation room, over the counter, in someone's home, or electronic communication) affect its cost effectiveness in community pharmacy?</p> <p>III. What characteristics of the people receiving the intervention (for example, age or gender) affect its cost effectiveness in community pharmacy?</p> <p>Subgroup analysis by the health area (for example, physical activity, smoking cessation) may be undertaken, if appropriate.</p>	
Selection process – duplicate screening	See common elements section for details.	
Data management (software)	See common elements section for details.	
Information sources – databases and dates	See common elements section for details.	
Methods for assessing bias at outcome or study level	See common elements section for details.	
Criteria for quantitative synthesis	For details please see section 6.4 of Developing NICE guidelines: the manual	
Methods for quantitative analysis – combining studies and exploring inconsistency	Data from different studies will be meta-analysed if the studies are similar enough in terms of interventions, comparators and outcomes.	
Meta-bias assessment- publication bias, selective reporting bias	For details please see section 6.2 of Developing NICE guidelines: the manual .	
Confidence in cumulative evidence	For details please see sections 6.4 and 9.1 of Developing NICE guidelines: the manual	
Review staff	Ella Novakovic (Senior Technical Analyst) Daniel Tuvey (Information Specialist)	

Review 3 - Offering behavioural support to promote health and wellbeing

These review questions are relevant to key issue and question 4 in the scope.

Review question 3a - Effectiveness of behavioural support

Field	Content	Developer notes
Review question 3a	What types of behavioural support for self-care to promote health behaviour change are effective in community pharmacies?	Community pharmacy services related to treating disease and acute medical conditions that do not involve promoting health and wellbeing such as dispensing, other medicine or device services, vaccinations, self-care to improve use of medicines or devices, and urgent care are out of scope.
Type of review question	Intervention	
Objective of the review	<p>This review aims to determine which interventions are effective for offering behavioural support for self-care to promote health and wellbeing in community pharmacy.</p> <p>The review will also explore whether effectiveness varies by the characteristics of the intervention, the person delivering the intervention, or the person receiving the intervention.</p>	
Eligibility criteria - population	Anyone who may use community pharmacy services	See common elements section for further details.
Eligibility criteria - interventions	<p>Any intervention delivered by community pharmacy staff that offers behavioural support for self-care to promote health and wellbeing, including:</p> <ul style="list-style-type: none"> • Brief interventions • Very brief interventions • Extended brief interventions • Motivational interviewing • Motivational enhancement therapy • Any other form of behavioural support, e.g. ask, advise, act 	<p>Exclusions:</p> <ul style="list-style-type: none"> • Interventions delivered by anyone who is not working for a community pharmacy • Interventions delivered by distance-selling (online) pharmacies <p>See common elements section for further details.</p>

Field	Content	Developer notes
Eligibility criteria - comparators	<p>No intervention.</p> <p>Any intervention provided by community pharmacy staff that provides information.</p> <p>Any intervention provided by community pharmacy staff that offers advice or education to promote health and wellbeing.</p> <p>Any other behavioural support intervention provided by community pharmacy staff.</p>	See common elements section for further details.
Outcomes and prioritisation	<ol style="list-style-type: none"> 1 Clinical measurements or health outcomes 2 Behavioural outcomes <ul style="list-style-type: none"> - Action 3 Modifying factors or determinants of behaviour <ul style="list-style-type: none"> - Intention - Attitudes - Knowledge - Awareness 4 Wellbeing 5 Quality of life 	See common elements section for further details.
Eligibility criteria – study design	<ul style="list-style-type: none"> • Systematic reviews of studies of effectiveness - Studies of effectiveness, including: <ul style="list-style-type: none"> ○ Randomised controlled trials ○ Quasi-experimental studies, such as non-randomised controlled trials and before and after studies 	See common elements section for further details.
Other inclusion or exclusion criteria	<p>Only papers published in English will be included.</p> <p>Only studies undertaken in the UK, Australia, Canada and Republic of Ireland will be included.</p>	<p>See common elements section for further details.</p> <p>March 15, 2017: The committee requested that in addition to the initially agreed 4 countries the effectiveness review be expanded to include studies from the European Union (including Norway and Switzerland), New Zealand and Chile. Change approved by NICE QA on March 28, 2017</p>
Proposed sensitivity or subgroup analysis	<p>Where evidence allows, the review will also answer the following sub questions:</p> <ol style="list-style-type: none"> I. What characteristics of the person delivering the intervention (for example their job role and competencies, or being a 	

Field	Content	Developer notes
	<p>health champion) affect its effectiveness in community pharmacy?</p> <p>II. How does the way the intervention is delivered, for example, the medium used, when, how often, or where the intervention takes place (such as in a consultation room, over the counter, in someone's home, or electronic communication) affect its effectiveness in community pharmacy?</p> <p>III. What characteristics of the people receiving the intervention (for example, age or gender) affect its effectiveness in community pharmacy?</p> <p>Subgroup analysis by the health area (for example, physical activity, smoking cessation) may be undertaken, if appropriate.</p>	
Selection process – duplicate screening	See common elements section for details.	
Data management (software)	See common elements section for details.	
Information sources – databases and dates	See common elements section for details.	
Methods for assessing bias at outcome or study level	See common elements section for details.	
Criteria for quantitative synthesis	For details please see section 6.4 of Developing NICE guidelines: the manual	
Methods for quantitative analysis – combining studies and exploring inconsistency	Data from different studies will be meta-analysed if the studies are similar enough in terms of interventions, comparators and outcomes.	
Meta-bias assessment- publication bias, selective reporting bias	For details please see section 6.2 of Developing NICE guidelines: the manual .	
Confidence in cumulative evidence	For details please see sections 6.4 and 9.1 of Developing NICE guidelines: the manual	
Review staff	Ella Novakovic (Senior Technical Analyst) Daniel Tuvey (Information Specialist)	

Review question 3b - Acceptability of behavioural support

Field	Content	Developer notes
Review question 3b	Is offering behavioural support acceptable to users of community pharmacy services?	
Type of review question	Views and experiences	
Objective of the review	The review aims to determine whether offering behavioural support is acceptable to users of community pharmacy services. It will also explore how interventions could be made more acceptable to users of community pharmacy services.	
Eligibility criteria - population	Anyone who may use community pharmacy services	See common elements section for further details.
Eligibility criteria - interventions	Any intervention delivered by community pharmacy staff that offers behavioural support for self-care to promote health and wellbeing, including: <ul style="list-style-type: none"> • Brief interventions • Very brief interventions • Extended brief interventions • Motivational interviewing • Motivational enhancement therapy • Any other form of behavioural support, e.g. ask, advise, act 	Exclusions: <ul style="list-style-type: none"> • Interventions delivered by anyone who is not working for a community pharmacy • Interventions delivered by distance-selling (online) pharmacies See common elements section for further details.
Eligibility criteria - comparators	No intervention. Any intervention provided by community pharmacy staff that provides information. Any intervention provided by community pharmacy staff that offers advice or education to promote health and wellbeing. Any other behavioural support intervention provided by community pharmacy staff.	See common elements section for further details.
Outcomes and prioritisation	Preference and experience of people using the service Quality of life	See common elements section for further details.
Eligibility criteria – study design	Interviews – unstructured and semi-structured (face to face, via telephone or SMS, or online). Focus groups.	See common elements section for further details.
Other inclusion or exclusion criteria	Only studies undertaken in the UK, Australia, Canada and Republic of Ireland will be included. Only studies published in English will be included.	See common elements section for further details.

Proposed sensitivity or subgroup analyses	Where evidence allows, the review will also answer the following sub question: I. How can behavioural support be made more acceptable to users of community pharmacy services? Subgroup analysis by the health area (for example, physical activity, smoking cessation) may be undertaken, if appropriate.	
Selection process – duplicate screening	See common elements section for details.	
Data management (software)	See common elements section for details.	
Information sources – databases and dates	See common elements section for details.	
Methods for assessing bias at outcome or study level	See common elements section for details.	
Criteria for quantitative synthesis	For details please see section 6.4 of Developing NICE guidelines: the manual	
Methods for quantitative analysis – combining studies and exploring inconsistency	Data from different studies will be summarised using narrative synthesis.	
Meta-bias assessment- publication bias, selective reporting bias	For details please see section 6.2 of Developing NICE guidelines: the manual .	
Confidence in cumulative evidence	For details please see sections 6.4 and 9.1 of Developing NICE guidelines: the manual	
Review staff	Ella Novakovic (Senior Technical Analyst) Daniel Tuvey (Information Specialist)	

Review question 3c - Cost effectiveness of behavioural support

Field	Content	Developer notes
Review question 3c	What types of behavioural support for self-care to promote health behaviour change are cost effective in community pharmacies?	
Type of review question	Cost effectiveness	
Objective of the review	This review aims to determine which interventions are cost effective for offering behavioural support	

Field	Content	Developer notes
	<p>for self-care to promote health and wellbeing in community pharmacy.</p> <p>The review will also explore whether cost effectiveness varies by the characteristics of the intervention, the person delivering the intervention, or the person receiving the intervention.</p>	
Eligibility criteria - population	Anyone who may use community pharmacy services	See common elements section for further details.
Eligibility criteria - interventions	<p>Any intervention delivered by community pharmacy staff that offers behavioural support for self-care to promote health and wellbeing, including:</p> <ul style="list-style-type: none"> • Brief interventions • Very brief interventions • Extended brief interventions • Motivational interviewing • Motivational enhancement therapy • Any other form of behavioural support, e.g. ask, advise, act 	<p>Exclusions:</p> <ul style="list-style-type: none"> • Interventions delivered by anyone who is not working for a community pharmacy • Interventions delivered by distance-selling (online) pharmacies <p>See common elements section for further details.</p>
Eligibility criteria - comparators	<p>No intervention.</p> <p>Any intervention provided by community pharmacy staff that provides information.</p> <p>Any intervention provided by community pharmacy staff that offers advice or education to promote health and wellbeing.</p> <p>Any other behavioural support intervention provided by community pharmacy staff.</p>	See common elements section for further details.
Outcomes and prioritisation	<p>Costs, savings and effectiveness</p> <ul style="list-style-type: none"> - Cost per quality adjusted life year - Cost per unit of effect - Net benefit 	See common elements section for further details.
Eligibility criteria – study design	<ul style="list-style-type: none"> • Systematic reviews of cost-effectiveness studies • Economic evaluations • Cost-utility studies • Cost benefit studies • Cost-effectiveness studies • Cost minimisation studies • Cost-consequence studies 	See common elements section for further details.
Other inclusion or exclusion criteria	<p>Only papers published in English will be included.</p> <p>Only studies undertaken in the UK, Australia, Canada and Republic of Ireland will be included.</p>	See common elements section for further details.

Field	Content	Developer notes
Proposed sensitivity or subgroup analysis	<p>Where evidence allows, the review will also answer the following sub questions:</p> <ol style="list-style-type: none"> I. What characteristics of the person delivering the intervention (for example their job role and competencies, or being a health champion) affect its cost effectiveness in community pharmacy? II. How does the way the intervention is delivered, for example, the medium used, when, how often, or where the intervention takes place (such as in a consultation room, over the counter, in someone's home, or electronic communication) affect its cost effectiveness in community pharmacy? III. What characteristics of the people receiving the intervention (for example, age or gender) affect its cost effectiveness in community pharmacy? <p>Subgroup analysis by the health area (for example, physical activity, smoking cessation) may be undertaken, if appropriate.</p>	
Selection process – duplicate screening	See common elements section for details.	
Data management (software)	See common elements section for details.	
Information sources – databases and dates	See common elements section for details.	
Methods for assessing bias at outcome or study level	See common elements section for details.	
Criteria for quantitative synthesis	For details please see section 6.4 of Developing NICE guidelines: the manual	
Methods for quantitative analysis – combining studies and exploring inconsistency	Data from different studies will be meta-analysed if the studies are similar enough in terms of interventions, comparators and outcomes.	
Meta-bias assessment- publication bias, selective reporting bias	For details please see section 6.2 of Developing NICE guidelines: the manual .	
Confidence in cumulative evidence	For details please see sections 6.4 and 9.1 of Developing NICE guidelines: the manual	
Review staff	Ella Novakovic (Senior Technical Analyst)	

Field	Content	Developer notes
	Daniel Tuvey (Information Specialist)	

Review 4 - Signposting and referral to other services or support

These review questions are relevant to key issue and question 5 in the scope.

Review question 4a - Effectiveness of signposting and referral

Field	Content	Developer notes
Review question 4a	What is the most effective way for community pharmacies to refer or signpost people to other services or support?	
Type of review question	Intervention	
Objective of the review	<p>This review aims to determine the most effective way for community pharmacy staff to refer or signpost people from community pharmacy to other services or support.</p> <p>The review will also explore whether effectiveness varies by the characteristics of the intervention, the person delivering the intervention, or the person receiving the intervention.</p>	
Eligibility criteria - population	Anyone who may use community pharmacy services	See common elements section for further details.
Eligibility criteria - interventions	<p>Any type of referral made by community pharmacy staff from community pharmacy services to other services or support. This includes formal referrals made by community pharmacy staff to other services, such as lifestyle weight management programs, social prescribing for debt management, or domestic violence helplines.</p> <p>Any type of signposting done by community pharmacy staff to other services or support.</p>	<p>Exclusions:</p> <ul style="list-style-type: none"> • Studies of the effectiveness of the services or support that the person is referred or signposted to. • Interventions delivered by anyone who is not working for a community pharmacy • Interventions delivered by distance-selling (online) pharmacies <p>See common elements section for further details.</p>
Eligibility criteria - comparators	No intervention.	See common elements section for further details.

Field	Content	Developer notes
	Any signposting or referral done by community pharmacy staff.	
Outcomes and prioritisation	1 Uptake of interventions or services to promote, maintain and improve health and wellbeing	See common elements section for further details.
Eligibility criteria – study design	<ul style="list-style-type: none"> • Systematic reviews of studies of effectiveness • Studies of effectiveness, including: <ul style="list-style-type: none"> ○ Randomised controlled trials ○ Quasi-experimental studies, such as non-randomised controlled trials and before and after studies 	See common elements section for further details.
Other inclusion or exclusion criteria	Only papers published in English will be included. Only studies undertaken in the UK, Australia, Canada and Republic of Ireland will be included.	See common elements section for further details. March 15, 2017: The committee requested that in addition to the initially agreed 4 countries the effectiveness review be expanded to include studies from the European Union (including Norway and Switzerland), New Zealand and Chile. Change approved by NICE QA on March 28, 2017
Proposed sensitivity or subgroup analysis	Where evidence allows, the review will also answer the following sub questions: <ol style="list-style-type: none"> I. What characteristics of the person delivering the intervention (for example their job role and competencies, or being a health champion) affect its effectiveness in community pharmacy? II. How does the way the intervention is delivered, for example, the medium used, when, how often, or where the intervention takes place (such as in a consultation room, over the counter, in someone's home, or electronic communication) affect its effectiveness in community pharmacy? III. What characteristics of the people receiving the intervention (for example, age or gender) affect its effectiveness in community pharmacy? Subgroup analysis by the health area (for example, physical activity, smoking cessation) may be undertaken, if appropriate.	

Field	Content	Developer notes
Selection process – duplicate screening	See common elements section for details.	
Data management (software)	See common elements section for details.	
Information sources – databases and dates	See common elements section for details.	
Methods for assessing bias at outcome or study level	See common elements section for details.	
Criteria for quantitative synthesis	For details please see section 6.4 of Developing NICE guidelines: the manual	
Methods for quantitative analysis – combining studies and exploring inconsistency	Data from different studies will be meta-analysed if the studies are similar enough in terms of interventions, comparators and outcomes.	
Meta-bias assessment- publication bias, selective reporting bias	For details please see section 6.2 of Developing NICE guidelines: the manual .	
Confidence in cumulative evidence	For details please see sections 6.4 and 9.1 of Developing NICE guidelines: the manual	
Review staff	Ella Novakovic (Senior Technical Analyst) Daniel Tuvey (Information Specialist)	

Review question 4b - Acceptability of signposting and referral

Field	Content	Developer notes
Review question 4b	Is offering signposting and referral acceptable to users of community pharmacy services?	
Type of review question	Views and experiences	
Objective of the review	The review aims to determine whether offering signposting and referral is acceptable to users of community pharmacy services. It will also explore how interventions could be made more acceptable to users of community pharmacy services.	
Eligibility criteria - population	Anyone who may use community pharmacy services	See common elements section for further details.

Eligibility criteria - interventions	<p>Any type of referral made by community pharmacy staff from community pharmacy services to other services or support. This includes formal referrals made by community pharmacy staff to other services, such as lifestyle weight management programs, social prescribing for debt management, or domestic violence helplines.</p> <p>Any type of signposting done by community pharmacy staff to other services or support.</p>	<p>Exclusions:</p> <ul style="list-style-type: none"> • Studies of the effectiveness of the services or support that the person is referred or signposted to. • Interventions delivered by anyone who is not working for a community pharmacy • Interventions delivered by distance-selling (online) pharmacies <p>See common elements section for further details.</p>
Eligibility criteria - comparators	<p>No intervention.</p> <p>Any signposting or referral done by community pharmacy staff.</p>	See common elements section for further details.
Outcomes and prioritisation	Preference and experience of people using the service	See common elements section for further details.
Eligibility criteria – study design	<p>Interviews – unstructured and semi-structured (face to face, via telephone or SMS, or online).</p> <p>Focus groups.</p>	See common elements section for further details.
Other inclusion or exclusion criteria	<p>Only studies undertaken in the UK, Australia, Canada and Republic of Ireland will be included.</p> <p>Only studies published in English will be included.</p>	See common elements section for further details.
Proposed sensitivity or subgroup analyses	<p>Where evidence allows, the review will also answer the following sub question:</p> <ol style="list-style-type: none"> I. How can signposting and referral be made more acceptable to users of community pharmacy services? <p>Subgroup analysis by the health area (for example, physical activity, smoking cessation) may be undertaken, if appropriate.</p>	
Selection process – duplicate screening	See common elements section for details.	
Data management (software)	See common elements section for details.	
Information sources – databases and dates	See common elements section for details.	

Methods for assessing bias at outcome or study level	See common elements section for details.	
Criteria for quantitative synthesis	For details please see section 6.4 of Developing NICE guidelines: the manual	
Methods for quantitative analysis – combining studies and exploring inconsistency	Data from different studies will be summarised using narrative synthesis.	
Meta-bias assessment- publication bias, selective reporting bias	For details please see section 6.2 of Developing NICE guidelines: the manual .	
Confidence in cumulative evidence	For details please see sections 6.4 and 9.1 of Developing NICE guidelines: the manual	
Review staff	Ella Novakovic (Senior Technical Analyst) Daniel Tuvey (Information Specialist)	

Review question 4c - Cost effectiveness of signposting or referral

Field	Content	Developer notes
Review question 4c	What is the most cost effective way for community pharmacies to refer or signpost people to other services or support?	
Type of review question	Cost effectiveness	
Objective of the review	This review aims to determine the most cost effective way for community pharmacy staff to refer or signpost people from community pharmacy to other services or support. The review will also explore whether cost effectiveness varies by the characteristics of the intervention, the person delivering the intervention, or the person receiving the intervention.	
Eligibility criteria - population	Anyone who may use community pharmacy services	See common elements section for further details.
Eligibility criteria - interventions	Any type of referral made by community pharmacy staff from community pharmacy services to other services or support. This includes formal referrals made by community pharmacy staff to other services, such as lifestyle weight management programs, social prescribing for debt management, or domestic violence helplines.	Exclusions: <ul style="list-style-type: none"> • Studies of the effectiveness of the services or support that the person is referred or signposted to.

Field	Content	Developer notes
	Any type of signposting done by community pharmacy staff to other services or support.	<ul style="list-style-type: none"> • Interventions delivered by anyone who is not working for a community pharmacy • Interventions delivered by distance-selling (online) pharmacies <p>See common elements section for further details.</p>
Eligibility criteria - comparators	<p>No intervention.</p> <p>Any signposting or referral done by community pharmacy staff.</p>	See common elements section for further details.
Outcomes and prioritisation	<p>Costs, savings and cost effectiveness</p> <ul style="list-style-type: none"> • Cost per quality adjusted life year • Cost per unit of effect • Net benefit 	See common elements section for further details.
Eligibility criteria – study design	<ul style="list-style-type: none"> • Systematic reviews of cost-effectiveness studies • Economic evaluations • Cost-utility studies • Cost benefit studies • Cost-effectiveness studies • Cost minimisation studies • Cost-consequence studies 	See common elements section for further details.
Other inclusion or exclusion criteria	<p>Only papers published in English will be included.</p> <p>Only studies undertaken in the UK, Australia, Canada and Republic of Ireland will be included.</p>	See common elements section for further details.
Proposed sensitivity or subgroup analysis	<p>Where evidence allows, the review will also answer the following sub questions:</p> <ol style="list-style-type: none"> I. What characteristics of the person delivering the intervention (for example their job role and competencies, or being a health champion) affect its cost effectiveness in community pharmacy? II. How does the way the intervention is delivered, for example, the medium used, when, how often, or where the intervention takes place (such as in a consultation room, over the counter, in someone's home, or electronic communication) affect its cost effectiveness in community pharmacy? III. What characteristics of the people receiving the intervention (for example, age or 	

Field	Content	Developer notes
	gender) affect its cost effectiveness in community pharmacy? Subgroup analysis by the health area (for example, physical activity, smoking cessation) may be undertaken, if appropriate.	
Selection process – duplicate screening	See common elements section for details.	
Data management (software)	See common elements section for details.	
Information sources – databases and dates	See common elements section for details.	
Methods for assessing bias at outcome or study level	See common elements section for details.	
Criteria for quantitative synthesis	For details please see section 6.4 of Developing NICE guidelines: the manual	
Methods for quantitative analysis – combining studies and exploring inconsistency	Data from different studies will be meta-analysed if the studies are similar enough in terms of interventions, comparators and outcomes.	
Meta-bias assessment- publication bias, selective reporting bias	For details please see section 6.2 of Developing NICE guidelines: the manual .	
Confidence in cumulative evidence	For details please see sections 6.4 and 9.1 of Developing NICE guidelines: the manual	
Review staff	Ella Novakovic (Senior Technical Analyst) Daniel Tuvey (Information Specialist)	

Common elements across reviews 1 to 4

The following aspects are common across two or more of the review questions.

Eligibility criteria - population

Studies of people who have access to or are using community pharmacy services in any setting are included. This means that studies of people using community pharmacy services in commercial settings (such as high streets or supermarkets), healthcare settings (such as general practices), or community settings (such as care homes, places of worship) will be included. Studies of community pharmacy services provided in any area, including healthy new towns, will be included.

Studies of people using community pharmacy services in their own home, for example, if community pharmacy staff deliver medicines to their home, will be included.

Studies of people using distance selling pharmacies (also known as online pharmacies) will be excluded from this review.

Eligibility criteria - interventions

Inclusions

Studies of interventions delivered by community pharmacy staff will be included. This includes studies of interventions provided outside of a community pharmacy premises if the intervention is provided by community pharmacy staff. For example, a study of leaflets provided by community pharmacy staff in a place of worship would be included. Studies of interventions provided by staff who are not community pharmacy staff will be excluded, even if the intervention is delivered in community pharmacy premises. For example, a study of an intervention delivered by a GP that has rented a room in a community pharmacy but is working as an out of hours service would be excluded. Studies that describe public health interventions provided by a 'clinical pharmacist' will be included if these studies were performed in a community pharmacy setting. Studies of interventions delivered by pharmacy students, within a community pharmacy setting, will be included.

Studies of health promotion campaigns from NHS England and Public Health England (such as Change4Life, One You, Eatwell Guide) will be included if they are delivered by community pharmacy staff. Studies of other initiatives, such as Men's Health Week, will be included if they are delivered by community pharmacy staff.

Studies of interventions that provide checks and testing to monitor the outcomes of interventions as part of behavioural support will be included in review 3.

Studies of any type of referral or signposting by community pharmacy staff to other services or support will be included in review 4. This includes:

- studies of referral or signposting to services or support offered by other NHS services, such as NHS stop smoking services
- studies of referral or signposting to services or support offered by non-NHS services, such as those provided by charity organisations
- studies of referral or signposting to other community pharmacies that offer services that are not available at the community pharmacy that the person presented to, such as chlamydia screening

Studies of signposting or referral to any service or support by community pharmacy staff will be included in review 4. This may include:

- disease management programs
- lifestyle weight management programs
- alcohol treatment services
- substance misuse services, including self-help groups
- sexual health services, including STI clinics and services that offer full range of contraceptive methods
- support services for smoking cessation, such as NHS Stop Smoking services
- social prescribing for debt management, domestic violence helplines, housing support, befriending.

Exclusions

The effectiveness of screening, checks and testing will not be assessed in this review. This includes the effectiveness of:

- blood glucose checks
- blood pressure checks
- cardiovascular risk assessments
- cholesterol checks (including point of care tests)
- medicine use reviews
- mole checking services
- NHS Health Checks

NICE is unable to make recommendations on screening as these are provided by the National Screening Committee. Studies that look at the effectiveness of health promotion information and advice provided during screening (such as lifestyle advice), checks or testing will be included.

Studies of vaccinations will not be included in this review. Recommendations on vaccinations are provided by other NICE guidelines, such as Flu vaccination – increasing uptake (in development) and Immunisations: reducing differences in uptake in under 19s (PH21). Studies that look at the effectiveness of health promotion information and advice provided during a vaccination appointment, such as advice on sunlight exposure for people receiving vaccinations for travel abroad, will be included.

Studies of interventions provided by people who are not community pharmacy staff will be excluded. For example, studies of leaflets provided by district nurses would be excluded. Studies of interventions provided by pharmacy students, outside of the community pharmacy setting will be excluded. For example, an educational seminar led by pharmacy students directed at peers would be excluded.

Studies of interventions that are delivered in part by community pharmacy staff and in part by other healthcare professionals, such as GPs, will only be included if the study reports the results for community pharmacy staff separately. If results are not presented separately for community pharmacy staff then the study will not be included.

Health areas

Studies of interventions in any health area will be included. This includes the following health areas:

- alcohol use, including:
 - alcohol misuse
 - recommended levels of alcohol consumption
- cancer awareness (all cancers), including:
 - risks and benefits of behaviours including:
 - sunlight exposure
 - use of sun care products
 - approaches to protecting skin (clothing, shade and sunscreen)
 - early signs and symptoms of any cancer, such as blood in urine or stools
- cardiovascular disease prevention, including:
 - lifestyle factors
- diabetes prevention, including:

- lifestyle factors
- healthy eating
- physical activity
- substance misuse prevention, including:
 - needle and syringe exchange programmes, including disposal and injecting equipment
 - harm reduction services, including advice on safer injecting practices
 - provision of, or access to services for, blood-borne virus testing, and treatment, including hepatitis B, hepatitis C and HIV
- falls prevention including:
 - correctly fitted footwear
 - using handrails
 - hydration and diet
 - physical activity
- mental health and wellbeing, including
 - getting a good night's sleep
 - physical activity in green spaces, such as how and where to do this locally
- orthopaedic conditions (such as osteoporosis, osteoarthritis and lower back pain), including:
 - physical activity
 - diet
- sexual health, including:
 - emergency contraception
 - safer sex practice, including use of condoms
 - methods of contraception
 - preventing unwanted pregnancies
 - pregnancy testing
 - sexually transmitted infections, including testing
 - information on HIV testing
- smoking and smokeless tobacco, including:
 - stopping use
 - harm reduction
 - nicotine-containing products
 - the importance of smoke free homes
- weight management, including:
 - maintaining a healthy weight
 - why maintaining a healthy weight is beneficial
 - how to maintain a healthy weight
 - checking weight
 - nutrition:
 - healthy eating
 - vitamin D
 - sugar
 - salt
 - saturated fat
 - folic acid
 - child and maternal health
 - physical activity
 - benefits of physical activity
 - appropriate local opportunities to be more active

- recommended levels of physical activity
- weight reduction programmes
 - over the counter weight management products
 - healthy eating
 - physical activity

Eligibility criteria - comparators

Studies with comparators provided outside of a community pharmacy premises are to be included only if the comparator is provided by community pharmacy staff. For example, a study that uses leaflets provided by community pharmacy staff in a place of worship as a comparator would be included.

Studies with comparators that are delivered in part by community pharmacy staff and in part by other healthcare professionals, such as GPs, will only be included if the study reports the results for interventions delivered by community pharmacy staff separately. If results are not presented separately for interventions delivered by community pharmacy staff then the study will not be included.

Studies that compare the effectiveness of different types of community pharmacy staff to deliver an intervention will be included. For example, studies that compare leaflets provided by community pharmacy staff who are health champions to leaflets provided by community pharmacy staff who are not health champions.

Studies that compare the way the intervention is delivered will be included. For example, studies that compare face to face with electronic communication, or studies that compare one-off interventions to interventions delivered at every contact with staff, will be included.

Studies that compare the effectiveness of interventions in different groups of people using community pharmacy services will be included. For example, studies comparing the effectiveness of self-help booklets in men and women would be included.

Outcomes and prioritisation

Health outcomes may include clinical measurements, such as physiological and biochemical measures related to risk factors, such as blood pressure, body mass index, or blood glucose levels. It may also include mortality.

Examples of actions include behavioural outcomes such as smoking cessation or changes to levels of physical activity. It can include uptake, continuation and completion of services. 'Action' also includes intermediary steps to enacting a healthier behaviour, such as picking up a leaflet.

Studies may report patient activation, which refers to the knowledge, skills and confidence a person has in managing their own healthcare. Patient activation will be included as an outcome in the existing outcomes listed in the review protocols above.

Outcomes with longer timescales will be prioritised over shorter outcomes, e.g. body mass index at 12 months will be prioritised over body mass index at 3 months.

See table 1 for the prioritisation and minimal important differences for each outcome in review questions 1a, 2a, 3a and 4a. These will be used to inform the GRADE profiles.

Table 1. Prioritisation and minimal important difference for each outcome

Outcome	Priority	Minimal important difference
Review question 1a (information and awareness raising)		
Action	Critical	25% point change in relative risk
Intention	Important	25% point change in relative risk
Attitudes	Important	25% point change in relative risk
Knowledge	Important	25% point change in relative risk
Awareness	Important	25% point change in relative risk
Review questions 2a (advice or education) and 3a (behavioural support)		
Clinical measurements or health outcomes	Critical	25% point change in relative risk
Action	Critical	25% point change in relative risk
Intention	Important	25% point change in relative risk
Attitudes	Important	25% point change in relative risk
Knowledge	Important	25% point change in relative risk
Awareness	Important	25% point change in relative risk
Wellbeing	Not important	25% point change in relative risk
Quality of life	Not important	25% point change in relative risk
Review question 4a (signposting and referral)		
Uptake of interventions or services to promote, maintain and improve health and wellbeing	Critical	25% point change in relative risk

Eligibility criteria - study design

Systematic reviews will only be included if the review question in the paper matches the review question in the evidence review for the guideline. Systematic reviews that do not answer a review question of interest may be used for citation searching if primary searches do not yield a substantial amount of evidence. Systematic reviews must have clear inclusion/exclusion criteria and report critical appraisal of included studies to be included.

For review questions 1a, 2a, 3a and 4a (effectiveness) primary studies will only be included if they are comparative. This includes:

- Studies that compare a group that receives an intervention to another group that does not receive an intervention,
- Studies that compare a group that receives an intervention to another group that receives a different intervention,
- Studies that compare the same group before and after an intervention.

Studies that compare the same intervention in different groups will be included to answer the sub question on whether the characteristics of the people receiving an intervention (for example, age or gender) affect its effectiveness.

Qualitative studies that relate to interventions of interest will be included for data on quality of life and preference and experience of people using the services. Qualitative studies must be directly related to the interventions covered by the effectiveness studies to be included. Only qualitative studies from the UK, Australia, Canada and the Republic of Ireland will be included.

In the event of more evidence being identified than is feasible to consider in the time available, priority will be given to using RCTs and nRCTs to identify data for comparative outcomes.

The following types of papers will not be included:

- Non-systematic literature reviews
- Case-control studies
- Cross-sectional studies
- Quantitative surveys
- Study protocols
- Opinion pieces
- Commentaries
- Editorials
- Letters

Other inclusion or exclusion criteria

The committee agreed that Australia, Canada and the Republic of Ireland have community pharmacy services that are similar enough to the UK that studies from these countries can be used to make recommendations for UK practice. On March 15, 2017 the committee requested that in addition to the initially agreed 4 countries the effectiveness review be expanded to include studies from the European Union (including Norway and Switzerland), New Zealand and Chile. Change approved by NICE QA on March 28, 2017. The committee felt that the community pharmacy services in other countries are too dissimilar to the UK to allow evidence from those countries to be used to make recommendations for UK practice.

Selection process - duplicate screening

10% of the search results will be blind-screened by a second reviewer. Any disagreements will be resolved by the two reviewers, and escalated to a third reviewer if agreement cannot be reached. If the initial level of agreement is below 90%, a second round of blind-screening will be considered.

All data extraction and critical appraisal will be checked by a second reviewer. Any disagreements will be resolved by the two reviewers, and escalated to a third reviewer if agreement cannot be reached.

In the event of more evidence being identified than is feasible to consider in the time available, priority will be given to:

- evidence with critical or highly important outcomes
- number of participants (n>100) or number of sites in the study.

These criteria were agreed by the committee at PHAC 0, however, further discussion of the criteria with PHAC will take place if necessary.

A date cut off of the year 1990 will be used. This is because this is when the [National Health Service and Community Care Act 1990](#) was put in place and health authorities were given

responsibility for managing their own budgets. Using 1990 is also consistent with the date that is used in the review question on pharmacists in the [Acute Medical Emergencies in adults and young people services guidance](#) that is currently in development by NICE.

Data management (software)

EPPI Reviewer will be used:

- to store lists of citations
- to sift studies based on title and abstract
- to record decisions about full text papers
- to store extracted data.

If meta-analysis is undertaken, Cochrane Review Manager 5 will be used to perform the analysis.

Qualitative data will be analysed using EPPI Reviewer. Qualitative data will be summarised using [GRADE-CERQUAL](#) (if appropriate) or narrative synthesis.

Information sources - databases and dates

The following sources will be searched:

- Medline
- Embase
- Cochrane Library
- PsycINFO
- Cinahl
- ASSIA
- EconLit
- EconPapers
- PharmLine
- Health Services Research in Pharmacy Practice

The following grey literature sources will also be searched:

- Social policy and practice
- NIHR journals library
- Academic centres (Pharmacy Schools): Aston, Bath, Birmingham, Bradford, Brighton, Central Lancashire, Sunderland, Durham, De Montfort, East Anglia, Greenwich, Hertfordshire, Huddersfield, Keele, Kingston, Lincoln, Liverpool John Moores, University College London, King's College London, Portsmouth, Reading, Sussex, Manchester, Nottingham, Wolverhampton, Robert Gordon, Strathclyde, Cardiff, Queen's University Belfast, Ulster (Coleraine).
- Healthwatch England
- Community Pharmacy Futures
- Pharmaceutical Services Negotiating Committee
- Centre for Pharmacy Postgraduate Education
- Royal Pharmaceutical Society

- Community Pharmacy Northern Ireland
- Community Pharmacy Scotland
- Community Pharmacy Wales
- Public Health England
- Department of Health
- Welsh Assembly
- Scottish Government
- NHS England

The following limits will be applied to the search:

- Date limit of 1990 to 2016
- English language

A study filter will not be applied.

Citation searching of included studies will be undertaken.

Results will be saved to an EndNote database and de-duplicated. Results will be provided to the Public Health team as RIS files, suitable for import into EPPI Reviewer

A record will be kept of number of records found from each database and of the strategy used in each database. A record will be kept of total number of duplicates found and of total results provided to the Public Health team.

Methods for assessing bias at outcome or study level

Standard study checklists will be used to critically appraise individual studies. For details please see section 6.2 of [Developing NICE guidelines: the manual](#)

Where appropriate, the risk of bias across all available evidence will be evaluated for each outcome using an adaptation of the 'Grading of Recommendations Assessment, Development and Evaluation (GRADE) toolbox' developed by the international GRADE working group <http://www.gradeworkinggroup.org/>.