

National Institute for Health and Care Excellence

Community pharmacies: promoting health and wellbeing

Consultation on draft quality standard – deadline for comments 17:00 on 14/02/2020

Please email your completed form to: QSconsultations@nice.org.uk

Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly.

We would like to hear your views on these questions:

1. Does this draft quality standard accurately reflect the key areas for quality improvement?
2. Are local systems and structures in place to collect data for the proposed quality measures? If not, how feasible would it be for these to be put in place?
3. Do you think each of the statements in this draft quality standard would be achievable by local services given the net resources needed to deliver them? Please describe any resource requirements that you think would be necessary for any statement. Please describe any potential cost savings or opportunities for disinvestment.
4. Do you have an example from practice of implementing the NICE guideline that underpins this quality standard? If so, please provide details.

Organisation details

Organisation name – Stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please leave blank)	Pharmaceutical Services Negotiating Committee
Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.	None.

Name of person completing form	Alastair Buxton
Supporting the quality standard Would your organisation like to express an interest in formally supporting this quality standard? More information.	
Type	[Office use only]

Comments on the draft quality standard

Comment number	Section	Statement number	Comments Insert each comment in a new row. Do not paste other tables into this table because your comments could get lost – type directly into this table.
<i>Example 1</i>	<i>Statement 1 (measure)</i>	<i>1</i>	<i>This statement may be hard to measure because...</i>
1	Draft QS		We believe this draft quality standard, via the four quality statements, does cover key areas where quality improvement would drive the creation of additional benefits for the population and the NHS. There are other related areas in which quality improvement would be of value, for example in enhancing record keeping and audit in relation to health behaviour change interventions provided by community pharmacy teams, but the proposed draft quality standards provide a good starting point for quality improvement.
2	Quality statement	1	Local systems and structures are not in place to collect data for the proposed ‘structure’ quality measures, but it would be possible for pharmacy contractors to provide evidence of whether and how they have met the measures. We are not convinced that such data collection at contractor level would be a good use of constrained human and financial resources and therefore suggest that as local commissioners and Local Pharmaceutical Committees (LPCs) will often be facilitating and leading this quality improvement work at a local level, it may be more efficient for them to collect this evidence once. However, a case would still have to be made for those organisations to spend time and resources collecting such data, when they will generally have conflicting priorities, which are likely to be of greater immediate importance.

			<p>On the 'outcome' quality measures, the number of direct referrals from community pharmacies to health and social care services will be recorded in some pharmacy IT systems, such as those referenced in the draft document, but such IT systems are generally commissioned to support the provision of commissioned services provided by pharmacy contractors and hence ad hoc referrals are unlikely to be able to be recorded in them.</p> <p>On evidence of patient satisfaction with pharmacy services, we believe the data source given in the example should be the Community Pharmacy Patient Questionnaire, not the Community Pharmacy Assurance Framework.</p>
3	Quality statement	2	<p>Local systems and structures are not in place to collect data for the proposed quality measures, but it would be possible for pharmacy contractors to provide evidence of whether and how they have met the measures. We are not convinced that such data collection at contractor level would be a good use of constrained human and financial resources and therefore suggest that as local commissioners and Local Pharmaceutical Committees (LPCs) will often be facilitating and leading this quality improvement work at a local level, it may be more efficient for them to collect this evidence once. However, a case would still have to be made for those organisations to spend time and resources collecting such data, when they will generally have conflicting priorities, which are likely to be of greater immediate importance.</p> <p>We welcome the suggested role of Primary Care Networks (PCN) in supporting the achievement of this quality statement, however we also note the relative organisational immaturity of PCNs at this time and their other, likely higher priority, conflicting calls upon resources. Consequently, their potential involvement in supporting the achievement of this quality statement may be best recognised as a longer-term objective.</p>
4	Quality statement	3	<p>Local systems and structures are not in place to collect data for the proposed quality measures, but local commissioners and Local Pharmaceutical Committees (LPCs) may be able to collate such evidence. However, a case would still have to be made for those organisations to spend time and resources collecting such data, when they will generally have conflicting priorities, which are likely to be of greater immediate importance.</p>
5	Quality statement	4	<p>Local systems and structures are not in place to specifically collect data for the proposed 'structure' quality measures, but it would be possible for pharmacy contractors to provide</p>

			evidence of whether and how they have met the measures via extraction of data from records or documents they hold.
6	Quality statement	4	<p>Community pharmacy teams already offer health and wellbeing advice to people who have a long-term condition or need support to adopt a healthier lifestyle. This approach is enshrined in the Healthy Living Pharmacy concept, the requirements of which will apply to all English community pharmacies in contract with the NHS during 2020/21.</p> <p>However, community pharmacies are currently under considerable capacity and financial strain, with cuts to NHS funding having been imposed in recent years and workload increasing, as a result of increased patient and NHS demands. This consequently means that while community pharmacy teams have the skills and desire to be able to provide more health and wellbeing advice to people, they may not have the time or financial capacity to undertake this work at all times.</p>

Insert more rows as needed

Checklist for submitting comments

- Use this form and submit it as a Word document (not a PDF).
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Combine all comments from your organisation into 1 response. We cannot accept more than 1 response from each organisation.
- Do not paste other tables into this table – type directly into the table.
- Underline and highlight any confidential information or other material that you do not wish to be made public.
- Do not include medical information about yourself or another person from which you or the person could be identified.
- Spell out any abbreviations you use
- Please provide concise supporting information for each key area. Provide reference to examples from the published or grey literature such as national, regional or local reports of variation in care, audits, surveys, confidential enquiries, uptake reports and evaluations such as impact of NICE guidance recommendations
- For copyright reasons, do not include attachments of **published** material such as research articles, letters or leaflets. However, if you give us the full citation, we will obtain our own copy
- Attachments of unpublished reports, local reports / documents are permissible. If you wish to provide academic in confidence material i.e. written but not yet published, or commercial in confidence i.e. internal documentation, highlight this using the highlighter function in Word.

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NICE reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion of NICE, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.

Comments received from registered stakeholders and respondents during our stakeholder engagements are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.