NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Health and social care directorate

Quality standards

Briefing paper

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| Quality standard topic: Community pharmacies: promoting health and wellbeingOutput: Prioritised quality improvement areas for development. Date of Quality Standards Advisory Committee meeting: 12 November 2019 |

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1. Introduction

This briefing paper presents a structured overview of potential quality improvement areas for community pharmacies: promoting health and wellbeing. It provides the committee with a basis for discussing and prioritising quality improvement areas for development into draft quality statements and measures for public consultation.

* 1. Structure

This briefing paper includes a description of the topic, a summary of each of the suggested quality improvement areas and supporting information.

If relevant, recommendations selected from the key development source are included to help the committee in considering potential statements and measures.

* 1. Development source

The key development source referenced in this briefing paper is [Community pharmacies: promoting health and wellbeing](https://www.nice.org.uk/guidance/ng102). NICE guideline NG102 (2018).

1. Overview
	1. Focus of quality standard

This quality standard will cover health and wellbeing advice and tailored health and wellbeing activities for everyone in contact with community pharmacy staff.

* 1. Definition

Community pharmacies are a local healthcare resource for everyone, located on high streets, in residential areas, shopping centres, medical centres and in supermarkets. In addition, pharmacy staff can work in community settings for example, in businesses, colleges, community centres, care homes and in people's homes. Staff dispense medicines, give advice on their use and dispose of unwanted medicines. They provide advice on improving health, treating minor illnesses and managing acute and long-term conditions. They can deliver a range of clinical and public health services, support self-care and, if they are unable to help, signpost to other services.

* 1. Current context

As of 2 August 2018, there were 11,619 community pharmacies in England[[1]](#footnote-1). Community pharmacies are well positioned to promote health and wellbeing to their local community, including those from underserved groups, because 90% of people in England (including more than 99% of people in the most deprived communities) live within a 20-minute walk of one. Unlike with other healthcare outlets, there is a greater concentration of community pharmacies and better access in areas of higher deprivation[[2]](#footnote-2).

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 other conditions related to obesity and smoking. Community pharmacies can help raise awareness of health conditions, improve physical and mental 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.

* 1. Current practice

The Community Pharmacy Contractual Framework is a negotiated agreement between the Department of Health and Social Care (DHSC), NHS England and NHS Improvement and the Pharmaceutical Services Negotiating Committee, which represents community pharmacy contractors. The framework confirms community pharmacy’s future as an integral part of the NHS, delivering clinical services as a full partner in local Primary Care Networks. It underlines the critical role of community pharmacy as an agent of improved public health and prevention, embedded in the local community. To underpin this, by April 2020 being a Level 1 Healthy Living Pharmacy (HLP) will become an essential requirement for community pharmacy contractors. HLP is an organisational development framework underpinned by three enablers of:

1. workforce development – a skilled team to pro-actively support and promote behaviour change, improving health and wellbeing
2. premises that are fit for purpose
3. engagement with the local community, other health professionals (especially GPs), social care and public health professionals and local authorities.

The HLP concept provides a framework for commissioning public health services through three levels of increasing complexity and required expertise with pharmacies aspiring to go from one level to the next:

Level 1: Promotion – Promoting health, wellbeing and self-care (profession-led self-assessment process)

Level 2: Prevention – Providing services (commissioner-led)

Level 3: Protection – Providing treatment (commissioner-led).

The 2019 – 2024 framework signals a move towards a much more clinically focused service. The 3 main areas covered are:

* Urgent care
* Prevention
* Medicines Optimisation and Safety[[3]](#footnote-3)
	1. Resource impact

This quality standard is not expected to have a significant impact on resources. When the Community pharmacies: promoting health and wellbeing NICE guideline (NG102) was developed, a resource impact statement report was produced which noted that the recommendation that is likely to have the greatest resource impact is:

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.

The net cost of providing behavioural support programmes for weight management is around £6.2 million for the population of England. Weight management services are commissioned by local authorities. Providers are community pharmacies.

1. Summary of suggestions
	1. Responses

In total 13 registered stakeholders responded to the 2-week engagement exercise 18/09/19 – 2/10/19. 11 provided areas for quality improvement and 2 advised they had no comments to make. We also received comments from 8 specialist committee members. The responses have been merged and summarised in table 1 for further consideration by the Committee.

Full details of all the suggestions provided are given in appendix 2 for information.

### Table 1 Summary of suggested quality improvement areas.

| Suggested area for improvement | Stakeholders  |
| --- | --- |
| **Overarching principles*** Integrated approach
* Consistent high-quality service
* Health inequalities
 | AIMP, CCA, NPA, PSNC, RPS, SCM1, SCM2, SCM3, SCM4, SCM5, SU  |
| **Proactive approach*** Promoting community pharmacies
* Proactively seeking opportunities
 | PAGB, PHE, SCM2, SCM4, SCM6, SCM7, SCM8  |
| **Information and advice** * Raising awareness and providing information
* Advice and education
 | AIMP, CCA, CQC, PAGB, PHE, SCM3, SCM5, SCM8 |
| **Providing support*** Behavioural support
* Referrals and signposting
 | AIMP, CCA, CQC, NPA, PAGB, PCRS, PSNC, SCM2, SCM3, SCM5, SCM6, SCM7, SCM8,  |
| Additional areas* Medicine optimisation
* Antimicrobial stewardship
* Asthma
* Branded prescribing
* Point of care testing
 | AIMP, CCA, CQC, PAGB, PCRS, PHE, RPS, SCM4, SCM7, SP |
| No comments | RCN, UKCPA |
| Abbreviations:AIMP, Association of Independent Multiple PharmaciesCCA, Company Chemists’ Association CQC, Care Quality Commission NPA, National Pharmacy AssociationPAGB, Proprietary Association of Great BritainPCRS, Primary Care Respiratory SocietyPHE, Public Health EnglandPSNC, Pharmaceutical Services Negotiation CommitteeRCN, Royal College of NursingRPS, Royal Pharmaceutical SocietySCM 1-8, Specialist Committee MemberSP, Schwabe Pharma UKSU, Swansea UniversityUKCPA, UK Clinical Pharmacy Association Community Group\* AIMP and CCA submitted joint comments |

* 1. Identification of current practice evidence

Bibliographic databases were searched to identify examples of current practice in UK health and social care settings; 1695 papers were identified for community pharmacies: promoting health and wellbeing. In addition, 31 papers were suggested by stakeholders at topic engagement and 42 papers internally at project scoping.

Of these papers, 14 have been included in this report and are included in the current practice sections where relevant. Appendix 1 outlines the search process.

1. Suggested improvement areas
	1. Overarching principles
		1. Summary of suggestions

### Integrated approach

Stakeholders highlighted integration of community pharmacies into the local health and care teams as a priority for quality improvement.

Stakeholders commented that community pharmacies have knowledge of their local population and can offer services that help to address local needs. They suggested that links with other health and social care providers to enable good patient pathways and joined up service provision are lacking and currently, pharmacy staff often have to refer to a GP to enable patients to access other NHS services, duplicating effort and reducing the potential for impact.

Stakeholders suggested community pharmacies should be built into existing care and referral pathways as health and wellbeing hubs and that this development should be aligned to the development of Primary Care Networks across England.

### Consistent, high-quality services

Stakeholders highlighted ensuring consistently high-quality services as an area for quality improvement.

Stakeholders suggested that consistency of service delivery is essential to ensure that people have access to the best health care advice and services. They also highlighted the importance of staff training in the context of providing support for behavioural change and brief advice.

More specifically, stakeholders suggested that pharmacy teams should use a tailored approach when providing health and wellbeing interventions to maximise their impact and effectiveness. Such an approach is important to ensure that interventions meet the needs of the individual.

**Health inequalities**

Stakeholders suggested addressing health inequalities as an area for quality improvement.

Stakeholders highlighted that there are more pharmacies in areas of higher deprivation. More people visit a community pharmacy than any other health service provider which offers an opportunity to engage with people from many disadvantaged groups including people who are homeless, those from ethnic minorities, those with mental health problems or a learning disability as well as those who are socially isolated. Pharmacies have a crucial role in delivering health and wellbeing advice and services to these underserved populations and promoting positive outcomes, thus reducing inequalities.

* + 1. Selected recommendations from development source

Table 2 below highlights recommendations that have been provisionally selected from the development source that may support potential statement development. These are presented in full after the table to help inform committee’s discussion.

### Table 2 Specific areas for quality improvement

|  |  |
| --- | --- |
| Suggested quality improvement area | Suggested source guidance recommendations |
| Integrated approach | NICE NG102 Recommendations 1.1.1, 1.2.1 |
| Consistent, high-quality services | NICE NG102 Recommendations 1.2.2, 1.2.3 |
| Health inequalities | NICE NG102 Recommendation 1.2.6 |

**Health and wellbeing hubs**

NICE NG102, recommendation 1.1.1

Work together to help all community pharmacies gradually integrate into existing care and referral pathways as health and wellbeing hubs. This could include arrangements for inward and outward referrals.

**Use an integrated approach**

NICE NG102, recommendation 1.2.1

Work with local health and social care organisations to ensure community pharmacy interventions are delivered according to local need and as part of wider services in the local area.

**Ensure consistent, high-quality services**

NICE NG102, recommendation 1.2.2

Use a tailored approach when providing community pharmacy health and wellbeing interventions to maximise their impact and effect.

NICE NG102, recommendation 1.2.3

Local providers should ensure interventions are carried out only by staff members with the skills and competencies to do so. For example, follow NICE's recommendations on training in the guidelines on:

* behaviour change: individual approaches
* stop smoking interventions and services.

**Address health inequalities**

NICE NG102, recommendation 1.2.6

Address health inequalities by working with other agencies to identify underserved groups. Tailor health and wellbeing interventions to suit their individual needs and preferences and maximise their impact. For example:

* use knowledge of the local community (particularly from staff who live in the community where they work) to take into account the context in which people live and work (their physical, economic and social environment)
* make use of the skills staff members already have (for example, if they speak languages commonly used in the area)
* take into account other personal factors such as gender, identity, ethnicity, faith, culture or any disability that may affect the approach taken (for example, provide information in an appropriate format for people who may have difficulty reading).
	+ 1. Current UK practice

### Integrated approach

A qualitative investigation carried out across 9 geographic areas in England (November 2014 – April 2015) highlighted that organisational culture, working relationships with local GPs and (lack of) integration with the services they provide, can limit the uptake of community pharmacy services. It also highlighted the influence of the contractual framework and commissioning processes on the quantity and quality of service provision. Contracts offering remuneration only on a fee-for-service basis appeared to incentivise quantity over quality. The same study highlighted that referral or signposting to a pharmacy was believed to be selective for some services, with competition between pharmacies and general practices to provide some services and encouraging silo behaviours [[4]](#footnote-4).

A systematic review of pharmacist and GP views on community pharmacy services in the UK (2005 – 2017 studies included) found that despite both pharmacists and GPs acknowledging the importance of collaboration to optimise the provision of extended services, they commonly perceived collaboration to be poor. This perception was influenced by GPs’ negative attitudes towards pharmacists, GPs being suspicious of pharmacists’ financial motives and competition for services. Both pharmacists and GPs believed that collaboration could be improved, existing relationships were often perceived as poor and extended services did little to improve this. Even when GPs viewed relationships with pharmacists to be positive, communication was infrequent [[5]](#footnote-5).

### Consistent high-quality service

A qualitative investigation carried out across 9 geographic areas in England (November 2014 – April 2015) highlighted the central role of organisational culture. The culture was described in terms of the extent to which business targets (or quantity) were prioritised over service quality, the value the organisation (head office, the superintendent pharmacist or pharmacy owner) placed on investing in staffing and skill-mix, and management style and structure. Most pharmacists interviewed reported the existence of service targets to help maximise service volume. Some recognised that targets could be helpful in ensuring that a range of services was provided. However, where the culture of the organisation was one where the pressure to meet targets was perceived as excessive or as prioritising profit over meeting patient needs, this was viewed as detrimental to service quality[[6]](#footnote-6).

A systematic review of pharmacist and GP views on community pharmacy services in the UK (2005 – 2017 studies included) found that many pharmacists voiced concerns over the suitability or availability of pharmacy consultation rooms. Moreover, they perceived that the retail environment of community pharmacies reinforced negative perceptions of patients towards their suitability as providers of extended healthcare services [[7]](#footnote-7).

### Health inequalities

A study evaluating variation in local authority (LA) commissioning of community pharmacy public health services in England (financial year 2014/15) showed poor correlation between services commissioned and relevant measures of population health within LAs across England. For example:

* Less than half of LAs in areas with above national average smoking rates provided smoking cessation service.
* Of the 30 areas with the highest cardiovascular mortality rates, only six had commissioned pharmacies to provide NHS Health Checks.
* Of the 30 areas with the lowest cardiovascular mortality rates, 14 commissioned pharmacies to provide NHS Health Checks.
* Only nine of the 22 LAs with the above-average rates of alcohol-related hospital stays were commissioning alcohol screening from pharmacies[[8]](#footnote-8)

A UK wide survey (2000 questionnaires sent out to randomly sampled community pharmacists between November 2016 – March 2017, 321 returned), identified lack of knowledge and experience with social prescribing. The survey investigating community pharmacists training, education and perceived behavioural determinants of management of homeless patients in the UK in their scope to reduce health inequality found that:

* 30% were confident in their ability to identify homeless patients
* 33% were confident in their ability to advise an appropriate medicines management strategy for people who are homeless
* 95% indicated not having covered the topic of homelessness during their undergraduate or postgraduate pharmacy training and 93% during continuous professional development
* 32% indicated that they knew where to refer a patient if asked about social support
* 25% agreed or strongly agreed that pharmacists should address medication needs and not the social circumstances of a patient
* 44% disclosed that broaching the subject of homelessness was outside their comfort zone[[9]](#footnote-9).
	1. Proactive approach
		1. Summary of suggestions

### Promoting community pharmacies

Stakeholders suggested promoting community pharmacies as an area for quality improvement.

Stakeholders suggested that local commissioners could make it clear that community pharmacies are an integral part of NHS primary care services and offer people a link into the local health and care network. This approach would encourage people to use community pharmacy as the first port of call and have a potential to relieve pressure on other parts of the healthcare system.

### Proactively seeking opportunities

Stakeholders highlighted proactively seeking opportunities to promote people's physical and mental health and wellbeing as an area for quality improvement.

Stakeholders suggested that community pharmacies should take a proactive role in:

* carrying out health checks
* identifying people who may have mental health problems or could benefit from mental health messages
* identifying people with long term conditions who may have mental health problems
* identifying people who would benefit from opportunistic blood pressure, atrial fibrillation (AF) or cholesterol testing
* identifying people who are due cervical screening
* promoting physical activity and healthy nutrition
* promoting self-care for self-limiting conditions

Stakeholders suggested that community pharmacies can either provide support or refer people to the most appropriate health professional or service.

Stakeholders also highlighted specific groups of people which may particularly benefit from support from community pharmacies. These include people who are homeless, rough sleepers, gypsy travellers, people who misuse alcohol and drugs and people who may be socially isolated.

* + 1. Selected recommendations from development source

Table 3 below highlights recommendations that have been provisionally selected from the development source/sources that may support potential statement development. These are presented in full after the table to help inform the committee’s discussion.

### Table 3 Specific areas for quality improvement

|  |  |
| --- | --- |
| Suggested quality improvement area | Suggested source guidance recommendations |
| Promoting community pharmacies | NICE NG102 Recommendation 1.2.7 |
| Proactively seeking opportunities | NICE NG102 Recommendation 1.2.8 |

### Promoting community pharmacies

NICE NG102 Recommendation 1.2.7

Consider promoting community pharmacies. For example:

* Local commissioners could make it clear that community pharmacies are an integral part of NHS primary care services and offer people a link into the local health and care network.
* Individual pharmacies could publicise the skills and competencies of their staff to increase the public's knowledge of and confidence in the health and wellbeing services on offer.

### Proactively seeking opportunities

NICE NG102 Recommendation 1.2.8

Proactively seek opportunities to promote people's physical and mental health and wellbeing. This includes: awareness raising and information provision, advice and education, behavioural support and referral and signposting to other services. Describe the interventions on offer and the benefits. Do this for example, when someone:

* Regularly buys over-the-counter medicines, such as painkillers. For example, if relevant offer advice on other ways of reducing lower back pain including self-management and exercise. (See recommendations on non-invasive treatment in NICE's guideline on low back pain and sciatica.)
* Regularly collects a prescription for themselves or someone they care for. For example, provide education and advice on how improving their diet, being more physically active or reducing alcohol intake may help the condition and improve their physical or mental health and wellbeing.
* Regularly uses the pharmacy for over-the-counter medication or one-off prescriptions and, where appropriate, routine or occasional non-healthcare purchases. For example, offer behavioural support for stopping smoking (see NICE's guideline on stop smoking services); or information on effective sun protection (see NICE's guideline on sunlight exposure).
* Is planning a pregnancy or is pregnant. For example, raise awareness of the benefits of, and provide information on, folic acid and other supplements (see NICE's guidelines on maternal and child nutrition and on vitamin D: supplement use in specific population groups).
	+ 1. Current UK practice

### Promoting community pharmacies

A qualitative investigation carried out across 9 geographic areas in England (November 2014 – April 2015) found that even though the role of community pharmacy had been changing for over 10 years, public perception that pharmacies are only there to dispense prescriptions remained an important barrier to increasing uptake of community pharmacies services[[10]](#footnote-10).

A systematic review of pharmacist and GP views on community pharmacy services in the UK (2005 – 2017 studies included) found that pharmacists commonly voiced concerns over the lack of awareness of extended services particularly by patients and members of the public, but also among GPs which was confirmed by studies reporting GP views[[11]](#footnote-11).

A small study (24 participants) looking at how patients viewed and used community pharmacy to engage in self-care of long-term conditions (interviews carried out between May 2013 and June 2014) found that:

* participants’ use of, and identified need for, community pharmacy as a resource for self-care support of LTCs was limited and primarily focussed on medicines supply
* there was low awareness and visibility of community pharmacy potential roles and capability[[12]](#footnote-12).

A survey looking at the public health role of community pharmacists (524 randomly selected community pharmacists) found a range of barriers hindering patient-centred care. These were mainly time pressure and workload, lack of patients' records, funding, lack of understanding by healthcare providers of the training and skill sets of pharmacists and lack of understanding by the public of the training and skill sets of pharmacists[[13]](#footnote-13).

A national survey of people’s willingness to use pharmacy public health services (15 areas across England) found that the public were more willing to use services involving measurement of health markers than lifestyle advice/support services.

* 67% (n = 1169) would consider having blood pressure (BP) checked
* 64% (n = 1119) would consider having cholesterol checked
* 63% (n = 1107) would consider having blood glucose checked
* Willingness to use BP and glucose checks was independent of self-reported hypertension or diabetes, however willingness to have cholesterol checked was higher among people not reporting high cholesterol.
* Males more frequently reported being willing to use stop smoking and sensible drinking services, whereas more females were willing to use weight management services.
* Among respondents reporting a smoking-related problem, 69% (48/70) were willing to use stop smoking services, 55% (150/273) of those perceiving themselves as overweight (highest among those aged 35-64) were willing to use weight management services and 29% (39/135) of frequent drinkers were willing to use alcohol services[[14]](#footnote-14).

### Proactively seeking opportunities

No published studies on current practice were highlighted for this suggested area for quality improvement; this area is based on stakeholder’s knowledge and experience.

* 1. Information and advice
		1. Summary of suggestions

### Raising awareness and providing information

Stakeholders highlighted raising awareness and providing information as an area for quality improvement.

Stakeholders highlighted the importance of community pharmacies actively engaging with health promotion activities. They suggested that more personalised approach to health promotion and engaging with the person is more effective than putting up posters and leaflets. They also suggested that community pharmacies should record public health and health promotion activities to build evidence.

### Advice and education

Stakeholders highlighted advice and education as an area for quality improvement.

Stakeholders suggested that community pharmacies should opportunistically offer advice and education on lifestyle changes such as stopping smoking, alcohol use or weight management and highlighted that community pharmacists are particularly well placed to support people living with long term conditions.

Stakeholders also suggested that:

* all patients collecting an antibiotic prescription from a community pharmacy should be given medicines adherence advice to support compliance;
* all patients visiting a community pharmacy for self-care advice should be given safety netting advice which can help to ensure that a patient with unresolved or worsening symptoms knows when and how to access further advice;
* community pharmacists should support children with asthma with improving inhaler technique and adherence to treatment.
	+ 1. Selected recommendations from development source

Table 4 below highlights recommendations that have been provisionally selected from the development source that may support potential statement development. These are presented in full after table 4 to help inform committee’s discussion.

### Table 4 Specific areas for quality improvement

|  |  |
| --- | --- |
| Suggested quality improvement area | Suggested source guidance recommendations |
| Raising awareness and providing information | NICE NG102 Recommendation 1.3.2 |
| Advice and education | NICE NG102 Recommendations 1.4.1, 1.4.2 |

### Raising awareness and providing information

NICE NG102 Recommendation 1.3.2

Tell people what the purpose of the health information is that you want to give them. For example:

* when handing out leaflets explain their content and importance
* point out the relevance of any posters that are displayed or highlight how people can easily get further information on the topic (for example, using QR codes)
* if distributing leaflets with dispensed medicines, explain to the person collecting them – such as a carer, family member, friend or delivery person – why they are included and how to find out more, so they can pass this information on.

### Advice and education

NICE NG102 Recommendation 1.4.1

Offer advice and education as the opportunity arises in line with NICE's guidelines on behaviour change: individual approaches (see the recommendations on delivering very brief, brief and extended brief advice).

NICE NG102 Recommendation 1.4.2

When someone uses pharmacy services to manage a long-term condition, use this as an opportunity to advise them on how to improve their general health and wellbeing. For example, follow recommendations on advice and education in NICE's guidelines on:

* diabetes in adults (type 1, and type 2) and diabetes in children and young people (type 1 and type 2)
* hypertension in adults for people with, or at risk of, hypertension (see the sections on lifestyle interventions and patient education and adherence to treatment).
	+ 1. Current UK practice

### Raising awareness and providing information

No published studies on current practice were highlighted for this suggested area for quality improvement; this area is based on stakeholder’s knowledge and experience.

### Advice and education

A study looking at the information needs and reported adherence of patients prescribed medicines for chronic conditions found that all respondents (232 questionnaires were returned [58%]) desired further information about their prescribed medicines, particularly about potential medication problems. Dissatisfaction centred on side effects, interactions and certain medicine characteristics such as how long it will take to act. Satisfaction with information about medicines and adherence were significantly greater in a subgroup reporting that they had received an advanced pharmacy service[[15]](#footnote-15).

A survey of 29 community pharmacies in the Midlands looked at advice given by community pharmacy staff on prescription medicines (February – July 2014). A total of 1206 service users took part, of whom 49% were female and 51% were of minority ethnicity (49% white British). 69% of participants had collected a prescription for themselves, and the proportions of new and repeat prescriptions were 22% and 78% respectively. A subset of 141 participants had requested advice, of whom 94% confirmed that they had received it. Overall, 29% of 1065 participants received unsolicited information or advice. The overall prevalence of unsolicited advice‐giving varied per pharmacy from 14% to 63% and for new and repeat prescriptions was 42% and 26% respectively[[16]](#footnote-16).

A study exploring the Scottish general public's awareness of community pharmacy services and their openness to consider community pharmacy as their 'first port of call' for healthcare advice found:

* 88% (n = 1980) would likely/very likely view community pharmacy as their 'First port of Call' for common illnesses; however 71% (n = 1615) were unlikely/very unlikely to approach community pharmacy with 'more serious symptoms'
* 48% (n = 1077) would likely/very likely access community pharmacy for advice on childhood illnesses
* 69% (n = 1552) would likely/very likely access community pharmacy for general advice on health
* 78% (n = 1753) would likely/very likely access community pharmacy to safely dispose of unused medicines
* 35% (n = 757) were very unlikely/unlikely to access information about other health and social care services
* 28% (n = 633) were very unlikely/unlikely to come for advice on contraception, sexual health or family planning[[17]](#footnote-17)
	1. Providing support
		1. Summary of suggestions

### Behavioural support

Stakeholders highlighted provision of behavioural support as an area for quality improvement.

Stakeholders suggested that community pharmacy should offer behavioural support on a walk-in-basis and consider referring people to other behavioural support services within the local health and care network for interventions that are not available in the pharmacy.

More specifically, stakeholders suggested that community pharmacy should provide:

* personalised exercise management programmes
* stop smoking advice and support including very brief advice, product advice and support, sign posting to local services, relapse prevention, follow-up of patients agreeing to a quit attempt while in hospital
* diet, nutrition and weight management support
* brief alcohol interventions and substance misuse support

### Referrals and signposting

Stakeholders highlighted referrals and signposting as an area for quality improvement.

Stakeholders highlighted community pharmacy as an effective signpost and triage into healthcare as well as social care systems. They suggested that local commissioners and pharmacies should establish a formal referral process with other pharmacies and service providers across the NHS, local authority and community services. They suggested that formal referral processes would reduce the need for multiple assessments and reduce delay in patients getting the correct advice, treatment or support.

More specifically, stakeholders suggested using minimum data sets and summary care records to encourage record keeping and auditing, particularly when exchanging information through formal referrals in the local care network. “Write” access to patient medical record was suggested as an important improvement that would enable the pharmacists to carry out a more clinical role in supporting people with health and wellbeing.

* + 1. Selected recommendations from development source

Table 5 below highlights recommendations that have been provisionally selected from the development source/sources that may support potential statement development. These are presented in full after the table to help inform the committee’s discussion.

### Table 5 Specific areas for quality improvement

|  |  |
| --- | --- |
| Suggested quality improvement area | Suggested source guidance recommendations |
| Behavioural support | NICE NG102 Recommendations 1.4.3, 1.5.1, 1.5.2, 1.5.3 |
| Referrals and signposting | NICE NG102 Recommendations 1.6.1, 1.6.2, 1.6.5, 1.6.6 |

### Advice and education

NICE NG102 Recommendation 1.4.3

Offer brief advice and education as the opportunity arises, on stopping smoking and reducing alcohol consumption:

* For smoking cessation, follow NICE's guideline on stop smoking interventions and services (in particular see recommendation 1.3.9 on giving very brief advice, and the sections on commissioning and providing stop smoking interventions and services to meet local needs, monitoring stop smoking services, engaging with people who smoke, and advice on e‑cigarettes).
* For alcohol issues, follow the recommendations on brief advice in NICE's guideline on alcohol-use disorders. In particular see recommendation 5 on resources for screening and brief interventions and recommendation 10 on brief advice for adults.

### Behavioural support

NICE NG102 Recommendation 1.5.1

Offer behavioural support in line with NICE's guidelines on:

* behaviour change: individual approaches (see the recommendations on using proven behaviour change techniques when designing interventions; and high intensity behaviour change interventions and programmes)
* behaviour change: general approaches (see principles 4 and 5).

NICE NG102 Recommendation 1.5.2

Help people to stop smoking by offering behavioural support programmes in line with NICE's guideline on stop smoking interventions and services (see recommendations 1.1 to 1.7) and the recommendation on behavioural support in NICE's guideline on smoking: harm reduction.

NICE NG102 Recommendation 1.5.3

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

* obesity: identification, assessment and management (see the section on behavioural interventions)
* weight management: lifestyle services for overweight or obese adults (see recommendation 11)
* preventing excess weight gain and
* obesity prevention.

### Referrals and signposting

NICE NG102 Recommendation 1.6.1

Local commissioners and pharmacies could consider establishing a formal referral process with other pharmacies and service providers. This includes GP services and those offered by local authorities and organisations in the community and voluntary sectors. Specifically:

* Consider basing pharmacy assessments, triage activities and referrals on agreed tools that support continuing treatment.
* Consider designing triage activities to reduce multiple assessments and waiting times after people are referred. For example, after identifying harmful or dependent alcohol consumption, consider providing access to alcohol services that does not require reassessment and a return to the start of the treatment pathway. (Harmful and dependent alcohol consumption could be identified using the AUDIT tool or another threshold used locally.)

NICE NG102 Recommendation 1.6.2

Consider referring people to other services and triage within the agreed local care or referral pathway to give fast access to an appointment if needed. For example, refer people to:

* GPs or other healthcare providers for:
	+ ongoing contraception
	+ assessment for sleep apnoea if agreed local assessment tools are in place
	+ support for high risk or dependent alcohol consumption
	+ drug misuse recovery support
	+ weight reduction services
* local authority, NHS or community and voluntary sector organisations for:
	+ weight loss programmes or support groups
	+ mental health and wellbeing support
	+ specialist treatment and recovery support for drug misuse and dependence
	+ support for carers
* adult and children's social care.

### Signposting

NICE NG102 Recommendation 1.6.5

If the community pharmacy cannot support specific needs or offer a formal referral, signpost people to other local services. For example:

* sexual health services
* stop smoking services
* social care services
* mental health and wellbeing support
* other community services such as: Citizens Advice; housing, benefits or employment advice; support services for carers; and government and third sector debt advice websites.

### Record keeping, auditing and monitoring

NICE NG102 Recommendation 1.6.6

Consider using minimum data sets and summary care records to encourage record keeping and auditing, particularly when exchanging information through formal referrals in the local care network.

* + 1. Current UK practice

### Behavioural support

No published studies on current practice were highlighted for this suggested area for quality improvement; this area is based on stakeholder’s knowledge and experience.

### Referrals and signposting

A study exploring experiences and attitudes of pharmacists and pharmacy technicians to social prescribing in England, Scotland, and Wales (2018), identified lack of knowledge and experience with social prescribing (120 respondents took part). However, the study also identified enthusiasm for pharmacists and the wider pharmacy team to be involved in local social prescribing pathways. Respondents believed they were well positioned within the community and consequently able to be involved in identifying individuals that may benefit [[18]](#footnote-18).

A systematic review of pharmacist and GP views on community pharmacy services in the UK (2005 – 2017 studies included) found that pharmacists commonly identified a lack of access to patient records as a barrier to providing extended services. This was particularly problematic during out of hours when contacting other staff was difficult and increased the likelihood of pharmacists making errors[[19]](#footnote-19).

* 1. Additional areas

### Summary of suggestions

The improvement areas below were suggested as part of the stakeholder engagement exercise. However, they were felt to be either unsuitable for development as quality statements, outside the remit of this particular quality standard referral or need further discussion by the committee to establish potential for statement development.

There will be an opportunity for the committee to discuss these areas at the end of the session on 12 November 2019.

### Medicine optimisation

Medicine optimisation and reviews were suggested as areas for quality improvement.

This suggestion has not been progressed for this quality standard as NICE has already published a specific quality standard on [medicines optimisation](https://www.nice.org.uk/guidance/qs120) (QS120) which includes statements addressing highlighted issues.

### Antimicrobial stewardship

Antimicrobial stewardship and providing advice on self-limiting conditions was suggested as an area for quality improvement.

This suggestion has not been progressed for this quality standard as NICE has already published a specific quality standard on [antimicrobial stewardship](https://www.nice.org.uk/guidance/qs121) (QS121) which includes statements addressing highlighted issues.

### Asthma

Asthma review and inhaler recycling service were suggested as areas for quality improvement.

These suggestions have not been progressed because they fit more within the scope of the [Asthma specific quality standard (QS25).](https://www.nice.org.uk/guidance/qs25) Asthma review has already been covered by [statement 3 on monitoring asthma control](https://www.nice.org.uk/guidance/qs25/chapter/Quality-statement-3-Monitoring-asthma-control).

### Branded prescribing

Stakeholders suggested branded prescribing service as an area for quality improvement.

This suggestion has not been progressed as this type of contractual specification is outside the scope of NICE quality standards.

### Point of care testing

Stakeholders suggested point of care C-reactive protein testing for people with upper respiratory tract infections as an area for quality improvement.

This area has not been progressed as NICE only recommends considering a point of care C‑reactive protein test if after clinical assessment a diagnosis of pneumonia has not been made and it is not clear whether antibiotics should be prescribed. Routine testing for people with upper respiratory tract infections is not supported by evidence base.

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# Appendix 1: Review flowchart

Records identified through topic engagement
[n = 30]

Records identified through IS scoping search
[n = 42]

Records identified through ViP searching
[n = 1695]

Records excluded
[n = 1601]

Records screened
[n = 1767]

Citation searching or snowballing

[n=22]

Full-text papers excluded
[n = 174]

Full-text papers assessed
[n = 188]

Current practice examples included in the briefing paper
[n = 14]

# Appendix 2: Suggestions from stakeholder engagement exercise – registered stakeholders

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ID** | **Stakeholder** | **Key area for quality improvement** | **Why is this important?** | **Why is this a key area for quality improvement?** | **Supporting information** |
| **Overarching principles** |
| 1 | Pharmaceutical Services Negotiation Committee | Integrated working | NG102 recommends that community pharmacies should be assisted to gradually integrate into existing care and referral pathways as health and wellbeing hubs.Such integration will help pharmacy teams to provide higher quality care to patients and the public, working collaboratively with other health and care providers. | Ensuring community pharmacies are properly integrated into the local health and care team is a priority for Government and the NHS, as demonstrated by this being a feature of the changes to the NHS Community Pharmacy Contractual Framework. Such a development would need to be aligned to the development of Primary Care Networks across England, which is an NHS priority.  |   |
| 2 | Royal Pharmaceutical Society  | Community pharmacists take part as a member of the local Health and Wellbeing Hub | If community pharmacy is included as part of the HWB hub they will have knowledge of the local demographics in relation to public health of the population and can offer services that help to address the needs of the population | We anticipate that Health and Wellbeing Hubs will be formed around the new PCNs. As it is early days for PCNs this may not have happened yet.Being a participating member of the PCN will allow easier referral of patients into the service and signposting of patients nearing more specialist support. Being part of the Hub will allow for sharing of priorities for targeting as well as consistency of message and approach to care | The NHS Long term plan chapter 2 page 33.https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdfCVD prevention is one of the national service specifications of the of PCN DES and part of new pharmacy contract. |
| 3 | SCM1 | Health and wellbeing hubs | The potential impact of this would be quite dependent on the nature of the ‘hub’ format. Also, variable offers would lead to patient confusion around what a community pharmacy health and wellbeing hub was and this would further impact on the potential for community pharmacy to contribute to care | Staff capabilities/competencies with respect to health and wellbeing are variable from pharmacy to pharmacy. Focus on competencies is predominantly around safe supply of medicines. Skills linked to behaviour change and lifestyle interventions are not consistently availableLinks with other health and social care providers to enable good patient pathways and joined up service provision are lacking – currently, pharmacy staff often have to refer to a GP to enable patients to access other NHS services, duplicating effort and reducing the potential for impact. | The Healthy Living Pharmacies concept is a starting point for some standards, although this may not be broad enough |
| 4 | SCM2 | Commissioners to work with community pharmacy to see how the sector can be utilised in delivering public health services to meet local needs. Public health departments should work with community pharmacy as partners from conceptualisation to implementation of any service rather than an after thought.  |   |   |   |
| 5 | SCM3 | Health and Wellbeing Hubs | Community pharmacies have good reach and access, particularly in underserved communities and have continuing relationships with citizens who have long-term conditions. They have the potential to influence wider healthcare behaviours. | Once community pharmacies are integrated with other local health and care services, the idea is that they can operate as neighbourhood health and wellbeing centres (health and wellbeing hubs). This means they would become the first place that people go to for support, advice and resources on staying well and healthy. It may involve working closely with community leaders to identify local resources and needs, develop related interventions and services, and collect data on impact and outcomes | <https://www.nice.org.uk/guidance/ng102/chapter/Rationale-and-impact> |
| 6 | SCM4 | Primary Care Networks (PCN) Opportunities for greater (integrated) involvement  | As the current lead for the Greater Manchester (GM) PCNs (there will be 67 PCNs across GM), I see many opportunities where the community pharmacy (CP) profession can influence (improve) the health and social care outcomes of the population.  | Each PCN locality will have a lead community pharmacist (nominated by the community pharmacy colleagues in their locality).This will give the CP profession the opportunity to influence the top priorities in their locality enabling the profession to collaborate and work together with their local health and social care colleagues. This addresses the issue of inequalities across CCGs and the whole of GM enabling the PCNs to identify and then propose measures to look at ways in which they can look at ways in to tackle inequalities. As PCNs mature and deliver, I would envisage areas of good practice emerging that could allow for roll-out across other areas.  | PCNs are at an early stage of their development. For this reason, it is too early to provide any supporting information or evidence. |
| 7 | Pharmaceutical Services Negotiation Committee | Using a tailored approach | NG102 recommends that pharmacy teams should use a tailored approach when providing community pharmacy health and wellbeing interventions to maximise their impact and effect.Such an approach is important to ensure that interventions are as effective as possible and that they meet the needs of the individual. | Ensuring a tailored approach is used to the provision of interventions is essential to ensure pharmacy teams meet the needs of individuals, but also that they are sensitive to the wider needs of their local community, which may be different from those that are dominant across larger organisational areas, such as the local authority area.Such a tailored approach is expected of Health Living Pharmacies (HLP). All community pharmacies in England will be expected to be HLPs from 1st April 2020.  |   |
| 8 | Royal Pharmaceutical Society  | Training on behavioural support and providing brief advice which includes shared decision making and health literacy | Community pharmacists can, and do, provide opportunistic interventions. With additional training, these interventions could be even more effective and be undertaken in line with the Universal Personalised Care Plan | NICE recommendations for “behavioural change: individual approaches” and “Stop smoking interventions and services |   |
| 9 | SCM2 | Community Pharmacy to have a workforce that is suitably trained and competent in delivering Public health services understanding the importance of behaviour change |   |   |   |
| 10 | SCM2 | All Community pharmacies need to become healthy living pharmacies level 1 by April 2020 and encouraging pharmacies to become level 3 to ensure it can deliver on the intention of the NHS Long Term Plan which is just not about promotion but prevention through service delivery and protection supply of treatment. |   |   |   |
| 11 | SCM5 | Ensure consistent high quality services | It is important that all services delivered are consistent and of the necessary quality. Staff delivering the service should have the necessary training and competency to provide the best care. | Consistency of service delivery is essential to ensure that patients and public have access to the best health care advice and services. Where there are inconsistent messages or suboptimal training then it is less likely that advice and change will be delivered and sustainedThere is some evidence that using the same member of staff to provide services /advice in specific areas is helpful to ensure continuity of care | <https://www.nice.org.uk/guidance/ph49/chapter/1-Recommendations#recommendation-12-provide-training-for-behaviour-change-practitioners> |
| 12 | Swansea University  | Patient engagement | Currently, the pharmacist is given the MAR chart. S/he doesn't know the patient or whether the patient is experiencing signs and symptoms of possible ADRs. | When pharmacists know the patient's problems, they can link these to prescribed medicines. This informs their reviews and clinical recommendations. | We have shown how this works in care homes and mental health teams. Carers or nurses are asked to complete an Adverse Drug Reaction (ADRe) Profile and pass it to the reviewing prescriber or pharmacist. Space is limited here, but our trial and qualitative follow-on study show how this multidisciplinary engagement reduces pain, sedation, aggression, diarrhoea, incontinence and seizures. Nurse-led medicines’ monitoring in care homes, implementing the Adverse Drug Reaction (ADRe) Profile improvement initiative for mental health medicines: An observational and interview study, published 12.9.19https://www.swansea.ac.uk/press-office/latest-research/academicscallforstructureddrugmonitoringincarehomes.php In 10 care homes, nurses using ADRe picked up issues which resulted in nursing care being changed for 27 of 30 residents and medication reviewed for 17: residents were ‘brighter’ or less agitated or less aggressive when antipsychotic medicines were reduced; 7 residents were identified as being in pain, and ADRe resolved this e.g. by recommending review of painkillers; 6 residents were short of breath and were referred for medication review; care plans were changed for five of nine residents who had fallen. Jordan S, Gabe-Walters ME, Watkins A, Humphreys I, Newson L, Snelgrove S, Dennis M. (2015) Nurse-Led Medicines' Monitoring for Patients with Dementia in Care Homes: A Pragmatic Cohort Stepped Wedge Cluster Randomised Trial. PLoS ONE 10(10): e0140203. doi:10.1371/journal.pone.0140203 Nurse-Led Medicines' Monitoring for Patients with Dementia in Care Homes: A Pragmatic Cohort Stepped Wedge Cluster Randomised Trial |
| 13 | National Pharmacy Association | Health Inequalities | In England, PHE health profile (2018), confirms that inequalities in life expectancy are widening: males and females from the most disadvantaged 10 percent of areas now die 9.3 and 7.3 years earlier than those in the 10 per cent least-disadvantaged areas | Tudor Hart in 1971 who stated that the “availability of good medical care tends to vary inversely with the need for it, within the population it serves”, that is disadvantaged areas often lack access to the level of NHS services that their health needs requireCommunity pharmacy is a part of the health service that bucks the inverse care law – that is, there are more pharmacies per head of population in deprived areas than in more affluent areas | Quality in public health: a Shared Responsibilityhttps://www.gov.uk/government/publications/quality-in-public-health-a-shared-responsibility |
| 14 | Royal Pharmaceutical Society  | Addressing health inequalities | More people visit a community pharmacy than any other health service provider and there is the opportunity to engage with people including homeless people, those from ethnic minorities, those with mental health problems or learning disabilities as well as those who are socially isolated. | This is seen as a priority in NHS Long term plan. Community pharmacies buck the inverse law with a higher number of pharmacies in areas of higher deprivation. ty. | See section 2.26 of Long term plan. Todd and colleagues (2014 ) stated hat the majority of the population can access a community pharmacy within 20 min walk and crucially, access is greater in areas of highest deprivation—a positive pharmacy care law. (Todd A, Copeland A, Husband A, et alThe positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in EnglandBMJ Open 2014;4:e005764. doi:10.1136/bmjopen-2014-005764) |
| 15 | SCM2 | Community pharmacy through relationships it has formed with their patients have the real potential of reducing health inequalities in underserved groups because of there geographical locations and staff that work there. Staff should be encouraged to do more outreach work within community centres to raise awareness around public health. |   |   |   |
| 16 | SCM5 | Address health inequalities | Addressing health inequalities to underserved groups is important in addressing health inequalitiesHealth and wellbeing interventions should be tailored to suit individual needs and preferences. For example: use knowledge of the local community (particularly from staff who live in the community where they work) to take into account the context in which people live and work (their physical, economic and social environment) make use of the skills staff members already have (for example, if they speak languages commonly used in the area). | Health inequalities exist across all of society, to help reduce this we need to make sure that community pharmacy staff are aware of the potential inequalities and are well placed to identify and manage them.  |   |
| 17 | The Company Chemists’ Association and the Association of Independent Multiple Pharmacies  | Addressing health inequalities | There are more community pharmacies than GP surgeries and the pharmacy network is a unique exception to the inverse care law which states that there is a perverse relationship between access to healthcare in populations with a greater need. In addition, people in areas of high deprivation may be less likely to see a GP.Pharmacies have a crucial role in delivering excellent health and wellbeing advice and services to these underserved populations and promoting positive outcomes, thus reducing inequalities  | Tackling health inequalities and addressing unwarranted variation in care is one of the key aims set out in the NHS Long Term Plan. Through integration into primary care systems, such as Primary Care Networks (PCNs), community pharmacies can work with other healthcare professionals to deliver population-based care.  | The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England  |
| **Proactive approach** |
| 18 | SCM6 | Consider promoting community pharmacies. Local commissioners could make it clear that community pharmacies are an integral part of NHS primary care services and offer people a link into the local health and care network | It will encourage pharmacy as the first port of call | This will relieve pressure on other parts of the healthcare system |   |
| 19 | PAGB | Key area for quality improvement 3: nutrition | National Diet and Nutrition Survey (NDNS) data consistently shows significant shortfalls in key nutrients across the population.  | The NICE Guideline on community pharmacies: promoting health and wellbeing suggests pharmacists should proactively seek opportunities to promote people’s physical and mental health and wellbeing. Advising people on nutrition and the role of food supplements in bridging dietary gaps would be a positive way of community pharmacy proactively promoting health. For example, if a woman comes into the pharmacy to buy a pregnancy test kit, the pharmacy staff should talk to her about folic acid supplements. | Health and Food Supplements Information Services, State of the Nation: dietary trends 20 years on https://www.hsis.org/supplement-research/state-of-the-nation-dietary-trends-in-the-uk-20-years-on/National Diet and Nutrition Survey (NDNS) data https://www.gov.uk/government/collections/national-diet-and-nutrition-survey |
| 20 | PHE | Quality standard on pharmacy engagement in opportunistic blood pressure testing and AF and potentially cholesterol testing | The NHS Long Term plan has included CP involvement in CVD case finding. If pharmacies are going to opportunistically measure BP and AF, then a quality standard will ensure consistency and a high-quality service  | Cardiovascular disease (CVD) remains one of the biggest killers in England, with one in four people dying from it. It proportionally affects people from the poorest communities, who are more likely to die prematurely compared to the most affluent. The 2017 Global Burden of Disease highlights that high blood pressure (BP) is single biggest risk factor for cardiovascular disease . High BP is one of the top five risk factors for all premature death and disability in England. There are an estimated 5.6 million people with undiagnosed hypertension across the country. | <https://www.bhf.org.uk/for-professionals/healthcare-professionals/innovation-in-care/blood-pressure-award-programme> |
| 21 | SCM2 | NHS Long Term Plan and key role Community Pharmacy will play in delivering the preventative agenda: cardiovascular disease, smoking, sexual health /reproductive health/HIV, healthy ageing, mental health and vaccination. What about the role of community pharmacy around prevention/awareness for children/young adults? This is missing from the guideline. | https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/788240/Pharmacy\_Offer\_for\_Sexual\_Health.pdfhttps://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/786248/a\_menu\_of\_interventions\_for\_productive\_healthy\_ageing.pdf |   |   |
| 22 | SCM4 | Community pharmacy Emergency Hormonal Contraception (EHC) service and adding in a cervical screening module  | This area is proposed on the back of introducing it into the Stockport CCG EHC module for patients between the age of 24 and 49 which will be rolled out across the whole of Greater Manchester soon.This could be deemed to be an “add-on” service to an already developed service. This could be considered as an opportunity to look at other services that are already being delivered and look at what health or social interventions could be added. | This is an area where the uptake rates from patients within the stipulated age group were only 72% according to figures compiled in 2017.Considering the possible implications of women not being screened appropriately, this should be an area where community pharmacy could have an impactive role. Community pharmacies are often the first point of call from patients requesting to use the EHC service. By adding in one simple question during the consultation, we can check whether the patient is up to date with their screening. If they are not, the pharmacist will print off an advice leaflet for the patient informing them how to go about arranging their screening. | The cervical screening addition was only added a few moths ago. In this short period, in Stockport alone with a population of around 290,000, there have been a significant number of patients who have gone for their screening who had overlooked it. |
| 23 | SCM4 | Patient Access/NHS App | It is important that we move away from reactive patient care. Use of apps, like Patient Access and the NHS app, will help to encourage/enable patients to be more proactive in managing their own healthcare.The government has set GPs targets for the percentage of their patients who have signed up to use these apps. By promoting the use of these apps in community pharmacy, the profession can provide valuable awareness and communication to patients, helping to increase the take-up and use of such apps. | All patients to have access to online consultations by 2022-23, aligned to the NHS long-term plan to promote digital primary care and online consultations via ‘digital first’ providers. Supporting the digital enabled patient via use of apps such as NHS app, is a starting point to enable patients to order their prescriptions and book GP/surgery appointments online. In addition, enabling patients to access their health records, presenting results in a more accessible format (graphs etc) and enabling patients to see progression of health results over time positive or negative progress) such as cholesterol, HbA1c etc. encourage patients to engage with managing their health. These statistics can be great motivators and enablers for patients, increasing their engagement with HCPs and becoming more proactive and informed about managing their health.  | From personal experience of working in a community pharmacy, I use these apps during consultations with patients on a regular basis. When patients see positive graphs, for example their BP being reduced, it increases awareness and positivity for them to do more themselves to improve their health outcomes. Also, the convenience of patients being able to book appointments online and access their health records reduces admin burden on staff, enabling them to spend more time with patients, as well as the many benefits to patients themselves (convenience, awareness, information, engagement)  |
| 24 | SCM4 | Find and Treat for undiagnosed elevated BP and AF | Across the UK there are around 5.7 million patients with undiagnosed/untreated hypertension and 425,000 patients with undiagnosed/untreated AF.The cost of treating the 5.7 million patients with undiagnosed elevated BP has been put at as much as £2.1 billion. Individual episodes associated with AF can cost several thousand pounds each. | Associated costs for undiagnosed/ untreated BP and AF can be considered in terms of emergency hospital admissions, reduction in quality of life for patients as well as ongoing treatment costs. Community pharmacy is ideally placed as a front-line support to check patients BP and offer appropriate interventional advice. (Some community pharmacies offer this service already). With the appropriate BP monitors, community pharmacists can also detect undiagnosed AF and signpost the patient to their GP for further investigation. Interventions offered to patients via the community pharmacy HLP (Healthy Living Pharmacy) scheme such as exercise, weight loss and smoking cessation can have a significantly positive effect on BP.  | In one CCG area of Greater Manchester, a small pilot was carried out with a local pharmacy working together with their local GP practices. This has produced positive results with a business case being written evidencing how this could be rolled out further in a cost-effective manner.EVALUATION F&T Community Pharmacy Feasibility Study 240819 v02 FINAL.pdf |
| 25 | SCM6 | Proactively seek opportunities to promote people's physical and mental health and wellbeing. | Due to the fact that community pharmacy can see people on a more regular basis than other healthcare professionals | At this point we have no way of measuring this type of activity and evidence to support it delivery and value would be of benefit. |   |
| 26 | SCM7 | Opportunistic advice for homeless, rough sleepers, gypsy travellers, alcohol and drugs misusers patients to prevent social isolation | No need to have permanent address to receive health and well being advice. No appointment is necessary with seeking advice from community pharmacy. | People from homeless, rough sleepers, gypsy travellers, alcohol/drug misusers are not around long enough to register with a GP practice. Also may not have fixed home/address. Prioritising this group means they receive health and well being advice to tackle some of their needs. These patients would otherwise not be able to access advice easily. | Supports guidance from HomelessLink |
| 27 | SCM8 | Mental Health alongside Physical Health to achieve wellbeing | It is widely accepted that 1 in 4 of our population will experience an episode Mental Health issues once in our lives.Personal resilienceMoving forward from the prescription medicines review - https://publichealthmatters.blog.gov.uk/2019/09/10/moving-forward-from-the-prescription-medicines-review/ | Social value of community pharmacy was reported in 2016 via PwC - https://psnc.org.uk/derbyshire/wp-content/uploads/sites/8/2017/01/PAPER-H-PwC-summary-report-Sept-2016.pdfHowever specific measures for benchmarking current and future performance is poorly documented or evidenced. Interventions could be provided in a pharmacy accessed frequently by many population groups such as young mums, those collecting medications and who may find it easier and more palatable to be supported within their community rather than by external agencies. | https://www.chemistanddruggist.co.uk/news/understanding-cognitive-behavioural-therapy CBT opportunities to support mental health via a community pharmacy pilot.RSPH Level 2 Award in Understanding Emotional Wellbeing an opportunity to upskill pharmacy teams to support patientshttps://www.rsph.org.uk/uploads/assets/uploaded/643e963c-468c-4e69-81d29b5e1e700103.pdf |
| 28 | SCM8 | Additional developmental areas of emergent practice | CVD, BP, AF - AliveCor | Monitoring of BP for targeted at risk groups is measurable and utilises pharmacists and their teams skills.AF detection here again would potentially capture hard to reach groups eg males 45 years + that do not routinely attend primary care. | RSPH Level 2 Award in Supporting Behaviour Change (Health and Wellbeing)https://www.rsph.org.uk/uploads/assets/uploaded/a9639d65-f25f-4d64-aded82779fdaa61e.pdfPharmacists detecting atrial fibrillation (PDAF) in primary care during the influenza vaccination season: a multisite, cross-sectional screening protocolhttps://bmjopen.bmj.com/content/bmjopen/8/3/e021121.full.pdf |
| 29 | SCM8 | Health Checks | Health Checks – health promotion and disease prevention including cancer  | Risk factors for developing illness can predict and prevent deterioration so catching people early on and recognising early signs are important.Pharmacists and their teams have a role to play given availability and accessibility. This activity can be captured and built upon via signposting or monitoring and supporting of identified and motivated individuals. | PHE%20CVD%20Primary%20Care%20Intelligence%20Pack%20GCCG.pdfRSPH Level 3 Diploma in Health and Wellbeing Improvement – Supporting behaviour change in professional practicehttps://www.rsph.org.uk/uploads/assets/uploaded/f5240f2e-c6af-4221-8a37e46d029003a9.pdf |
| **Information and advice** |
| 30 | PHE | Additional developmental areas of emergent practice: develop and encourage selfcare | Develop and support consistent approach and benchmark providers. | Should there be a system for recording and benchmarking to ensure appropriate advice is given and to ensure there is sufficient safety netting advice for the patient. | Should resources that support be documented in the guidance and further research needed be developed. There are resources for example in antimicrobial resistance with selfcare advice for community pharmacy, for example treating your infection - respiratory tract infection at: https://www.rcgp.org.uk/-/media/12992E5D00BE4709BB7A3112749B0279.ashx. This also ensures appropriate safety netting of the patient. |
| 31 | PHE | Quality standard on pharmacy team promoting mental wellbeing messages | Pharmacy teams are well placed to improve population mental health and to also identify people walking into their pharmacies who may have mental health problems. Many people with long term conditions visit the same pharmacy and are well known to pharmacy teams. This provides an opportunity for them to identify people with mental health problems and either provide support themselves or refer them to the most appropriate health professional or service.  | In England, one in six people report experiencing a common mental health problem (such as anxiety and depression) in any given weekThose living with a serious mental illness face some of the starkest health inequalities. Their life expectancy is 15-20 years shorter than someone without mental illness. This premature mortality is predominately caused by poor physical health, and by conditions which are preventable.Every patient will have mental health/ psychological needs and it is imperative we make mental health everybody’s business through basic awareness and basic skills to prevent problems before they arise amongst those who are sub-clinical threshold of mental health problems yet are at risk.  | The PHE/RSPH Everyday Interactions toolkit could be recommended. It includes guidance on measuring staff impact on mental wellbeing https://www.rsph.org.uk/our-work/policy/wider-public-health-workforce/measuring-public-health-impact/mental-wellbeing.htmlPublic health outcomes framework – mental health and wellbeing population data https://fingertips.phe.org.uk/search/mental%20health#Making Every Contact Count guidance: The national consensus statement for MECC includes mental health and wellbeing within the MECC frameworkFive Year Forward View for Mental health Royal Pharmaceutical Society No health without mental health: How can pharmacy support people with mental health problems?Guidance on content for introductory courses and professional development in improving mental health and wellbeing Mental health core knowledge and skills frameworkNice guidance and standards linked to mental health and wellbeing https://www.nice.org.uk/guidance/lifestyle-and-wellbeing/mental-health-and-wellbeing/products?Status=Published&ProductType=Guidance&ProductType=QualityStandards |
| 32 | PHE | Recording of public health and health promoting interventions | Pharmacy teams do not routinely record their health promoting interventions. This then makes it very difficult, firstly to know whether they are providing the right messages and secondly to build the evidence-base for pharmacy’s contribution to Public Health. | It will help to build the evidence base for pharmacy’s contribution to health promoting interventions. Currently the evidence base is not great.  | The PHE/RSPH Everyday Interactions toolkit could be recommended. https://www.rsph.org.uk/about-us/news/launch-of-new-toolkit-to-help-healthcare-professionals-measure-their-impact-on-the-public-s-health.html  |
| 33 | SCM8 | Promotion of Physical Activity in the population that visit Community Pharmacies | https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/829884/3-physical-activity-for-adults-and-older-adults.pdf• Physical inactivity is an increasing threat to the health of our society.• 70% of NHS spend is on long term conditions• Diet and physical inactivity accounted for 14.3% of UK Disability Adjusted Life Years (DALY) in 2010• Physical inactivity is the 4th leading risk factor for global mortality (6% of deaths globally – WHO) | Increasing physical activity has the potential to improve the physical and mental health and wellbeing of individuals, families, communities and the nation as a wholehttps://www.gov.uk/government/publications/health-matters-getting-every-adult-active-every-day/health-matters-getting-every-adult-active-every-day | Moving medicine website has tools and resources for clinicians and patients to use as a prescription for health improvements alongside conventional treatments such as medicines that pharmacist and their teams could engage with and adopt the 1 minute, 5 minute and more minutes conversations – see link https://movingmedicine.ac.uk  |
| 34 | Care Quality Commisison | Antimicrobial Education | Educating patients and their parents and carers about the use of antimicrobials and treatment of self limiting conditions improves outcomes for patients and reduces the risk of inappropriate use of antimicrobials | Increasing antimicrobial resistance leading to ineffective treatment.Inappropriate use of resources, such as GP appointments | https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Policy/AMS%20policy.pdfhttps://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/759975/ESPAUR\_2018\_report.pdf |
| 35 | PAGB | Key area for quality improvement 1: supporting self care with advice and treatment for people with self-treatable conditions | Community pharmacy is ideally placed to support individuals with advice and treatment for self-treatable conditions, yet an estimated £810m is spent on GP appointments for these conditions every year. | The NHS has asked GPs to stop routinely prescribing over-the-counter items for certain self-treatable conditions. The NHS Long Term Plan suggests £200m a year could be saved from this reduction in prescriptions, however, in January 2019 only £25.9m had been saved; therefore, more needs to be done to meet the aims of the NHS Long Term Plan in this regard. | PAGB, A self care white paper: supporting the delivery of the NHS Long Term Plan https://www.pagb.co.uk/policy/self-care-white-paper/Conditions for which over-the-counter items should no longer be prescribed in primary care https://www.england.nhs.uk/medicines/conditions-for-which-over-the-counter-items-should-not-routinely-be-prescribed/PQ answer on savings following prescribing guidance https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2019-04-03/240507/ |
| 36 | PHE | All patients collecting an antibiotic prescription from a community pharmacy should be given medicines adherence advice | Qualitative evidence recommends tools are developed to support community pharmacy teams in providing adherence advice around antibiotic use to support compliance.Ensure resources and advice are also available for people who are prescribed or supplied with antimicrobials, to ensure they take them as instructed by their healthcare professional (see NICE's guideline on medicines adherence: involving patients in decisions about prescribed medicines and supporting adherence). This should include taking the correct dose for the time specified and via the correct route. 1.2.3 Ensure the resources advise people not to: Use or take prescription-only antimicrobials without a prescription and advice from a suitably qualified healthcare professional. Keep leftover antimicrobials for use another time. Share, or give, prescription-only antimicrobials to anyone other than the person they were prescribed or supplied for. Use or take antimicrobials prescribed for animals. Use or take prescription-only antimicrobials or give them to others if they have been obtained from anywhere other than their healthcare professional or pharmacist (for example, prescription-only antimicrobials bought online without a prescription). Ask for antimicrobials as a preventive measure against becoming ill or as a 'stand-by' measure; for example, when going on holiday (unless the person has a specific condition that makes this necessary or there is a specific risk; for example, if travelling to areas where malaria is endemic [see the antimalarial medication section on NHS Choices] or there is a high risk of travellers' diarrhoea).   | Community pharmacy staff are well placed to provide this advice. Patient non-adherence to antibiotic use may lead to treatment failure, re-infection, and bacterial resistance. | JONES, L. F., OWENS, R., SALLIS, A., ASHIRU-OREDOPE, D., THORNLEY, T., FRANCIS, N. A., BUTLER, C. & MCNULTY, C. A. M. 2018. Qualitative study using interviews and focus groups to explore the current and potential for antimicrobial stewardship in community pharmacy informed by the Theoretical Domains Framework. BMJ Open, 8.Antimicrobial stewardship: changing risk related behaviours in the general population NICE guideline Published: 25 January 2017 www.nice.org.uk/guidance/ng63 https://www.nice.org.uk/guidance/ng63/resources/antimicrobial-stewardship-changing-riskrelated-behaviours-in-the-general-population-pdf-1837572082117 Antimicrobial stewardship Quality standard Published: 22 April 2016 www.nice.org.uk/guidance/qs121  |
| 37 | PHE | All patients visiting a community pharmacy for self-care advice should be given safety netting advice  | Explicit advice on when to seek medical help, which symptoms should be considered red flags and safety-netting advice. 1.2.2 | Community pharmacy staff are well placed to provide safety netting advice. Safety netting advice can help to ensure that a patient with unresolved or worsening symptoms knows when and how to access further advice, and is an important way of reducing clinical risk. | Antimicrobial stewardship: changing riskrelated behaviours in the general population NICE guideline Published: 25 January 2017 www.nice.org.uk/guidance/ng63 https://www.nice.org.uk/guidance/ng63/resources/antimicrobial-stewardship-changing-riskrelated-behaviours-in-the-general-population-pdf-1837572082117 Antimicrobial stewardship Quality standard Published: 22 April 2016 www.nice.org.uk/guidance/qs121  |
| 38 | PHE | Pharmacy contract essential service 4 - Promotion of Healthy Lifestyles  | It is a service all community pharmacies in England must provide. | What is the acceptable standard - putting up a poster and having leaflets on the counter is not enough.A one:one brief conversation re-enforcing the message in the leaflet is much more likely to result in the person changing their lifestyle.  | There is a need for a statement which sets out ‘what does good look like’ and have all community pharmacies work towards this. What shows active engagement by the community pharmacy team in promotion of healthy lifestyles. Training standards - Do the pharmacy staff have documented attendance at training or continuing professional development (CPD) for promoting healthy lifestyles and engaging in the health campaigns. The Centre for Pharmacy Post Graduation provides learning resources that are available free for pharmacists and pharmacy technicians, that could be sign posted to. This can be viewed at: https://www.cppe.ac.uk/. |
| 39 | SCM3 | Advice in support of living with long-term conditions | In addition to taking prescribed medication, patients may improve their quality of life by following advice on lifestyle changes, in relation to type 2 diabetes and/or hypertension | Emerging evidence suggests that a portfolio approach to lifestyle can improve health outcomes in these areas. Measuring the number of patients engaged and the outcomes achieved will provide an insight into the effectiveness of community pharmacies in this role. |   |
| 40 | SCM5 | Offer advice & education | Offer advice and education as the opportunity arises in line with NICE's guidelines on: behaviour changeWhen someone uses pharmacy services to manage a long-term condition, use this as an opportunity to advise them on how to improve their general health and wellbeing. e.g. • stopping smoking• alcohol use• weight management  | When offering advice, it is important to maximise the impact of the advice. There are clear guidelines on behaviour changeTo fully effect change, advice etc. should be offered in line with evidence based best practice and supported by behavioural change tools. .  |   |
| 41 | The Company Chemists’ Association and the Association of Independent Multiple Pharmacies  | Community pharmacy teams supporting people with mental health needs | Pharmacy teams have strong relationships with the communities they serve and are perfectly placed to provide support and advice or signpost patients suffering with mental health conditions to other services. Pharmacists are experts in medicines and can support patients in taking their prescribed medicines as intended, as adherence is particularly poor among patients with mental health needs. People with mental health conditions are at a higher risk of life limiting co-morbidities and would therefore benefit from other services delivered through community pharmacy such as weight management, smoking cessation and blood pressure checks and monitoring.  | Around 50% of people prescribed medicines for mental health conditions stop taking antidepressants prematurely.People who are diagnosed with a chronic physical health problem such as diabetes are three times more likely to be diagnosed with depression. Through the provision of lifestyle advice and other interventions, community pharmacy can help reduce the number of patients being admitted into hospital with a relapse in their mental health condition or issues with co-morbidity such as diabetes.  | New roles for pharmacists in community mental health care: a narrative reviewCommunity pharmacy services to optimise the use of medications for mental illness: a systematic review Royal Pharmaceutical Society, No health without mental health: How can pharmacy support people with mental health problems? |
| **Providing support** |
| 42 | PAGB | Key area for quality improvement 2: smoking cessation | The Government’s Tobacco Control Plan, the NHS Long Term Plan and the Prevention Green Paper all make ambitious targets to reduce smoking rates, however funding for smoking cessation services has been cut by 34% between 2013/14 and 2017/18. NICE data shows that every £1 spent on smoking cessation saves £2 downstream to the NHS. It is one of the most cost-effective health solutions. | Smoking contributes to health inequalities. Smoking rates are highest in the most disadvantaged population groups. Pharmacies are located in the centre of communities and are easily accessible by the majority of the population. There are over 11,000 community pharmacies in England and over 99% of people living in areas of highest deprivation are within a 20-minute walk of a community pharmacy. Pharmacists are well placed to deliver evidence-based smoking cessation support in line with NICE Quality standard [QS43]. Pharmacists are increasingly providing health and wellbeing services to their local communities and some are already providing effective smoking cessation services. | NICE Quality Standard [QS43] Smoking: supporting people to stop https://www.nice.org.uk/guidance/qs43 |
| 43 | Primary Care Respiratory Society | Smoking cessation advice and support including VBA, product advice and support, sign posting to local services, relapse prevention, follow-up of patients agreeing to a quit attempt while in hospital | Use of NICE-recommended stop smoking interventions must be optimised if we are to continue the downward trend in smoking rates and will make an impact on numerous health outcomes. | ASH/CRUK stop smoking services data from 2018 suggests that 1 in 10 GPs are no longer prescribing NRT or varenicline. Smoking cessation services are not available in all areas | Please see the PCRS Pragmatic Guide on Diagnosis and Management of Tobacco Dependency. Available at: https://www.pcrs-uk.org/resource/tobacco-dependency-pragmatic-guide |
| 44 | SCM3 | Behaviour change advice and support – obesity, smoking cessation, alcohol consumption | Evidence showed that certain behavioural interventions, specifically interventions to help people stop smoking or manage their weight, are effective and cost effective when provided by community pharmacy teams.Some evidence suggests that interventions delivered in community pharmacies that involve people setting their own health goals may help people improve their patient activation. | It is widely acknowledged that these harmful behaviours increase the risk of many NCDs including coronary heart disease, diabetes and some cancers |   |
| 45 | SCM5 | Behavioural support | Offer behavioural support in line with NICE's guidelines on: behaviour change: individual approaches Consider referring people to other behavioural support services within the localhealth and care network (for example, to voluntary or community services) forinterventions that are not available in the pharmacy  | This follow on from the points above. In order to maximise change, health care advice needs to be supported by other tools and support to fully implement a behaviour change.  |   |
| 46 | SCM7 | Adults to have personalised exercise management programme | There is strong evidence that increase in physical activity will impact on many aspects of a person health and wellbeing | The importance of physical activity is mentioned in NICE QS183,NG 90,PH54, PH44, PH17, PH41, PH13No actual tailored advice sheet is available to give to patients. In particular for elderly patients, we need specific exercise sheets that may be completed in their own homes for example. |   |
| 47 | SCM7 | Behavioural support is offered on a walk-in basis from pharmacy | No appointment is needed in the pharmacy and available to offer support.  | Usually patients would have to see their GP to be referred for example to mental health support services. This delay in obtaining appointment to see GP and then wait for a referral can be avoided by community pharmacies making direct referrals. This would further integrate community pharmacies as part of the healthcare model. | The current NHS Longtern plan as well as five year forward view support integration of community pharmacies |
| 48 | SCM8 | Diet, nutrition and weight |  https://khub.net/web/phe-national/public-library/-/document\_library/v2WsRK3ZlEig/view\_file/221538539?\_com\_liferay\_document\_library\_web\_portlet\_DLPortlet\_INSTANCE\_v2WsRK3ZlEig\_redirect=https%3A%2F%2Fkhub.net%3A443%2Fweb%2Fphe-national%2Fpublic-library%2F-%2Fdocument\_library%2Fv2WsRK3ZlEig%2Fview%2F221359434%3F\_com\_liferay\_document\_library\_web\_portlet\_DLPortlet\_INSTANCE\_v2WsRK3ZlEig\_redirect%3Dhttps%253A%252F%252Fkhub.net%253A443%252Fweb%252Fphe-national%252Fpublic-library%252F-%252Fdocument\_library%252Fv2WsRK3ZlEig%252Fview%252F174089815%253F\_com\_liferay\_document\_library\_web\_portlet\_DLPortlet\_INSTANCE\_v2WsRK3ZlEig\_redirect%253Dhttps%25253A%25252F%25252Fkhub.net%25253A443%25252Fweb%25252Fphe-national%25252Fpublic-library%25252F-%25252Fdocument\_library%25252Fv2WsRK3ZlEig%25252Fview%25252F174103494%25253F\_com\_liferay\_document\_library\_web\_portlet\_DLPortlet\_INSTANCE\_v2WsRK3ZlEig\_redirect%25253Dhttps%2525253A%2525252F%2525252Fkhub.net%2525253A443%2525252Fweb%2525252Fphe-national%2525252Fpublic-library%2525253Fp\_p\_id%2525253Dcom\_liferay\_document\_library\_web\_portlet\_DLPortlet\_INSTANCE\_v2WsRK3ZlEig%25252526p\_p\_lifecycle%2525253D0%25252526p\_p\_state%2525253Dnormal%25252526p\_p\_mode%2525253Dview Utilising the strengths of our community pharmacy networks as an integrated partner within the health system at a local level is important. | 63% of adult in England classed as overweight/obese and described as 5th non-communicable disease risk factor for mortality see QI1.Easy to measure and monitor with a motivated patient – PATIENT ACTIVATION MEASURE (PAM) could screen those patients engaging with the belief and understanding to target resources and effort.Pharmacy teams could then be able to signpost, support and offer solutions and monitoring similar to the stop smoking target based interventions. | Pharmacy teams can add value to people aiming for weight loss via the pharmacy - https://www.ncbi.nlm.nih.gov/pubmed/29681255Slimming World referrals.Pre-Diabetes Interventions and advice - http://www.westernsussexhospitals.nhs.uk/wp-content/uploads/2015/02/Food-Fact-Dietary-Advice-for-Pre-Diabetes.pdf |
| 49 | SCM8 | Smoking and Alcohol | Tobacco No2 non-communicable disease risk factor for mortality see QI 1.1 in 4 patients admitted to hospital are smokers. 840,000 smokers are hospital in patients.STOP before the OP | Brief Interventions – ASK, ASSESS, ADVISE is a short, quick intervention that may move smokers along their ‘contemplating change’ continuum and on average smokers attempt to quit 8 times before success which demonstrates need for accessible and available support and this is more likely to be achieved with behavioural support as well as NRT.Well established quit services locally commissioned through pharmacies to be further developed. | https://app.box.com/s/zinmf6zyf56e57i5qg2qlczvjma4pgqt/file/422183415496copy and paste into browser if this does not load from here. Quitmanager, PharmOutcomes and Star51 all tools to support these interventions NPA scratchcards as conversation starters. Audit C tools |
| 50 | The Company Chemists’ Association and the Association of Independent Multiple Pharmacies  | Behavioural support  | Community pharmacy teams provide opportunistic interventions and long-term support for patients to improve their health and wellbeing. They can give advice and information to empower people to make informed lifestyle decisions and encourage self-care.Commissioned services such as smoking cessation, weight management, brief alcohol interventions and substance misuse support can be delivered through pharmacy.  | Evidence has shown that interventions to help people stop smoking and manage their weight are effective and cost effective when provided in community pharmacy.Preventing ill health is a key government and NHS priority. Many lifestyle choices, such as smoking, obesity and alcohol are linked to health conditions. | NICE guidance for behaviour change: individual approaches. NICE guidelines on stop smoking interventions and services The Community Pharmacy Contractual Framework requires that all community pharmacies will be level one accredited Healthy Living Pharmacies by April 2020. This will further establish the role of pharmacies as health and wellbeing hubs offering support and advice to local populations about staying well.  |
| 51 | Care Quality Commisison | Digital Services | Read-write access to Summary Care Record of to the Local Enhanced Care Record by Community Pharmacists (with consent) to:- Record Pharmacist Interventions- Patient will not need to repeat their story when seeking advice from the Pharmacist.Other Clinician’s within the Primary care Network/Secondary Care will be aware of the Pharmacist intervention. | Inconsistent use of SCR and access to Local Health Records. | <https://digital.nhs.uk/services/summary-care-records-scr/summary-care-record-scr-in-community-pharmacy> |
| 52 | National Pharmacy Association | Social Care | Community pharmacy straddles health and social care.  | Community pharmacists and their teams can identify those patients who require or may social care. Currently, there is an absence of formalised and non-formalised pathways into the system.  | Quality Mattershttps://www.gov.uk/government/collections/adult-social-care-quality-matters |
| 53 | National Pharmacy Association | As an effective signpost and triage into the healthcare system | The community pharmacy is open for extended hours into the evening and weekend. Patients can visit their pharmacy without an appointment. | From April 2020, as part of the new community pharmacy contract, patients will be referred to a pharmacy from NHS 111 initially. During these consultations, the pharmacist may provide the patient with resources about their condition or recommend and provide treatment. Eventually, the pharmacist would also be able to signpost the patient to other NHS services  | NHS: Shared Commitment to Qualityhttps://www.england.nhs.uk/wp-content/uploads/2016/12/nqb-shared-commitment-frmwrk.pdf |
| 54 | PAGB | Additional developmental areas of emergent practice: Pharmacy referral to other healthcare professionals, fast-tracked if necessary. | In order for people to see the pharmacist as a core part of the primary care team and to feel confident in visiting the pharmacy first, pharmacists should have the ability to refer people on to an appropriate healthcare professional if their symptoms cannot be managed in the pharmacy. | This would help encourage people to self care for self-treatable conditions and appropriately visit the pharmacy first, which would reduce pressure on local primary care/A&E services. | PAGB, A self care white paper: supporting the delivery of the NHS Long Term Plan https://www.pagb.co.uk/policy/self-care-white-paper/ |
| 55 | PAGB | Additional developmental areas of emergent practice: Pharmacy ‘write’ access to patient medical records. | To enable pharmacists to carry out a more clinical role and to support people with their health and wellbeing, pharmacists should have ‘write’ access to patient medical records. | This will embed community pharmacy into the primary care team and support continuity of care, which is particularly important for older people or people with long-term conditions who might otherwise not feel confident to seek advice from a pharmacist for a self-treatable condition as that information would not then be readily available to the rest of their healthcare professional team. | PAGB, A self care white paper: supporting the delivery of the NHS Long Term Plan https://www.pagb.co.uk/policy/self-care-white-paper/ |
| 56 | Pharmaceutical Services Negotiation Committee | Referrals and signposting | NG102 recommends that local commissioners and pharmacies could consider establishing a formal referral process with other pharmacies and service providers. This includes GP services and those offered by local authorities and organisations in the community and voluntary sectors.Pharmacies already make referrals and signpost people to other sources of treatment and support. The extent to which this happens in individual pharmacies and the availability of information to pharmacy teams on referral pathways and signposting options is variable across the country. Reducing this variation would improve the quality of the service provided to patients and the public. | Improving the quality and impact of pharmacy referrals and signposting could support health improvement and more effective use of health and care resources.How to support community pharmacy teams to work collaboratively with Social Prescribing Link Workers within Primary Care Networks would be an important matter to consider, aligning any quality standard with a current priority policy initiative for NHS England and NHS Improvement.  |   |
| 57 | Pharmaceutical Services Negotiation Committee | Record keeping and auditing | NG102 recommends that community pharmacy teams should consider using minimum data sets to encourage record keeping and auditing, particularly when exchanging information through formal referrals in the local care network. Community pharmacy teams make a great many public health and other interventions each day, but these are not always recorded in a consistent manner, which allows audit and reflection on practice.  | Improving record keeping could support the ongoing provision of services and support to individuals, and the future development of service provision at individual pharmacy level and beyond. |   |
| 58 | Primary Care Respiratory Society | Signposting to local services including pulmonary rehabilitation or other exercise groups, other support groups eg for parents of children with severe asthma, weight loss groups, smoking cessation services, mental health services, social services |   |   |   |
| 59 | SCM2 | Community Pharmacy to be able to make referrals into existing NHS services where appropriate. This will ensure seamless transfer of care and position community pharmacy within the NHS pathway for care. |   |   |   |
| 60 | SCM5 | Referrals & signposting | Local commissioners and pharmacies should establish a formal referral process with other pharmacies and service providers. This could include fast-track access where appropriateFormal referral processes reduce the need for multiple assessments and reduce delay in patients getting the correct advice / treatment. For example, after identifying harmful or dependent alcohol consumption, consider providing access to alcohol services that does not require reassessment and a return to the start of the treatment pathway.  | Current referral processes are informal and not co-ordinated. This leads to confusion, multiple assessments and potentially delay in treatment. |   |
| 61 | SCM6 | Community pharmacy to be integrated into formal referral pathways to allow them to act as health and wellbeing hubs | To encourage people to use pharmacy as a first port of call | People will not use pharmacy as a first port of call if they believe they would have had the same service quicker by going direct to another provider particularly when the pharmacist needs to refer them to another healthcare professional. |   |
| 62 | SCM6 | Consider using minimum data sets and summary care records to encourage record keeping and auditing, particularly when exchanging information through formal referrals in the local care network. | There needs to be an audit trail of activity in pharmacy that can be easily accessed for review and analysis | Currently it is difficult to assess the impact of pharmacy on the health and wellbeing of the population due to little data sets, read and write access to SCR would assist in this analysis or a national platform |   |
| 63 | SCM7 | Proactively sign posting patients with long term conditions for support with psychological and emotional wellbeing | Patients with long term physical health conditions are often two or three times more likely to get anxiety or depression. There is also evidence to show this can lead to poor clinical outcomes. | Patients in deprived / isolated/remote areas may have access to less resources but can still access their local community pharmacy. Receiving information or signposting to online or CBT may help these patients. |  www.kingsfund.org.uk/sites/default/files/field/field\_publication\_file/Bringing-together-Kings-Fund-March-2016\_1.pdf |
| 64 | The Company Chemists’ Association and the Association of Independent Multiple Pharmacies  | Referrals and signposting | Mechanisms allowing referrals into and from community pharmacies will create a more integrated and joined-up primary care service for patients and the public.Embedded in communities, pharmacy teams can refer and signpost patients to local voluntary or community services to improve health and wellbeing.  | Estimates suggest that 5% and 13% of consultations in A&E and GPs respectively are for minor ailments and could therefore be managed in community pharmacies. Referring patients for a consultation in community pharmacy will be more convenient and give more choice for patients as well as using the skills of pharmacists and allowing GPs to concentrate on more complex cases.The new NHS Community Pharmacist Consultation Service (CPCS), allowing referrals from NHS111 into community pharmacy, will help integrate community pharmacies into local NHS systems. Patients will be seen quicker and at a time and location convenient to them, while reducing pressure on GPs.  | A cohort study of influences, health outcomes and costs of patients’ health-seeking behaviour for minor ailments from primary and emergency care settings  |
| **Additional areas** |
| 65 | Care Quality Commisison | Medicines Optimisation at Transfer of Care | There is good evidence that effective communication of medicines information on discharge from secondary care to the community pharmacy [as led by Academic Science Networks/Innovation Agency] can:- Support patients to better understand their medicines through engagement with Community Pharmacy.Support error reduction. | There is inconsistent implementation across the country both in the ‘gatekeeping’ patients referred from hospital and in the uptake of referrals by community pharmacy. | https://www.ahsnnetwork.com/about-academic-health-science-networks/national-programmes-priorities/transfers-care-around-medicines-tcamhttps://www.innovationagencynwc.nhs.uk/our-work/health-and-social-care/transferofcarearoundmedicines-tcam-etcp |
| 66 | Primary Care Respiratory Society | Medication review including polypharmacy review and SABA use/overuse | SABA overuse is often a marker for preventer underuse in patients with asthma and an indicator for poor control. Poor control places patients at increased risk of a severe asthma attack and death | Most patients would pick up their medication from one pharmacy - so pharmacists should be able to identify those patients who are overusing salbutamol. There would therefore be an opportunity to discuss adherence and any barriers - all part of the medicines optimisation agenda.  | Please see the PCRS Pragmatic Guide on Poorly controlled and severe asthma: triggers for referral for adult or paediatric specialist care. Available at: https://www.pcrs-uk.org/sites/pcrs-uk.org/files/pcru/articles/2019-Autumn-Issue-18-SevereAsthmaReferral.pdf |
| 67 | Royal Pharmaceutical Society  | Additional development areas of emergent practice  | Supporting better medicines taking |   |   |
| 68 | SCM7 | Targeted advice for diabetic and Hypertension patients | pharmacist led interventions have been shown to be effective in improving medicines adherence among patients with hypertension and long term conditions.This can be a phone call or a leaflet attached to medication. | Ties in with NHS longterm plan and both these conditions are broad enough to affect a large proportion of the UK population. CG76. |   |
| 69 | PHE | All patients visiting a community pharmacy should use every opportunity to provide self-care,advice for their common infections and minor ailments as well as promoting health and wellbeing messages. This includes when selling relevant over-the- counter medicines or when advising people about common conditions.  | Qualitative evidence recommends resources are developed to support pharmacy teams in providing self-care advice to customers. Ensure resources are available for pharmacy team members to use with the public to provide information about self-limiting infections and for promoting health and wellbeing messages. The resources relating to self-limiting infections should be used to encourage people to manage their infection themselves at home if it is safe to do so. The resources should include information on: How someone can recognise whether they, or someone they are caring for, have a self-limiting infection (for example, by checking the NHS Choices website). How to seek further advice if they not sure whether their infection is self-limiting; for example, by: contacting a community pharmacy calling 111 or a local advice line or helpline using other local triaging arrangements such as practice nurses. Where to seek advice on managing self-limiting infections; for example, from: community pharmacists other reliable health resources, such as NHS Choices other local triaging services. The natural course of self-limiting infections, including the length of time symptoms are likely to last. How people can self-care (for example, by resting, drinking plenty of fluids and taking over-the-counter preparations to relieve their symptoms, if needed). For health and wellbeing messages, the resources need to be of a high quality. PHE develops some pharmacy-specific resources. If they exist for specific health promoting interventions, these could be recommended .  | Pharmacy staff have the opportunity to educate patients around common infections. Empowering patients to self-care for self-limiting infections can enable patients to prevent future infections, therefore reducing antibiotic use and can impact antimicrobial resistance rates. | JONES, L. F., OWENS, R., SALLIS, A., ASHIRU-OREDOPE, D., THORNLEY, T., FRANCIS, N. A., BUTLER, C. & MCNULTY, C. A. M. 2018. Qualitative study using interviews and focus groups to explore the current and potential for antimicrobial stewardship in community pharmacy informed by the Theoretical Domains Framework. BMJ Open, 8. Antimicrobial stewardship: changing risk related behaviours in the general population NICE guideline Published: 25 January 2017 www.nice.org.uk/guidance/ng63 Antimicrobial stewardship Quality standard Published: 22 April 2016 www.nice.org.uk/guidance/qs121 https://www.nice.org.uk/guidance/ng63/resources/antimicrobial-stewardship-changing-riskrelated-behaviours-in-the-general-population-pdf-1837572082117 DEPARTMENT OF HEALTH AND SOCIAL CARE, NHS ENGLAND AND NHS IMPROVEMENT & PHARMACEUTICAL SERVICES NEGOTIATING COMMITTEE (PSNC). 2019. The Community Pharmacy Contractual Framework for 2019/20 to 2023/24: supporting delivery for the NHS Long Term Plan [Online]. Available: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/819601/cpcf-2019-to-2024.pdf [Accessed].  |
| 70 | Royal Pharmaceutical Society  | Supporting reducing antimicrobial resistance | Community pharmacists and their teams have a key role in flu vaccination, safety netting, self-care; preventing use of antibiotics and supporting appropriate use of antibiotics when needed | Supporting key messages to patients on not asking for an antibiotic prescription for self-limiting conditions. | Again the NHS Long term plan and the pharmacy contract support thishttps://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/773065/uk-20-year-vision-for-antimicrobial-resistance.pdf |
| 71 | The Company Chemists’ Association and the Association of Independent Multiple Pharmacies  | Supporting Antimicrobial Resistance (AMR)  | Community pharmacies have a key role in administering flu vaccinations with almost 1.5 million vaccinations administered by community pharmacists during the 2018/19 flu season. Taking a system wide approach, and through collaboration with GPs there are opportunities to increase uptake of the flu vaccine. As experts in medicines community pharmacists can support patients to take their antibiotics to optimise health outcomes and educate the public about AMR. Pharmacists can engage with prescribers, especially GPs, to ensure that antibiotic prescribing is appropriate. The Sore Throat Test and Treat service being commissioned in Wales allows the determination of whether a sore throat requires antibiotics and prevents the need for the patient to visit their GP. As well as reducing unnecessary antibiotic prescribing, this service also reduces the number of patients visiting their GP for ailments that could be dealt with in community pharmacies.  | Combatting AMR is a key challenge across the world. The influenza season accounts for a significant proportion of antibiotic use, therefore increasing uptake of the flu vaccination will support efforts to tackle AMR. A Canadian study found that universal influenza immunisation was associated with a reduction in influenza-associated antibiotic prescriptions.  | UK 5-year action plan for antimicrobial resistance 2019 to 2024 A feasibility service evaluation of screening and treatment of group A streptococcal pharyngitis in community pharmaciesEnhancing the role of vaccines in combating antimicrobial resistanceThe effect of universal influenza immunisation on antibiotic prescriptions: an ecological study |
| 72 | Primary Care Respiratory Society | Recycling services for inhaler devices |   |   |   |
| 73 | Primary Care Respiratory Society | Asthma review and support including inhaler technique, inspiratory flow checks for those prescribed a DPI, spacer use and self-management plans. Consider extending quality payments where patients have been identified with no spacer and PAAP to all age groups quality payments where patients have been identified with no spacer and PAAP to all age groups | Patients with asthma should undergo a clinical review at least every 12 months and a review of inhaler technique every 6 months | Patients who do not attend their clinical appointments will still usually collect their inhalers from their local pharmacy so the pharmacist may be the only HCP who regularly sees them | Please see the PCRS Pragmatic Guide on Poorly controlled and severe asthma: triggers for referral for adult or paediatric specialist care. Available at: https://www.pcrs-uk.org/sites/pcrs-uk.org/files/pcru/articles/2019-Autumn-Issue-18-SevereAsthmaReferral.pdf |
| 74 | SCM4 | Improving the inhaler technique of asthmatic children  | Death rates from asthma in 10-24-year olds was highest in the UK amongst all 14 European nations, with millennials receiving worse asthma care of any age group. \*Currently, community pharmacists and many other healthcare professionals, spend a lot of time checking the inhaler techniques of adults of all ages (at diagnosis and routine follow up appointments). There is good evidence that education, regular health checks and specific inhaler technique training improves clinical and symptom management, improving quality of life of adult patients. More can be done for school age children.  | Many asthmatic children experience reduced quality of life, miss too much time from school, as well as being poorly managed, leading to increased GP and hospital admissions and, in some cases, the risk of death. Correct inhaler technique training and regular reviews are essential to ensuring adherence to treatment and management plans as well as controlling symptoms. Community pharmacy can play a vital role in disease awareness and patient education programmes, as well as teaching correct inhaler technique. In addition, community pharmacists can support local schools offering disease awareness education and training programmes to school nursing staff, teachers and children, teaching correct inhaler technique and symptom management. If this was commissioned as a paid service, then it could be the ideal way to ensure that asthma patients learn at an early age correct inhaler technique. Ultimately, involving community pharmacy as front line support to younger asthmatic patients, we can help to reduce the number of GP visits, the number of visits to A&E and the number of unplanned hospital visits, including emergency admissions and in some cases, death | Please see results for Schools programme results for pilot in Greater Manchester:gm lpc cyp inhaler service evaluation report - executive summary - 30jul17.pdfAnnual Asthma Survey results 2018: Asthma UK and Nuffield Trust think tank and Association for Young People’s Healthhttps://www.asthma.org.uk/support-us/campaigns/publications/survey/https://www.nuffieldtrust.org.uk/research/international-comparisons-of-health-and-wellbeing-in-adolescence-and-early-adulthood |
| 75 | Primary Care Respiratory Society | Branded prescribing service | To ensure device consistency so the patient receives a familiar device every time as this can cause unnecessary confusion and adherence resistance |   |   |
| 76 | Schwabe Pharma UK | CRP testing in community pharmacy for upper respiratory tract infections | There is evidence to suggest community pharmacy can effectively deliver this service effectively and efficiently at a lower cost than other likely service providers thereby reducing pressure for GP appointments and unnecessary antibiotic prescribing in this indication | Respiratory tract infections (RTIs) are common and reports show that RTIs account for around 60% of antibiotics issued within primary care (1). However, it is suggested that acute RTIs are often viral and self-limiting (1-3). In a study of acute pharyngitis in GP practices in England, despite usually being caused by viral infection, antibiotics were prescribed in 62% of cases (4). Furthermore, in a UK survey, 58% of participants reported a respiratory infection in the previous 6 months, and fifth had contacted the GP, with 53% expected to receive antibiotics (5). The National Institute of Health and Clinical Excellence (NICE) recommends that POC CRP testing should be considered in patients presenting with symptoms of lower RTI in primary care where clinical assessment is inconclusive and it is unclear whether antibiotics should be prescribed (6). A Cochrane systematic review concluded that POC CRP testing reduced antibiotic use in patients with acute respiratory infections, with no difference in the overall clinical recovery of patients. Studies of POC CRP testing in RTIs have also highlighted potential cost savings (7-10)Community pharmacy is well positioned to offer a POC CRP test, whereby patients can be screened to reduce the burden of unnecessary presentation at GP surgeries with viral RTIs. Assessments can be rapidly performed and the appropriate course of action signposted, with an extensive range of self-medication immediately available should this option become the preferred recommendation. A recently published pilot study found 95% of patients receiving the test in community pharmacy would have otherwise visited the GP and expected antibiotics (12). All patients reported a satisfactory experience with the quality of the consultation and intervention. None subsequently revisited the pharmacy or GP surgery. The trial demonstrates community pharmacy can cost effectively deliver an efficient CRP POC service, with a high degree of patient satisfaction, and potentially significantly diminish the burden caused by RTIs in general practice with concurrent reduction in unnecessary antibiotic prescribing-in this case by 86%. | 1. National Institute for Health and Clinical Excellence. Respiratory tract infections – antibiotic prescribing. Prescribing of antibiotics for self-limiting respiratory tract infections in adults and children in primary care. NICE clinical guideline 69. 2008.2. Smith SM. Fahey T. Smucny J. Becker LA. Antibiotics for acute bronchitis. Cochrane Database Syst Rev 2014.3. Spinks A, Glasziou PP, Del Mar CB. Antibiotics for sore throat. Cochrane Database Syst Rev 2013;11:CD000023.4. Thornley T, Marshall G, Howard P, Wilson AP.A feasibility service evaluation of screening and treatment of group A streptococcal pharyngitis in community pharmacies. J Antimicrob Chemother. 2016 Nov;71(11):3293-3299.42.5. McNulty CA, Nichols T, French DP, Joshi P, Butler CC. Expectations for consultations and antibiotics for respiratory tract infection in primary care: The RTI clinical iceberg. BJGP. 2013;63(612):e429-e436.6. 7. National Institute for Health and Clinical Excellence Pneumonia in adults: diagnosis and management Clinical guideline [CG191] Published date: December 2014 8. Aabenhus R, Jensen J, Jorgensen K, Hróbjartsson A, Bjerrum L. Biomarkers as point-of-care tests to guide prescription of antibiotics in patients with acute respiratory infections in primary care. Cochrane Database of Systematic Reviews. 2014:CD010130.9. Cals JWL, Ament AJHA, Hood K, et al. C-reactive protein point of care testing and physician communication skills training for lower respiratory tract infections in general practice: Economic evaluation of a cluster randomized trial. Journal of Evaluation in Clinical Practice. 2011;17(6):1059-1069.10. Oppong R, Jit M, Smith RD, et al. Cost-effectiveness of point-of-care C-reactive protein testing to inform antibiotic prescribing decisions. Br J Gen Pract. 2013;63(612):e465-e471.11. Hunter R. Cost-effectiveness of point of- care C-reactive protein tests for respiratory tract infection in primary care in England. Adv Ther. 2015;32(1):69-85.12. Wakeman M, Cork T, Watwood D. Investigating the use of point-of-care C-reactive protein testing in community pharmacy Clinical Pharmacist 2018, 5, 149-153 |
| 77 | PHE | New pharmacy contract - Healthy Living Pharmacies (HLP) level 1will be an an essential service from April 2020 | New essential service for all community pharmacies. Important opportunity to support people to improve health. | To encourage compliance with the PHE developed quality criteria for level 1 HLP status. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/743128/HLP-quality-criteria-and-self-assessement-process.pdf  | This is currently not quality assured as there is no team commissioned to assess the pharmacies. Opportunity to develop the evidence base nationally and assess differences that can be made to improve local population health and help to reduce health inequalities due to their universal access especially for people from deprived communities. |
| 78 | Swansea University  | Bonus payments | Resource allocation | Primary care is unevenly distributed in the UK. Only the best resourced areas will have the resources to meet the performance criteria. Therefore, the bonus scheme will intensify inequalities | The continuing pertinence of the Inverse Care Law is discussed in: Jordan S, Logan PA, Panes G, Vaismoradi M, Hughes D. Adverse Drug Reactions, Power, Harm Reduction, Regulation and the ADRe Profiles. Pharmacy (Basel). 2018 Sep 18;6(3). pii: E102. doi: 10.3390/pharmacy6030102. PubMed PMID: 30231573. http://www.mdpi.com/2226-4787/6/3/102/pdfAs a community councillor for one of the most deprived wards in the UK (everyone relies on the food banks), my constituents and I experience the consequences of inequality of healthcare provision daily. The difference in healthy life expectancy between deprived and affluent areas is increasing. Positive discriminatory action is need to address this. Incentives for pharmacists and GPs to work in post-industrial communities are a vital first step. |
| **No comments** |
| 79 | Royal College of Nursing  | We do not have any comments from the RCN on this quality standard. Thank you for the opportunity to contribute.  |   |   |   |
| 80 | UK Clinical Pharmacy Association Community Group.  | I regret that despite inviting our membership to comment, no comments were received. |   |   |   |

1. NHS Digital (2018) [General Pharmaceutical Services in England – 2007/08 to 2017/18](https://digital.nhs.uk/data-and-information/publications/statistical/general-pharmaceutical-services/in-england-2007-08-to-2017-18) [↑](#footnote-ref-1)
2. Todd et al. (2014) [The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England](https://bmjopen.bmj.com/content/4/8/e005764.full) [↑](#footnote-ref-2)
3. DoHSC (2019) [Community Pharmacy Contractual Framework: 2019 to 2024](https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024) [↑](#footnote-ref-3)
4. Jacobs S, Fegan T, Bradley F, Halsall D, Hann M, Schafheltle (2018) [How do organisational configuration and context influence the quantity and quality of NHS services provided by English community pharmacies? A qualitative investigation](https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0204304#sec008) [↑](#footnote-ref-4)
5. Hindi, Ali M. K.; Jacobs, Sally; Schafheutle, Ellen I. (2019) [Solidarity or dissonance? A systematic review of pharmacist and GP views on community pharmacy services in the UK](https://onlinelibrary.wiley.com/doi/full/10.1111/hsc.12618) [↑](#footnote-ref-5)
6. Jacobs S, Fegan T, Bradley F, Halsall D, Hann M, Schafheltle (2018) [How do organisational configuration and context influence the quantity and quality of NHS services provided by English community pharmacies? A qualitative investigation](https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0204304#sec008) [↑](#footnote-ref-6)
7. Hindi, Ali M. K.; Jacobs, Sally; Schafheutle, Ellen I. (2019) [Solidarity or dissonance? A systematic review of pharmacist and GP views on community pharmacy services in the UK](https://onlinelibrary.wiley.com/doi/full/10.1111/hsc.12618) [↑](#footnote-ref-7)
8. Macridge A, Gray N, Krska J (2017) [A cross-sectional study using freedom of information requests to evaluate variation in local authority commissioning of community pharmacy public health services in England](https://bmjopen.bmj.com/content/7/7/e015511), [↑](#footnote-ref-8)
9. Paudyal V, Gibson Smith K, MacLure K, Forbes-McKay K, Radley A, Stewart D (2019) [Perceived roles and barriers in caring for the people who are homeless: a survey of UK community pharmacists](https://link.springer.com/article/10.1007/s11096-019-00789-4) [↑](#footnote-ref-9)
10. Jacobs S, Fegan T, Bradley F, Halsall D, Hann M, Schafheltle (2018) [How do organisational configuration and context influence the quantity and quality of NHS services provided by English community pharmacies? A qualitative investigation](https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0204304#sec008) [↑](#footnote-ref-10)
11. Hindi, Ali M. K.; Jacobs, Sally; Schafheutle, Ellen I. (2019) [Solidarity or dissonance? A systematic review of pharmacist and GP views on community pharmacy services in the UK](https://onlinelibrary.wiley.com/doi/full/10.1111/hsc.12618) [↑](#footnote-ref-11)
12. Ogunbayo O. J. (2017) [Self-care of long-term conditions: patients’ perspectives and their (limited) use of community pharmacies](https://link.springer.com/article/10.1007/s11096-016-0418-y) [↑](#footnote-ref-12)
13. Agomo C, Ogunleye J, Portlock J (2016) [A survey to identify barriers in the public health role of community pharmacists](https://onlinelibrary.wiley.com/doi/abs/10.1111/jphs.12153) [↑](#footnote-ref-13)
14. Saramunee K, Dewsbury C, Cutler S, Mackridge A.J., Krska J (2016) International Journal of Pharmacy and Practice, 24 (Suppl. 3), pp. 22–102, [Willingness to use pharmacy public health services: a national survey in England](https://onlinelibrary.wiley.com/toc/20427174/2016/24/S3) [↑](#footnote-ref-14)
15. Twigg M. J. (2016) [What do patients need to know? A study to assess patients' satisfaction with information about medicines](https://onlinelibrary.wiley.com/doi/abs/10.1111/ijpp.12252) [↑](#footnote-ref-15)
16. Rivers P. H. (2017) [Exploring the prevalence of and factors associated with advice on prescription medicines: A survey of community pharmacies in an English city](https://onlinelibrary.wiley.com/doi/full/10.1111/hsc.12451) [↑](#footnote-ref-16)
17. MacLurea K, Craig G, MacLurea A, Boyter A, Power A, Osprey A, McGregore A, Stewart D (2019) [When would the general public view community pharmacy as their ‘first port of call’?](https://onlinelibrary.wiley.com/doi/full/10.1111/ijpp.12532) [↑](#footnote-ref-17)
18. Taylor D. A, Nicholls G, Taylor A (2019) [Perceptions of Pharmacy Involvement in Social Prescribing Pathways in England, Scotland and Wales](https://www.mdpi.com/2226-4787/7/1/24) [↑](#footnote-ref-18)
19. Hindi, Ali M. K.; Jacobs, Sally; Schafheutle, Ellen I. (2019) [Solidarity or dissonance? A systematic review of pharmacist and GP views on community pharmacy services in the UK](https://onlinelibrary.wiley.com/doi/full/10.1111/hsc.12618) [↑](#footnote-ref-19)