

Putting NICE guidance into practice

Resource impact report: Community pharmacies: promoting health and wellbeing (NG102)

Published: August 2018

Summary

This report focuses on the recommendations from NICE's guideline on [Community pharmacies: promoting health and wellbeing](#). The recommendations that are likely to have the greatest resource impact are:

Help people to manage their weight by offering behavioural support programmes in line with NICE's guidelines on:

- obesity: identification, assessment and management
- weight management: lifestyle services for overweight or obese adults preventing excess weight gain and obesity prevention.

Weight management services are commissioned by local authorities.
Providers are community pharmacies.

The estimated annual cost of implementing this guideline for the population of England based on the resource impact assumptions is shown in table 1.

Table 1 Estimated annual cost of implementing the guideline

	2018/19	2019/20	2020/21	2021/22	2022/23
Estimated uptake (%)	1	3	5	7	7
Resource impact of weight management programmes (£m)	0.9	2.7	4.4	6.2	6.2
Total resource impact (£m)	0.9	2.7	4.4	6.2	6.2

Implementing NICE's guideline may result in the following benefits and savings:

- A reduction in co-morbidities such as diabetes, colorectal cancer and coronary heart disease.

This report is supported by a resource impact template which may be used to calculate the resource impact of implementing the guideline by amending the variables.

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1 Introduction

- 1.1 The guideline offers best practice advice on community pharmacies promoting health and wellbeing.
- 1.2 This report discusses the resource impact of implementing our guideline on community pharmacies: promoting health and wellbeing. It aims to help organisations plan for the financial implications of implementing this NICE guideline.
- 1.3 A resource impact template accompanies this report to help with assessing the resource impact at a local level in England, Wales or Northern Ireland.
- 1.4 Weight management programmes are commissioned by local authorities. Providers are community pharmacies. The service specification and funding arrangements will need to be agreed on an individual basis between local authorities and pharmacies.

2 Background

- 2.1 Community pharmacies are well positioned to promote health and wellbeing to their local community. It is estimated that 90% of people in England and over 99% of people in the most deprived communities in England, live within a 20-minute walk from a community pharmacy ([The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England](#) [Todd et al. 2014]).
- 2.2 Community pharmacies can help raise awareness of health conditions, improve health, and reduce both health inequalities and individual health risks by providing advice and services to everyone entering their premises. This includes people who do not visit GPs

or other healthcare services. In addition, they may support other primary care services, such as GP practices.

- 2.3 The risk of many health conditions can be reduced by people adopting healthier behaviours. These include: type 2 diabetes, cardiovascular disease, respiratory diseases such as chronic obstructive pulmonary disease, and conditions relating to obesity and smoking.

3 Significant resource impact recommendations

3.1 *Behavioural support – weight management programmes*

The guidelines recommends:

Help people to manage their weight by offering behavioural support programmes in line with NICE's guidelines on:

- obesity: identification, assessment and management
- weight management: lifestyle services for overweight or obese adults, preventing excess weight gain and obesity prevention (**recommendation 1.5.3**).

Background.

- 3.1.1 Around 63% of the adult population in England are either overweight or obese according to data from [NHS Digital](#).
- 3.1.2 Evidence shows that certain behavioural interventions, specifically interventions to help people stop smoking or manage their weight are effective and cost effective when provided by community pharmacies. ([NICE guideline NG102](#))

Assumptions made

- 3.1.3 It is assumed that behavioural support programmes for weight management (excluding private consultations) are currently not commissioned at community pharmacies.
- 3.1.4 It is assumed that around 62% of people who are overweight or obese are trying to lose weight ([Health survey for England 2016](#)).
- 3.1.5 It is assumed that around 64% of people regularly use the community pharmacy and around 18% of these people would seek weight management advice at the community pharmacy ([General public views on pharmacy public health services, Saramunee et Al](#)).
- 3.1.6 The uptake of behavioural support programmes for weight management in the eligible population is estimated to be around 7% by year 4 ([Inequalities in the uptake of weight management interventions a pragmatic trial, Ahern Et Al](#)).
- 3.1.7 There are 11,699 community pharmacies in England ([NHS Digital](#)) of which 90% have a consulting room. Therefore it is estimated around 10,500 community pharmacies are able to deliver weight management services.
- 3.1.8 Table 2 sets out the population figures for weight management at community pharmacies.

Table 2 Population figures for weight management at community pharmacies

Variable	Proportion of previous row (%)	Number of people
Adult population of England		43,108,471
Number of adults in England that are overweight or obese	63	27,100,000
Number of overweight and obese adults trying to lose weight	62	16,800,000
Number of people that regularly use the community pharmacy	64	10,700,000
Number of people who seek weight management support at the community pharmacy	18	1,900,000
Uptake of behavioural support programmes for weight management	7	132,000

Costs

- 3.1.9 It is assumed that behavioural support programmes for weight management are delivered evenly between pharmacists, pharmacy technicians and pharmacy support workers.
- 3.1.10 It is assumed that the initial weight management behavioural support session will last 20 minutes and that the participants will be provided with the materials needed to complete the programme.
- 3.1.11 It is assumed that each subsequent weight management behavioural support session will last 15 minutes and that 7 follow-up sessions will be offered as a minimum (fortnightly over 3 months) ([NICE guideline PH53](#)).
- 3.1.12 It is assumed that these sessions are provided to individuals rather than group sessions.
- 3.1.13 It is assumed that the annual cost of a pharmacist is around £45,800 (equivalent to the midpoint of an agenda for change (AFC)

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band 7 including on-costs) [Agenda for Change 2017/18](#) and that their part in delivering the service would be exempt from VAT under [Health professionals and pharmaceutical products \(VAT Notice 701/57\)](#).

3.1.14 It is assumed that the annual cost of a pharmacy technician is around £26,100 (equivalent to the midpoint of an AFC band 4 including on-cost) and that their part in delivering the service would include VAT.

3.1.15 It is assumed that the annual cost of a pharmacy support worker is around £22,400 (equivalent to the midpoint of an AFC band 3 including on-costs) and that their part in delivering the service would include VAT.

Table 3 Indicative annual cost of pharmacy staff per weight management session

Staff role	AFC band	Midpoint cost plus on-costs (£)	Cost per minute (£)	Time (minutes)	Share of sessions delivered	VAT Rate	Annual cost of session per person (£)
Pharmacist	7	45,803	0.46	125	33%	0%	19.28
Pharmacy Technician	4	26,129	0.31	125	33%	20%	13.20
Pharmacy Support Worker	3	22,372	0.23	125	33%	20%	11.30
Cost of materials per participant							3.00
Total average cost per session (£)					100%		46.77

3.1.16 The cost of materials is estimated to be £3 per person ([A brief intervention for weight control](#)).

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3.1.17 The net cost of providing behavioural support programmes for weight management is around £6.2 million for the population of England as summarised in table 4, this equates to around £11,300 per 100,000 population.

3.1.18 Each 1% increase in referrals will increase costs by around £884,000 for England or around £1,600 per 100,000 population.

Costs are further analysed in the sensitivity analysis in appendix 1.

Table 4 Indicative annual cost of providing behavioural support programmes for weight management and number of people who are estimated to attend

	Current Practice	2018/19	2019/20	2020/21	2021/22	2022/23
Uptake (%)	0	1	3	5	7	7
Number of people attending behavioural support programmes for weight management	0	18,900	56,700	94,500	132,300	132,300
Resource impact each year for providing behavioural support programmes for weight management (£m)		0.9	2.7	4.4	6.2	6.2
Total resource impact for England (£m)		0.9	2.7	4.4	6.2	6.2
Resource impact per community pharmacy per year (£)		84	252	421	589	589

Benefits and savings

3.1.19 Offering behavioural support programmes for weight management may result in a reduction in co-morbidities. This may also lead to a reduction in treatment costs for co-morbidities, for example, treatment costs for diabetes, colorectal cancer and coronary heart disease.

3.1.20 These savings are likely to be achieved by Clinical Commissioning Groups over the medium-longer term so have not been included in the above analysis.

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Other considerations

- 3.1.21 Some pharmacy staff training may be needed before pharmacies can offer behavioural support programmes. However many local authorities and pharmacy chains provide their own in house training and some training is freely available through [Health Education England through the Centre for Pharmacy Postgraduate Education](#) for pharmacists and pharmacy technicians. It is believed that staff will be offered this training as part of their annual training and therefore providers should assess any potential training costs locally.

4 Resource impact over time

- 4.1 The estimated annual cost of implementing this guideline for the population of England based on the uptake in the resource impact assumptions is shown in table 5. The cost from year 4 is equivalent to around £11,300 per 100,000 population or around £590 per community pharmacy with a consultation room.

Table 5 Resource impact of implementing the guideline using NICE assumptions

	2018/19	2019/20	2020/21	2021/22	2022/23
Resource impact each year for providing behavioural support programmes for weight management (£m)	0.9	2.7	4.4	6.2	6.2
Total resource impact (£m)	0.9	2.7	4.4	6.2	6.2

5 Other considerations

- 5.1 [According to NHS England's Stay Well Pharmacy campaign](#) around 90% of pharmacies have consultation rooms, it is expected that those without an existing consultation room will follow the referral or signposting recommendations within the guideline. For example, if a pharmacy is in an area with an established formal referral system

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and cannot offer weight management support because of the lack of a consultation room, they should refer on to a pharmacy in the network that does or sign post with leaflets or verbally if a referral system is not in place.

- 5.2 Providers and local authorities may need to assess locally the impact of providing behavioural support programmes on stop smoking interventions and services if these are not currently provided by community pharmacies.
- 5.3 Any community pharmacies considering establishing a formal referral process as part of a wellbeing hub with other services, will need to assess the transitional costs of implementing this over time such as investment in IT infrastructure, software and training.

6 Sensitivity analysis

- 6.1 There are some assumptions in the model for which no empirical evidence exists, so we cannot be as certain about them.
Appropriate minimum and maximum values of variables are used in the sensitivity analysis to assess which variables have the biggest impact on the net saving. This enables users to identify the significant cost drivers.

Appendix A is a table listing all variables modified. The key conclusions are discussed below.

- 6.2 Varying the uptake of behavioural support programmes for weight management from 5% to 9% leads to a resource impact from between £4.4m and £8.0m.
- 6.3 Varying the number of sessions delivered by pharmacists from 25% to 50% leads to a resource impact from between £6.0m to £6.7m.

- 6.4 Varying the number of sessions delivered by pharmacy support workers from 25% to 50% leads to a resource impact from between £6.4m to £5.9m.
- 6.5 Varying the percentage of people seeking weight management support at the community pharmacy from 15.6% to 19.6% leads to a resource impact ranging from £5.5 to £6.9m.

Appendix A. Results of sensitivity analysis

Individual variable sensitivity	Recurrent resource impact							
	Baseline value	Minimum value	Maximum value	Baseline resource impact (£m)	Minimum resource impact (£m)	Maximum resource impact (£m)	Change (£m)	Sensitivity ratio
Number of people who seek weight management support at the community pharmacy	17.6%	15.6%	19.6%	6.2	5.5	6.9	1.4	0.99
Uptake of behavioural support programmes for weight management	7%	5%	9%	6.2	4.4	8.0	3.6	1.02
Number of programmes delivered by pharmacists	33%	25%	50%	6.2	6.0	6.7	0.7	0.15
Number of programmes delivered by pharmacy support worker	33%	25%	50%	6.2	6.4	5.9	-0.5	0.11

About this resource impact report

This resource impact report accompanies the NICE guideline on and should be read in conjunction with it. See [terms and conditions](#) on the NICE website.

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