Community pharmacies: promoting health and wellbeing

NICE guideline

Draft for consultation, January 2018

This guideline covers how community pharmacies can promote health and wellbeing among their local population. This includes integration within existing health and care pathways and other activities to encourage more people to use their services.

Community pharmacies offer accessible healthcare to the whole population, including people from under-served groups. This is because:

- appointments are not necessary
- opening hours are long
- many staff are from the local community and so understand local culture and social norms.

In addition, they are in a good position to help people who are well to prevent the onset of ill health. They are also well placed to help people with a medical condition improve their outcomes by offering advice on healthy behaviours.

Who is it for?

- Community pharmacies, local pharmaceutical committees, and pharmacy organisations
- Commissioners of health-promoting interventions, including local authorities, clinical commissioning groups and NHS England
- Local professional networks (hosted by NHS England)
- Health and wellbeing boards

It may also be relevant for:

- Private and voluntary sector organisations commissioned to provide health-promoting services
- People in related services, for example in GP practices and out-of-hours services
- People who use community pharmacy services, their families and carers.

This version of the guideline contains:

- the draft recommendations
- recommendations for research
- rationale and impact sections that explain why the committee made the recommendations and how they might affect practice and services
- the guideline context.

Information about how the guideline was developed is on the guideline's page on the NICE website. This includes the evidence reviews, the scope, and details of the committee and any declarations of interest.

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Recommendations

People have the right to be involved in discussions and make informed decisions about their care, as described in your care.

Making decisions using NICE guidelines explains how we use words to show the strength (or certainty) of our recommendations, and has information about prescribing medicines (including off-label use), professional guidelines, standards and laws (including on consent and mental capacity), and safeguarding.

1.1 Overarching principles of good practice

Use a standard approach

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

1.1.2 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:

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

1.1.3 Promote continuity of care, when possible, by having the same staff member deliver all the sessions of an intervention if multiple sessions are needed.

1.1.4 Address health inequalities by identifying under-served groups and tailoring health and wellbeing interventions to suit their individual needs. For example:

- use knowledge of the local community (particularly for 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 areas where people speak English as a second language)
- take into account other personal factors such as gender, identity, ethnicity, faith, culture or any disability that may affect the approach taken.

Promote community pharmacies

1.1.5 Consider using promotional materials to explain how community pharmacies form part of the care service offered to people through the local health and care network. This is especially important if the pharmacy is their first point of contact. For example, consider making the public aware of the skills and competencies of community pharmacy staff to increase their confidence in the interventions on offer.

1.1.6 Do not provide health and wellbeing interventions based solely on commercial interests or incentives. Use materials that are accessible, clear and professionally produced.

Use every opportunity

1.1.7 Identify every opportunity to promote health and wellbeing in the pharmacy. This includes: awareness raising and information provision, advice and education, behavioural support and referral to other services. Describe the interventions on offer and the benefits. This could include when someone:

- Regularly buys over-the-counter medicines, such as painkillers or antacids. For example, 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 general health and wellbeing.

- Regularly uses the pharmacy for routine non-healthcare purchases, or for occasional purchases or one-off prescriptions. For example, behavioural support for stopping smoking or information on sunscreen use to help maintain or improve their health and wellbeing (see NICE's guidelines on stop smoking services and 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).

To find out why the committee made the recommendations on overarching principles of good practice in community pharmacies and how they might affect practice, see rationale and impact.

1.2 Awareness raising and providing information

1.2.1 Ensure any awareness raising campaigns or information given are in line with NICE's guidelines on behaviour change: individual approaches (in particular the first bullet of recommendation 9) and behaviour change: general approaches (particularly principle 6).

1.2.2 Actively provide information, taking into account people's preferences. For example:

- hand out leaflets and explain their contents and importance, rather than leaving them to be picked up
- point out the relevance of any posters that are displayed or highlight easy access to further information (for example via QR codes for smartphones)
- place leaflets inside bags of dispensed medicines and explain to the person delivering them – such as a carer, family member, friend or delivery person – why they are included rather than just handing them out.

1.2.3 Use existing information and resources available from statutory, community and voluntary sector organisations (for example, Healthwatch and Public Health England).

To find out why the committee made the recommendations on awareness raising and providing information and how they might affect practice, see rationale and impact.

1.3 Advice and education

1.3.1 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).

1.3.2 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:

- type 1 diabetes in adults, type 2 diabetes in adults, and diabetes (type 1 and type 2) in children and young people for people with diabetes, including those tested in the pharmacy
- hypertension in adults: diagnosis and management for people with, or at risk of, hypertension.

1.3.3 Offer advice and education as the opportunity arises on stopping smoking and alcohol consumption:

- For smoking cessation, follow NICE's guidelines on smoking: brief interventions and referrals and brief interventions in stop smoking interventions and services. In addition to these NICE guidelines; use photo-ageing software to support advice and education on smoking.

- For alcohol issues, follow the recommendations on screening and brief advice in NICE's guideline on alcohol-use disorders, in particular recommendation 5 on resources for screening and brief interventions, recommendation 9 on screening adults, and recommendation 10 on brief advice for adults.

To find out why the committee made the recommendations on advice and education and how they might affect practice, see rationale and impact.

1.4 Behavioural support

1.4.1 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 on high intensity behaviour change interventions and programmes)
- behaviour change: general approaches (see principles 4 and 5).

1.4.2 Help people to stop smoking by offering behavioural support programmes in line with NICE's guideline on stop smoking interventions and services and the recommendation on behavioural support in NICE's guideline on smoking: harm reduction.

1.4.3 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.

1.4.4 Consider giving information such as leaflets, or support aids such as calorie counters or portion size plates, when providing behavioural support.

1.4.5 Consider referring people to other behavioural support services within the local health and care network (for example, to voluntary or community services) for interventions that are not available in the pharmacy.

To find out why the committee made the recommendations on behavioural support and how they might affect practice, see rationale and impact.

1.5 Referrals and signposting

1.5.1 Ensure community pharmacies become health and wellbeing hubs within existing care and referral pathways. Do this by working with health and social care organisations including local authorities, clinical commissioning groups and health and wellbeing boards.

1.5.2 Consider establishing a formal referral process with other services, including GP services and those offered by organisations in the local government, community and voluntary sector:

- 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, for example by providing access to alcohol services after identifying harmful and dependent alcohol consumption using the AUDIT tool (or another threshold used locally).

1.5.3 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 to:

- GPs or other healthcare providers for:

  - an intrauterine device service if they have asked for emergency hormonal contraception
  - assessment for sleep apnoea if agreed local assessment tools are in place
  - specialist support for high risk or dependent alcohol consumption
  - drug misuse services
  - weight reduction services
- local authority, NHS or community and voluntary sector organisations for:
  - weight loss programmes
  - mental health support
  - drug misuse recovery support
- social services for home support.

1.5.4 When making a formal referral to another service, explain to the person why they are being referred, where they are being referred to and the service they can expect. Provide them with written information about the service if it is available.

1.5.5 When the pharmacy accepts a formal referral from another service:

- ensure the pharmacy has been given all relevant information so that care can start at the first opportunity
- offer care as a walk-in service or, if this is not available or suitable, agree an appointment time and date with the person and give them the name of the staff member they will see.

Signposting

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

- specialist stop smoking services
- social care services for people using needle and syringe programmes provided by the pharmacy

- other community services such as Citizens' Advice Bureau, housing or benefits advice, employment and fire safety advice
- government and third sector debt advice websites.

To find out why the committee made the recommendations on referrals and signposting and how they might affect practice, see rationale and impact.

Terms used in this guideline

Brief intervention

A brief intervention involves oral discussion, negotiation or encouragement, with or without written or other support or follow-up. It may also involve a referral for further interventions, directing people to other options, or more intensive support. Brief interventions can be delivered by anyone who is trained in the necessary skills and knowledge. These interventions are often carried out when the opportunity arises, typically taking no more than a few minutes for basic advice.

Extended brief intervention

An extended brief intervention is similar in content to a brief intervention but usually lasts more than 30 minutes and consists of an individually-focused discussion. It can involve a single session or multiple brief sessions.

Patient activation

Someone's knowledge, skills and confidence in managing their own health and care. Interventions involve the person setting their own health goals. This can be measured using the Patient Activation Measure, a scientifically valid and reliable tool.

Photo-ageing

A smoking cessation intervention in which photos of participants are digitally aged so they can see images of themselves as a lifelong smoker and a non-smoker. The software creates a stream of aged images of faces from a standard digital photograph. (The wrinkling or ageing algorithms are based on data from people of a

variety of ages, ethnicities, lifestyle habits, as well as published data about facial changes associated with ageing.)

Referral and signposting

Key factors of an effective network, referral and signposting help people find the organisations best qualified to help them and get the service or intervention that best meets their needs.

Referral can include an agreed process with another organisation, which involves sending people for consultation, review, or further action. For example:

- an agreed process and pathway for pharmacists to advise people to see their GP or a medical specialist, when applicable using case identification tools to assess the need for referral
- healthcare professionals sending people to a specialist for a second opinion or a particular therapy
- sending people to another healthcare professional for ongoing management of a specific problem.

To ensure that this process runs smoothly, organisations will need to exchange information and often set up referral processes.

Signposting is less formal than referral, and organisations do not need to share information or processes for it to happen. It simply means giving a person details of other organisations that will be able to help them.

Social prescribing

A process whereby healthcare professionals refer people to non-clinical community services that may help improve their health and general wellbeing.

Under-served groups

Adults and children from any background who are 'under-served' if their social circumstances, language, culture or lifestyle (or those of their parents or carers) make it difficult to:

- access health services

- attend healthcare appointments.

Some groups, such as Travellers, may be more likely to present to a community pharmacy than a GP. Some groups may be less likely to present to other primary care services, such as:

- people who are housebound
- people in care homes or sheltered accommodation
- carers
- men
- people from black and minority ethnic groups
- people who are homeless or sleep rough
- people who misuse drugs or alcohol
- asylum seekers
- Gypsy, Traveller and Roma people
- people with learning disabilities
- young people leaving long-term care.

Very brief intervention

A very brief intervention can take from 30 seconds to a couple of minutes. It is mainly about giving people information, or directing them where to go for further help. It may also include other activities such as raising awareness of risks, or providing encouragement and support for change. It follows an 'ask, advise, assist' structure. For example, very brief advice on smoking would involve recording the person's smoking status and advising them that stop smoking services offer effective help to quit. Then, depending on the person's response, they may be directed to these services for additional support.

Recommendations for research

The guideline committee has made the following high-priority recommendations for research. For details of all the committee's recommendations for research, see the evidence reviews. [Only 5 high-priority research recommendations will be published in the final guideline. Any remaining research recommendations will be published in the evidence reviews.]

1 Integrated care network

Is referral from a community pharmacy within a formal local care pathway framework more effective and cost effective than signposting alone in improving access to, and uptake of services by high-risk groups and the general population?

Why this is important

Community pharmacies have to be integrated within the care pathway, with inward and outward referrals established and consistently managed. This is in line with the NHS sustainability and transformation partnerships (STPs) and the Five Year Forward View, to better integrate healthcare services in the UK. But there is no evidence to show whether it is effective and cost effective for them to offer a broad or narrow set of services. It is also not clear how to effectively refer in and out of pharmacies to improve patient outcomes.

Some evidence showed that referral by community pharmacies increased service uptake more than signposting, but more research is needed to support this. Establishing cost-effectiveness evidence for this in pharmacies is important because the resource impact for making and receiving referrals is greater than for signposting. For example, there may be cost implications for the time needed to make or accept individual referrals and for setting up the overall process.

2 Health and wellbeing interventions

How effective and cost effective are awareness raising, advice and education or behavioural support interventions delivered by community pharmacy teams to improve health and behavioural outcomes in high-risk groups and the general population? How does this compare with usual care?

Why this is important

There is a paucity of evidence on the effectiveness and cost effectiveness of providing health and wellbeing information, advice and education, and behavioural support in some health areas of interest.

High-quality experimental studies, using conventional reporting styles and comparative study designs, are needed on the effectiveness of community pharmacy public health interventions. In particular further primary research would be useful on:

- raising awareness and giving information on alcohol or drug misuse, diabetes, falls, smoking, cancer, and mental health and wellbeing
- giving advice and education on cancer awareness, improving mental health and wellbeing, preventing drug misuse and falls
- behavioural change interventions for cancer awareness, improving sexual health, mental health, orthopaedic conditions, and preventing alcohol or drug misuse, diabetes and falls.

3 Addressing health inequalities

What are the most effective and cost effective ways of delivering information, advice, education or behavioural support in community pharmacies to increase uptake of services and improve health and behavioural outcomes in under-served populations? For example, how is the effectiveness of interventions influenced by the people using them, such as a person's ethnic group, age, or socioeconomic status?

Why this is important

In England, 90% of people (99% in the most deprived communities) live within a 20-minute walk of a community pharmacy. So health promotion interventions within pharmacies have the potential to reach people that other healthcare providers never see and thus potentially reduce health inequalities However, more data are needed to determine whether community pharmacies do actually reach more deprived groups better than other health services.

The effect of community pharmacy interventions on population health – and perhaps more significantly, health inequalities – is also not clear because there is no evidence on how the services benefit different groups. (People from different ethnic or socioeconomic groups, or different ages, may gain more or less from the services on offer.)

This an important area for future research because it will help determine whether community pharmacy services should adopt a targeted or a 'gradient' approach. That is, should they develop specific interventions to target people from low socioeconomic groups? Or is it better to offer universal interventions to tackle overall health inequalities?

4 Characteristics of a person delivering an intervention

How do the characteristics of pharmacy staff affect the effectiveness and cost effectiveness of delivering information, advice, education or behavioural support to high-risk groups and the general population? (Characteristics include for example, their job role and whether or not they are a health champion.)

Why this is important

A typical community pharmacy is staffed by people with various levels of training and competencies in relation to health promotion services. For example, medicine counter and pharmacy assistants dispense medicines and advise on how to use them, identify the need for health promotion services and may also provide some. Pharmacists are responsible for all services and related interventions. Pharmacy technicians are involved in service delivery and are increasingly taking on other roles.

Healthy Living pharmacies also have qualified health champions, usually a dispensing or pharmacy assistant or a pharmacy technician, who take responsibility for the healthy living programme in Healthy Living pharmacists.

But there is a lack of research on how the training or characteristics of the person delivering a health and wellbeing intervention would influence its effectiveness or cost effectiveness, including research on whether using a recognised behaviour change competency framework (see NICE's guideline on behaviour change: individual approaches) has an impact on this.

5 Patient activation levels

How effective and cost effective is advice, education or behavioural support offered by community pharmacy teams to improve patient activation, particularly in areas where activation levels are lower? What are the different approaches used (for example, are there regular meetings between the person and their pharmacist to monitor and set personal health goals)?

Why this is important

Interventions that involve people setting their own health goals may help those who are less likely to play an active role in staying healthy. For example, highly activated

people may be more likely to adopt healthy behaviour, to have better clinical and overall outcomes and lower rates of hospitalisation, and to be more satisfied with services. People with low activation levels may be more likely to attend accident and emergency departments, and to be hospitalised or re-admitted to hospital after being discharged.

Currently there is limited evidence on how interventions delivered in community pharmacies may improve patient activation scores.

6 Local social prescribing interventions

How effective and cost effective is it for community pharmacy teams to provide local social prescribing interventions? What is the differential impact in both effectiveness and cost effectiveness of community pharmacies carrying out this activity compared with acting only as a referral or signposting element of the approach?

Why this is important

The committee noted that social prescribing is an important concept to consider when referring and signposting people from community pharmacies. Social prescribing schemes can involve various activities to support people's social, emotional or practical needs. Examples include volunteering, arts activities, group learning, debt counselling, gardening, befriending, cookery and sports.

The main goal of social prescribing is to promote better patient outcomes. It may also help to reduce referrals to the acute sector or uptake of more costly interventions. But currently there is no evidence on its effectiveness – or acceptability – in community pharmacies.

Rationale and impact

Overarching principles of good practice

This section explains why the committee made recommendations 1.1.1 to 1.1.7 and how they might affect practice.

Why the committee made the recommendations

1.1.1 to 1.1.4

Community pharmacies offer a socially inclusive, easily accessible service for all members of the public and, as such, should be the first place people go for help with a non-urgent health issue. But unless staff are skilled, the services and interventions they offer may not be effective. An expert told the committee that community pharmacies could address health inequalities, because they provide a convenient, less formal environment for people who cannot easily access or do not choose to use other health services.

The committee agreed that if more people are to use the interventions on offer in pharmacies they need to know what they can expect, regardless of which pharmacy they visit, so a consistent standard of service is important.

1.1.5

Another way to encourage the public to make full use of community pharmacy interventions could be to make them aware that many staff are qualified or specialists in certain areas. Although the evidence was limited, the committee also agreed that there was a need to improve the public perception of the pharmacy as a trusted health and wellbeing hub.

1.1.6

Evidence showed that people are more likely to trust information resources that are clear, professional and free of any commercial links. The latter is particularly important because it makes it clear that there is no profit motive underlying any information given.

1.1.7

Community pharmacy interventions to help improve people's health are usually delivered as the opportunity arises, when people come in for prescriptions, buy other products or make general enquiries. The committee agreed that this should be encouraged because it means more people using pharmacies could get support to prevent health problems from developing or arising. This, in turn, will take the burden off GPs and other health services.

How the recommendations might affect practice

The Making Every Contact Count initiative offers training for health and social care staff on identifying opportunities to talk to people about their health and wellbeing and deliver brief interventions. Some funding to support or implement this training is available from Health Education England. Funding is also likely to expand over time as part of the NHS's sustainability and transformation partnerships (STPs).

Full details of the evidence and the committee's discussion are in overarching principles: links to the evidence providing information on health and wellbeing.

Awareness raising and provision of information

This section explains why the committee made recommendations 1.2.1 to 1.2.3 and how they might affect practice.

Why the committee made the recommendations

The way community pharmacies provide information on health and wellbeing varies across the UK, as does the way they present and use these resources.

Evidence showed that providing information to raise people's awareness of an issue is the first step to helping them change their behaviour. Evidence also showed that it is most effective to give people information as part of a discussion, rather than just handing them a leaflet or other resource, or leaving them on a counter to collect.

When someone is having medicines delivered to them, the committee agreed that steps should be taken to increase the chances that they receive health and wellbeing information. For example, by placing a leaflet inside the bag of dispensed medicines and telling the person delivering or collecting the medicines why it has been included.

How the recommendations might affect practice

Actively providing health and wellbeing information may involve a small amount of additional staff time (to explain why the information is relevant). But this cost in terms of staff time may be offset by improved health outcomes and resource savings elsewhere in the health or care system. (For example, the person might seek advice

or receive other support as a result that prevents ill health or generally improves their health.)

Some pharmacy staff, such as those who have become health champions, are competent to provide information in this way because they are trained in general healthy living. Pharmacists or pharmacy technicians receive or have access to some training on communication and consultation skills as part of their undergraduate, postgraduate and pre-registration training programmes. In addition, the Centre for Pharmacy Post Graduate Education provides free training to pharmacists and pharmacy technicians (funded by Health Education England). Other staff members may need training on how to provide such information.

Full details of the evidence and the committee's discussion are in evidence review 1: providing information on health and wellbeing.

Advice and education

This section explains why the committee made recommendations 1.3.1 to 1.3.3 and how they might affect practice.

Why the committee made the recommendations

Community pharmacies are well placed to offer health and wellbeing advice and education to everyone in a local community, whether they have a long-term health condition or need help to adopt a healthier lifestyle. But provision varies widely. This may be because of a lack of understanding of what works.

Evidence showed that pharmacy staff can provide effective advice and education to people with diabetes and hypertension. It also showed that they can help people to stop smoking, and advise people on their alcohol consumption.

There was some evidence on the effectiveness of using photo-ageing software to support stop smoking efforts, and based on their experience the committee agreed that it is worth highlighting as an example of a way to effectively support advice and education in this area.

How the recommendations might affect practice

These recommendations should reduce variation in current practice. Pharmacy teams that currently provide the least advice and education interventions are likely to have the biggest expenditure as a result of implementing them.

Photo-ageing software may involve some resource costs. However, the evidence and additional economic modelling work indicated it was cost effective.

Some pharmacists and pharmacy technicians are trained in core public health priorities and some will be trained in healthy living (for example, the RSPH level 2 award in improving health). Some staff, such as medicine counter assistants, may also become qualified health champions who have completed the Royal Society for Public Health Level 2 award.

But staff who are mainly involved in the sale and supply of medicines may need additional training in public health skills (for example, RSPH training). This will have a resource impact because the training is not free.

Full details of the evidence and the committee's discussion are in evidence review 2: offering advice or education to support health and wellbeing.

Behavioural support

This section explains why the committee made recommendations 1.4.1 to 1.4.5 and how they might affect practice.

Why the committee made the recommendations

The type of behavioural support offered by community pharmacies varies across the UK, so the committee recommended that pharmacies follow the relevant NICE guidelines for the support they offer.

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 pharmacies. So the committee recommended that they should focus on these interventions. Further research is needed to expand these recommendations to other areas (see research recommendation 2).

They agreed that giving written information or support aids, or referring people to other services in the local care network for this support, may be beneficial if the pharmacy doesn't provide the intervention itself. But there was little evidence on this.

How the recommendations might affect practice

These recommendations should reduce variation in practice and ensure commissioners focus on behavioural support activities that have been shown to be both effective and cost effective.

Some pharmacy staff may need training in effective behaviour change techniques.

Full details of the evidence and the committee's discussion are in evidence review 3: offering behavioural support to support health and wellbeing.

Referrals and signposting

This section explains why the committee made recommendations 1.5.1 to 1.5.6 and how they might affect practice.

Why the committee made the recommendations

1.5.1

As health and social care services become more integrated, the committee agreed that community pharmacies need to become part of existing health and care pathways, acting as health and wellbeing hubs.

1.5.2 and 1.5.3

Members of the public may need to be directed to other services for support, advice or treatment if it cannot be provided by the community pharmacy.

Formal referrals, involving an agreed process with another provider, could be more effective than signposting (giving people information on other organisations that can help). But often community pharmacy services are not formally included in local health and care pathways. That means they cannot always make formal referrals to, or accept them from, other services. It also means that other services may not know what community pharmacies can offer.

An expert told the committee that links with other health and care providers were key to ensure effective continuity of care and to ensure people gain the most benefit from the system. The committee agreed this is particularly important for people who may not use other healthcare services, for example people from under-served groups.

However, there was little evidence to support a formal referral process. Because of this, the committee recommended that if community pharmacies do offer such a service it would need to mean fast referrals for people at risk and ensure that people referred on are not reassessed when they enter the care pathway (because reassessment is a waste of resources and could also undermine the pharmacist's credibility).

Based on their experience, the committee agreed it was useful to provide examples of the types of issues that community pharmacists could make referrals on, including to GPs, local authorities and social services.

1.5.4 and 1.55

Some evidence showed that people are more likely to take up the offer of a referral if they are given clear details about why they are being referred and what they can expect to happen. The committee also agreed that it was important for pharmacists to be fully informed when they accept a referral.

1.5.6

If it is not possible to introduce a formal referral process, signposting people to other organisations is still important because it can increase the likelihood of people using the services. But committee members agreed with the evidence that formal referrals are more effective than signposting for increasing the uptake of services.

How the recommendations might affect practice

Integrating community pharmacy interventions into health and care pathways is in line with the NHS STPs and the Five Year Forward View. National resources are being put in place to support integrated health and care services.

Signposting is currently the standard approach. But clear methods of referral to and from community pharmacies should make it easier for people to access services and increase uptake. Effective referrals will also encourage people to choose the

pharmacy as their first point of contact with healthcare professionals, potentially reducing pressure on A&E and GP practices.

In the long term these benefits may offset any upfront costs such as the time it takes to develop pathways and the time it takes to make the referral.

Full details of the evidence and the committee's discussion are in evidence review 4: signposting and referral to other services.

Putting this guideline into practice

[This section will be finalised after consultation]

NICE has produced tools and resources to help you put this guideline into practice.

Some issues were highlighted that might need specific thought when implementing the recommendations. These were raised during the development of this guideline. They are:

Education and training of pharmacy staff

- The following resources and programmes may be useful when training staff to support the implementation of this guideline:
  - The National Centre for Smoking Cessation and Training has free training and resources to support stop smoking interventions.
  - Public Health England and Health Education England's Making Every Contact Count (MECC) programme has developed a suite of practical resources in conjunction with NHS England and the national MECC advisory group. Resources include a national repository of practice and guides and an e-learning module. Alongside training, it is key that there is an environment and organisational approach to support the delivery of MECC. For example with senior leadership and support, and systems and infrastructure in place. This is addressed in the MECC Implementation guide, which can be used by organisations to support a self-assessment process, or for MECC planning.
- Support is available from national bodies, professional groups and royal colleges, including the:
  - Royal Pharmaceutical Society

  - Company Chemist's Association
  - National Pharmacy Association
  - Pharmaceutical Services Negotiating Committee.
- A guide to delivering and commissioning tier 2 weight management services for adults, in partnership with Public Health England and NICE, to support the effective provision of services at a local level - this takes a deeper look at the effective components of weight management services, and how they should be delivered.

Putting recommendations into practice

Putting recommendations into practice can take time. How long may vary from guideline to guideline, and depends on how much change in practice or services is needed. Implementing change is most effective when aligned with local priorities.

Changes should be implemented as soon as possible, unless there is a good reason for not doing so (for example, if it would be better value for money if a package of recommendations were all implemented at once).

Different organisations may need different approaches to implementation, depending on their size and function. Sometimes individual practitioners may be able to respond to recommendations to improve their practice more quickly than large organisations.

Here are some pointers to help organisations put NICE guidelines into practice:

1. **Raise awareness** through routine communication channels, such as email or newsletters, regular meetings, internal staff briefings and other communications with all relevant partner organisations. Identify things staff can include in their own practice straight away.

2. **Identify a lead** with an interest in the topic to champion the guideline and motivate others to support its use and make service changes, and to find out any significant issues locally.

3. **Carry out a baseline assessment** against the recommendations to find out whether there are gaps in current service provision.

4. **Think about what data you need to measure improvement** and plan how you will collect it. You may want to work with other health and social care organisations and specialist groups to compare current practice with the recommendations. This may also help identify local issues that will slow or prevent implementation.

5. **Develop an action plan**, with the steps needed to put the guideline into practice, and make sure it is ready as soon as possible. Big, complex changes may take longer to implement, but some may be quick and easy to do. An action plan will help in both cases.

6. **For very big changes include milestones and a business case**, which will set out additional costs, savings and possible areas for disinvestment. A small project group could develop the action plan. The group might include the guideline champion, a senior organisational sponsor, staff involved in the associated services, finance and information professionals.

7. **Implement the action plan** with oversight from the lead and the project group. Big projects may also need project management support.

8. **Review and monitor** how well the guideline is being implemented through the project group. Share progress with those involved in making improvements, as well as relevant boards and local partners.

NICE provides a comprehensive programme of support and resources to maximise uptake and use of evidence and guidance. See our into practice pages for more information.

Also see Leng G, Moore V, Abraham S, editors (2014) Achieving high quality care – practical experience from NICE. Chichester: Wiley.

Context

Key facts and figures

Community pharmacy contractors dispense NHS prescriptions under the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013. As well as dispensing, community pharmacy contractors are required to promote

healthy lifestyles and engage in 6 public health campaigns a year, dispose of unwanted medicines, provide support for self-care and signpost members of the community to appropriate services. As of 7 November 2017 , there were 11,699 community pharmacies in England (General Pharmaceutical Services in England – 2007/08 to 2016/157 [NHS Digital]).

Most prescription items are dispensed by community pharmacies (91.6% of all 1,015.6 million items dispensed in the community in 2016/17; General Pharmaceutical Services in England – 2007/08 to 2016/157 [NHS Digital]). In 2016, the net cost of prescriptions dispensed in the community was £9.2 million. Of the prescriptions dispensed, 89.4% were dispensed free of charge, with 61% provided free to people aged 60 and over (Prescriptions dispensed in the community, Statistics for England 2006 to 2016 [NHS Digital]).

Community pharmacies are well positioned to promote health and wellbeing to their local community, because 90% of people in England and over 99% of people in the most deprived communities in England live within a 20-minute walk of one (The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England [Todd et al. 2014]).

Community pharmacies can help raise awareness of health conditions, improve health, and reduce both health inequalities and individual health risks by providing advice and services to everyone entering their premises. This includes people who do not visit GPs or other healthcare services. In addition, they may support other primary care services, such as GP practices.

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

Current practice

The Community Pharmacy Contractual Framework is a negotiated agreement between NHS England and the Pharmaceutical Services Negotiating Committee,

which represents community pharmacy contractors. The framework includes a range of health-promoting services that community pharmacies should provide (Essential service 4 'Promotion of healthy lifestyles' and Essential service 5 'Signposting').

As part of the framework, pharmacies must participate in up to 6 public health campaigns each year at the request of NHS England (Public health (promotion of healthy lifestyles) [Pharmaceutical Services Negotiating Committee]).

In November 2017, there were over 8,200 Healthy Living Pharmacies and more than 8,200 health champions. The Healthy Living Pharmacy framework, which is currently being updated, sets out criteria for these pharmacies to help them improve people's health. A profession-led self-assessment process is in place for level 1 healthy living pharmacies underpinned by quality criteria, compliance with a self-assessment process and enablers. Levels 2 and 3 are led and implemented by local authorities (see 'Commissioning').

Policy, legislation, regulation and commissioning

Policy

- The NHS Five Year Forward View (NHS England) states that a 'radical upgrade in prevention' is needed to achieve financial stability for the NHS. It sets out how the NHS could improve the way it promotes wellbeing and prevents health conditions. Options include making greater use of pharmacists in preventing ill health, support for healthy living, supporting self-care for minor ailments and long-term conditions, medication review in care homes, and as part of more integrated local care models.
- Public Health England's 7 priorities include obesity, smoking and alcohol (From evidence into action: opportunities to protect and improve the nation's health).
- The community pharmacy offer for improving the public's health: a briefing for local government and health and wellbeing boards (Local Government Association and Public Health England) describes how health and wellbeing boards, local authorities and commissioners can work with community pharmacies to promote health and wellbeing.
- Public Health England's Pharmacy: a way forward for public health. Opportunities for action through pharmacy for public health sets out opportunities for how

pharmacy teams in primary and community sectors can play a bigger part in helping people to better look after their health. The report has been produced to take stock of the opportunities within the sector, and prompt local areas and pharmacy teams to review how they currently contribute to health improvement and how their knowledge and expertise can be used to make a difference to people's health.

Commissioning

The Community Pharmacy Contractual Framework describes national commissioning arrangements for services to promote health and wellbeing. NHS England regional teams commission all services in the framework.

Local authorities commission a range of public health services provided by community pharmacies, such as stop smoking, contraceptive and weight management services. Levels 2 and 3 of the Healthy Living Pharmacy framework are also commissioned by local authorities.

Local authorities and clinical commissioning groups can ask NHS England to commission services from community pharmacies on their behalf, such as advice services for people who are misusing drugs.

More information

To find out what NICE has said on topics related to this guideline, see our web pages on alcohol, behaviour change, diet, nutrition and obesity, drug misuse, mental health and wellbeing, physical activity, sexual health, smoking and tobacco

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