

Community pharmacies: promoting health and wellbeing

Quality standard

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This standard is based on NG102.

This standard should be read in conjunction with QS183, QS129, QS178, QS125, QS111, QS94, QS92, QS82, QS28, QS25, QS8 and QS6.

Quality statements

Statement 1 People who have a long-term health condition or those who look for support to improve their health and wellbeing are offered advice and education when they use community pharmacy services.

Statement 2 Community pharmacies and commissioners work together to raise awareness of the health and wellbeing expertise and services available from community pharmacy teams.

Statement 3 Community pharmacies and commissioners work together to integrate community pharmacy services into care and referral pathways.

Statement 4 Community pharmacies and commissioners work together to agree health and wellbeing interventions to support people from underserved groups.

NICE has developed guidance and a quality standard on people's experiences using adult social care services, adult NHS services and adult mental health services (see the [NICE Pathways on people's experience in social care services](#), [patient experience in adult NHS services](#) and [service user experience in adult mental health services](#)).

Other quality standards that should be considered when commissioning or providing community pharmacy services include:

- [Physical activity: encouraging activity in the community. NICE quality standard QS183](#)
- [Sexual health. NICE quality standard QS178](#)
- [Contraception. NICE quality standard QS129](#)
- [Diabetes in children and young people. NICE quality standard QS125](#)
- [Obesity in adults: prevention and lifestyle weight management programmes. NICE quality standard QS111](#)
- [Obesity in children and young people: prevention and lifestyle weight management programmes. NICE quality standard QS94](#)
- [Smoking: harm reduction. NICE quality standard QS92](#)
- [Smoking: reducing and preventing tobacco use. NICE quality standard QS82](#)
- [Hypertension in adults. NICE quality standard QS28](#)
- [Asthma. NICE quality standard QS25](#)
- [Depression in adults. NICE quality standard QS8](#)
- [Diabetes in adults. NICE quality standard QS6](#)

A full list of NICE quality standards is available from the [quality standards topic library](#).

Quality statement 1: Advice and education

Quality statement

People who have a long-term health condition or those who look for support to improve their health and wellbeing are offered advice and education when they use community pharmacy services.

Rationale

Community pharmacies are well placed to offer health and wellbeing advice and education to everyone in the local community, whether they have a long-term health condition or may benefit from support to improve their health and wellbeing. Community pharmacy teams are in a position to start general conversations about health and wellbeing with people who buy medicines or ask for advice. These informal conversations may encourage people to ask more questions, consider how they feel or how their behaviours may be affecting their health. Community pharmacy teams can offer support with adopting healthier behaviours, including stopping smoking, reducing alcohol consumption, and managing weight. They can also provide more information on mental and physical wellbeing, deliver brief interventions and signpost to other services.

Quality measures

Structure

Evidence of local arrangements to ensure that people who have a long-term health condition or those who look for support to improve their health and wellbeing are offered advice and education when they use community pharmacy services.

Data source: Local data collection, for example, review of community pharmacies' standard operating procedures submitted through the [Community Pharmacy Assurance Framework](#) (dispensing).

Outcome

a) Proportion of people using community pharmacy services who received health and wellbeing advice or education.

Numerator – the number in the denominator who received health and wellbeing advice or education.

Denominator – the number of people using community pharmacy services.

Data source: Local data collection, for example, review of information recorded as part of the Community Pharmacy Patient Questionnaire.

b) Proportion of people using community pharmacy services who were satisfied with the health and wellbeing advice or education they received.

Numerator – the number in the denominator satisfied with the advice they received.

Denominator – the number of people using community pharmacy services who received health and wellbeing advice or education.

Data source: Local data collection, for example, review of information recorded as part of the Community Pharmacy Patient Questionnaire.

What the quality statement means for different audiences

Service providers (community pharmacies) ensure that systems and protocols are in place to offer health and wellbeing advice and education to people who have a long-term health condition or those who look for support to improve their health and wellbeing. They also work with commissioners to ensure that members of staff have the training, skills and confidence to provide health and wellbeing advice and education, including advice on stopping smoking, reducing alcohol consumption, and managing weight. Pharmacies should have a facility that offers privacy to people who would like to discuss their health and wellbeing in more detail.

Community pharmacy teams offer advice and education to people who have a long-term

health condition or those who look for support to improve their health and wellbeing. This includes advice on stopping smoking, reducing alcohol consumption, and managing weight. Teams provide relevant information and resources or provide a brief intervention suitable to the person's circumstances. If they cannot offer the support needed, they offer referrals or signpost to a relevant service. They also record the advice given, the interventions and referrals made.

Commissioners (such as NHS England, clinical commissioning groups and local authorities) ensure that relevant training and resources for community pharmacy teams are available, and that all community pharmacies have a facility that allows for private conversations.

People who have a long-term health condition or may benefit from support to improve their health and wellbeing are offered an opportunity to discuss their health and wellbeing with a member of the community pharmacy team. They can ask for information about smoking, alcohol, or weight management, get advice or receive a referral to another service that they may need.

Source guidance

Community pharmacies: promoting health and wellbeing. NICE guideline NG102 (2018), recommendations 1.4.1, 1.4.2 and 1.4.3

Definitions of terms used in this quality statement

Advice and education

Advice and education should be offered in line with NICE's guideline on behaviour change: individual approaches (see the recommendations on delivering very brief, brief and extended brief advice in NICE's guideline on behaviour change: individual approaches).

[NICE's guideline on community pharmacies: promoting health and wellbeing recommendation 1.4.1]

Equality and diversity considerations

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

For people with additional needs related to a disability, impairment or sensory loss, information should be provided as set out in [NHS England's Accessible Information Standard](#).

Quality statement 2: Expertise and services available from community pharmacy teams

Quality statement

Community pharmacies and commissioners work together to raise awareness of the health and wellbeing expertise and services available from community pharmacy teams.

Rationale

Community pharmacies have the potential to play a greater role in health promotion, prevention, early recognition of ill health and managing minor illness. Community pharmacy teams are made up of highly skilled, knowledgeable and easily accessible professionals who provide NHS services. They can also be a link into the wider health and care network. Raising awareness of their skills, knowledge and responsibilities among members of the public and health and social care practitioners should improve confidence in the support they provide. It should also help to overcome barriers to taking full advantage of this valuable resource.

Quality measures

Structure

a) Evidence of local initiatives to raise awareness of the health and wellbeing expertise and services available from community pharmacy teams among members of the public.

Data source: Local data collection, for example, review of activities carried out by partners within the primary care network to raise awareness of the health and wellbeing expertise and services available from community pharmacy teams.

b) Evidence of local initiatives to raise awareness of the health and wellbeing expertise and services available from community pharmacy teams among health and social care

practitioners.

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

Outcome

a) Uptake of referrals into community pharmacy.

Numerator – number in the denominator presenting to community pharmacy after the referral.

Denominator – number of referrals from GP practices and NHS111 into community pharmacy.

Data source: Local data collection, for example, review of pharmacy systems recording inward referrals.

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

Data source: Local data collection, for example, review of information recorded as part of the Community Pharmacy Patient Questionnaire.

What the quality statement means for different audiences

Service providers (such as community pharmacies, primary care networks, general practices, NHS 111, A&E departments, social care providers, and community and voluntary sector organisations) work together to raise awareness of the health and wellbeing expertise and services available from community pharmacy teams among members of the public and health and social care practitioners. They ensure that they raise the profile of the teams and inspire confidence in the teams as a valuable resource for health and wellbeing support.

Health and social care practitioners (such as community pharmacy teams, GPs, NHS 111 and A&E staff, social care workers, and community and voluntary sector staff) recognise that community pharmacy is often the most appropriate service for people with a minor

illness. They are confident that community pharmacy teams have the expertise to provide people with the support they need. They acknowledge community pharmacy teams as a valuable and accessible resource that is key in supporting the health and wellbeing of the local population.

Commissioners (such as NHS England, clinical commissioning groups and local authorities) take proactive steps to ensure that local health and social care providers as well as members of the public understand that community pharmacy teams are highly skilled, knowledgeable and easily accessible professionals providing important health and wellbeing services.

People learn about the services and support they can get from local community pharmacy teams from promotional activities, awareness-raising campaigns, GPs, healthcare professionals or social care workers. They are encouraged to use community pharmacies as the first port of call for advice on health and wellbeing and for minor illness, instead of seeing their GP or going to A&E.

Source guidance

Community pharmacies: promoting health and wellbeing. NICE guideline NG102 (2018), recommendation 1.2.7

Equality and diversity considerations

Initiatives and activities used to raise awareness of services that can be provided by community pharmacies need to be tailored to the local populations. Pharmacists and their role may be perceived differently by people from different cultural backgrounds. This may influence people's use of the services offered. Different messages and different languages may be required to ensure that the uptake of services improves. Also, a proactive approach is needed for people who are housebound.

Quality statement 3: Integrating services into care and referral pathways

Quality statement

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

Rationale

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

Quality measures

Structure

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

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

b) Evidence of defined referral pathways between community pharmacies, primary care networks, health, social care and support service providers.

Data source: Local data collection, for example, review of arrangements agreed locally

between community pharmacies, primary care networks, health, social care and support service providers.

c) Evidence of key performance indicators (KPIs) being agreed for the pathways defined between community pharmacies, primary care networks, health, social care and support service providers.

Data source: Local data collection, for example, review of KPIs agreed locally between community pharmacies, primary care networks, health, social care and support service providers.

Outcome

Proportion of community pharmacy team members satisfied with the availability of referral pathways.

Numerator – the number in the denominator satisfied with the availability of referral pathways.

Denominator – the number of community pharmacy team members.

Data source: Local data collection, for example, information collected through surveys of community pharmacy teams.

What the quality statement means for different audiences

Service providers (such as community pharmacies, primary care networks, general practices, NHS trusts, social care providers, and community and voluntary sector organisations) work together to establish effective referral pathways in their local areas. They work on improving understanding of expertise available from community pharmacy teams and building confidence in the referral pathways that are being established. They also set up information-sharing practices to reduce multiple assessments and waiting times, and offer people effective, convenient and accessible services.

Health and social care practitioners (such as community pharmacy teams, GPs, social prescribing link workers, social care workers, and community and voluntary sector staff)

recognise the value of integrated working and the skills available within community pharmacy teams. They develop and use local referral pathways and information-sharing practices to ensure that people in the local area receive effective, convenient and accessible services.

Commissioners (such as NHS England, clinical commissioning groups and local authorities) work with community pharmacies to integrate community pharmacies into the local health and care system. They take actions that support implementation of the community pharmacy contractual framework, including establishing and using referral pathways in local areas. This allows community pharmacy teams to accept as well as make referrals to the service most appropriate for the person, without the need for the GP to be involved unless appropriate. They also develop local health and care records that can be used by partners.

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

Source guidance

Community pharmacies: promoting health and wellbeing. NICE guideline NG102 (2018), recommendation 1.1.1

Equality and diversity considerations

Referrals to health and wellbeing services may not always be suitable for people in rural communities because of issues with access and transport. Commissioners may need to work with community pharmacies to ensure that the services can be delivered through local community support groups, activity groups or clubs.

Quality statement 4: Health inequalities

Quality statement

Community pharmacies and commissioners work together to agree health and wellbeing interventions to support people from underserved groups.

Rationale

Community pharmacy teams are often well established within the community, have good relationships with the local population, and a good understanding of their needs and challenges. People from underserved groups, such as some minority ethnic groups, people who are homeless or have no permanent address, and those unlikely to use other healthcare services, can get support when they need it without making an appointment. This knowledge and expertise within community pharmacies can inform commissioning of health and wellbeing interventions that are most relevant to the local population and will have the biggest impact on health inequalities.

Quality measures

Structure

a) Evidence of actions taken locally between community pharmacies and commissioners to agree health and wellbeing interventions needed to support people from underserved groups.

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

b) Evidence of local commissioning agreements for provision of health and wellbeing interventions according to local need.

Data source: Local data collection, for example, review of local contracts with relevant commissioners.

Outcome

Proportion of community pharmacy team members who agree that the health and wellbeing services that they are commissioned to deliver reflect the needs of the local population.

Numerator – the number in the denominator who agree that the health and wellbeing services that they are commissioned to deliver reflect the needs of the local population.

Denominator – the number of community pharmacy team members.

Data source: Local data collection, for example, information collected through surveys of community pharmacy teams.

What the quality statement means for different audiences

Service providers (such as community pharmacies, primary care networks, GP practices, social care providers, and community and voluntary sector organisations) use their knowledge of the needs of the local population and of the gaps in services, captured by the pharmaceutical and joint strategic needs assessments, to address local health inequalities. Because people from underserved groups may be more likely to use NHS services if they are provided by community pharmacies, providers agree which specific health and wellbeing interventions community pharmacies should offer to address local health inequalities.

Community pharmacy teams use their skills and knowledge to support people from underserved groups who access their services. They tailor health and wellbeing interventions to suit individual needs and preferences and to maximise their impact.

Commissioners (such as NHS England, clinical commissioning groups and local authorities) ensure that they commission services that reflect the health and social care needs and priorities of the local population. They work with service providers to gain a better understanding of priority areas, to identify local underserved populations and to agree health and wellbeing interventions to support people from underserved groups.

People from underserved groups are able to access many of the health and wellbeing

services they need from local community pharmacies.

Source guidance

Community pharmacies: promoting health and wellbeing. NICE guideline NG102 (2018), recommendation 1.2.6

Definitions of terms used in this quality statement

Underserved groups

Adults and children from any background are 'underserved' if their social circumstances, language, culture or lifestyle (or those of their parents or carers) make it difficult for them to access health services or attend healthcare appointments.

Many of these groups may be more likely to go to a community pharmacy than a GP or another primary care service. As an example, this includes people who are housebound, homeless or people who misuse drugs or alcohol, and some people from minority ethnic groups, including Gypsy, Traveller and Roma people. A full list can be found in the [equality impact assessment for the NICE guideline on community pharmacies](#).

[NICE's guideline on community pharmacies: promoting health and wellbeing – terms used in this guideline]

About this quality standard

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

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

Information about [how NICE quality standards are developed](#) is available from the NICE website.

See [our webpage on quality standard advisory committees](#) for details of standing committee 2 members who advised on this quality standard. Information about the topic experts invited to join the standing members is available on the [webpage for this quality standard](#).

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

NICE has produced a [quality standard service improvement template](#) to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

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

or providing care that may be relevant only to England.

Improving outcomes

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

- understanding of services provided by community pharmacies
- confidence in community pharmacy teams as providers of health and wellbeing services
- uptake of interventions offered by community pharmacies
- referral pathways across the health and care system
- health outcomes among the population
- health inequalities
- pharmacy as the first place people go with a non-urgent health issue.

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

- [Adult social care outcomes framework](#)
- [NHS outcomes framework](#)
- [Public health outcomes framework for England](#)
- [Quality framework for public health](#).

Resource impact

NICE quality standards should be achievable by local services. The potential resource impact is considered by the quality standards advisory committee, drawing on resource impact work for the source guidance. Organisations are encouraged to use the [baseline assessment tool](#), [resource impact report](#) and [resource impact template for the NICE guideline on community pharmacies: promoting health and wellbeing](#) to help estimate local costs.

Diversity, equality and language

During the development of this quality standard, equality issues were considered and [equality assessments for this quality standard](#) are available. Any specific issues identified during development of the quality statements are highlighted in each statement.

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

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Endorsing organisation

This quality standard has been endorsed by Department of Health and Social Care, as required by the Health and Social Care Act (2012)

Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- [Royal Pharmaceutical Society](#)
- [Royal College of Nursing \(RCN\)](#)
- [Public Health England](#)
- [The Company Chemists' Association](#)