

Community pharmacy: promoting health and wellbeing

Consultation on draft scope Stakeholder comments table

10/06/16 to 07/07/16

ID	Type	Organisation name	Page no.	Line no.	Comments	Developer's response
1	SH	Bayer	4	82	<p>Please insert each new comment in a new row</p> <p>Bayer supports the inclusion of advice on contraception within the scope of the review. Dealing with the consequences of unintended pregnancies has a major financial, social and health impact on women and families and the public sector in general.</p> <p>Whilst the 2015 total number of abortions represents a relatively constant rate at 185,824 over the past 10 years but the fact that this is 0.7% higher than in 2014 (184,571) suggests that there is still a pressing need for high quality advice and support for women and couples to address their contraception needs.i</p>	Thank you for your comment.
2	SH	Bayer	5	113	<p>Economic evaluation of the impact of contraception on health spending is already in the public domain. The Department of Health states that every £1 spent on contraception averts £11 in averted health spending and we welcome this opportunity to evaluate the role of community pharmacy in this area.ii</p>	Thank you your comment. The guideline committee will assess the cost effectiveness of contraception in the context of its promotion and provision in a community pharmacy setting.
3	SH	Celesio UK	2	44	<p>The draft scope includes healthcare settings “such as general practices, health centres, urgent care centres and hospitals”, however the overall focus is community pharmacy.</p> <p>Although community pharmacy is often found co-located with the services mentioned above, we believe that the scope needs to be widened beyond community pharmacy to include them, or be more specifically focussed on promotion of health and wellbeing in community pharmacy. The guidelines could be relevant to community pharmacy teams undertaking outreach activities within their community.</p> <p>The NHS has outlined a desire to provide more clinical pharmacy services in settings in addition to community pharmacy premises, and this may be the rationale for including a broader range in the draft scope. We would recommend that NHS produced health and wellbeing promotion materials are consistent across the whole range of settings to support message penetration and raising awareness. However we strongly feel that community pharmacy due to its accessibility offers the greatest opportunity for interventions.</p>	Thank you for your comment. The remit for this guideline from the Department of Health is ‘Community Pharmacy: Promoting Health and Wellbeing’ therefore we are unable to include other healthcare services in this guideline. The guideline will specifically focus on the promotion of health and wellbeing in community pharmacy, including community pharmacy teams that are undertaking outreach activities in their community.

ID	Type	Organisation name	Page no.	Line no.	Comments	Developer's response
4	SH	Celesio UK	3	56	<p>Please insert each new comment in a new row</p> <p>NICE requests comments on whether online pharmacies should be included in the draft scope. There is a direction of travel from NHS England to introduce more choice and modernise the provision of community pharmacy services, which includes an increased use of technology and online services.</p> <p>Given an expected publication date of June 2018 – the inclusion of online health promotion may future proof the guidelines, as the sector evolves to meet the expectations of people, Public Health England and the NHS.</p> <p>The internet presents a wealth of opportunities reach a much wider audience, such as those which are not yet presenting with symptoms, people who need the flexibility of online as it is more convenient, and those that prefer the anonymity and discretion for sensitive issues.</p> <p>As we have seen in other areas of everyday life, for example retail and banking, remote technologies could be a very useful way to complement existing 'bricks and mortar' services; they suit an ever more discerning demographic, help support the NHS's prevention agenda, and could help relieve the pressures on GP practices.</p>	<p>Please respond to each comment</p> <p>Thank you for your comment. Taking into account all of the views provided by stakeholders, the decision has been made not to add distance-selling (online) pharmacies to the scope. NICE is aware that distance-selling pharmacies can play a role in promoting health and wellbeing; however, they do not have the same opportunity to provide face to face care as 'bricks and mortar' community pharmacies..</p>
5	SH	Celesio UK	3	70	<p>In terms of the interventions that would be feasible for an online setting, we believe that there are a number of areas where this could work effectively when linked with programmes and initiatives. This could be supported by specific apps or programmes.</p> <p>NICE outlines a range of areas, supported by approaches such as Making every Contact Count, and we believe that a number of the areas mentioned could be feasible in an online setting dependent on patient presentation. On-line pharmacies delivering the community pharmacy contractual framework through an NHS contract should be adhering to the public health elements of the contract where possible, this would ensure that people receive a consistent level of service.</p> <p>We have detailed a few examples of where we have specific knowledge / experience.</p>	<p>Thank you for your comment. Taking into account all of the views provided by stakeholders, the decision has been made not to add distance-selling (online) pharmacies to the scope. NICE is aware that distance-selling pharmacies can play a role in promoting health and wellbeing; however, they do not have the same opportunity to provide face to face care as 'bricks and mortar' community pharmacies.</p>
6	SH	Celesio UK	3	74	<p>Alcohol advice;</p> <p>Online access to public health information provides a discreet and confidential route to interventions for people who may not want to initially discuss their health concerns or lifestyle choices in a face to face environment. Alcohol use is one of those areas where some people may feel</p>	<p>Thank you for your comment. Taking into account all of the views provided by stakeholders, the decision has been made not to add distance-selling (online) pharmacies to the scope. NICE is aware that distance-selling pharmacies can play a role in</p>

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					Please insert each new comment in a new row more comfortable accessing information through a reputable online resource and receive brief interventions to support health improvement and signposting to other services.	Please respond to each comment promoting health and wellbeing; however, they do not have the same opportunity to provide face to face care as 'bricks and mortar' community pharmacies.
7	SH	Celesio UK	3	77	Diabetes; LloydsPharmacy has over 10 years of experience of delivering type 2 diabetes screening and blood glucose checks, over 1.5m people have been checked and many more have received lifestyle advice and information. As the National Diabetes Prevention Programme (NDPP) develops, it could be feasible that people searching online for information through pharmacy providers could be signposted to the programme for information, support and interventions.	Thank you for your comment. Taking into account all of the views provided by stakeholders, the decision has been made not to add distance-selling (online) pharmacies to the scope. NICE is aware that distance-selling pharmacies can play a role in promoting health and wellbeing; however, they do not have the same opportunity to provide face to face care as 'bricks and mortar' community pharmacies.
8	SH	Celesio UK	4	82	Sexual Health Services including Chlamydia; LloydsPharmacy Online Doctor service also has many years of experience in delivering services, including a chlamydia screening. The online doctor service offers discreet and accessible online information to increase the uptake of Chlamydia screening among males. This has resulted in 48% take up among men in the target age group – far greater than those getting tested through other means. More than 60,000 people have chosen this route to seek advice and treatment for a number of conditions. To raise awareness around contraception, LloydsPharmacy also developed an online tool to raise awareness of sexually transmitted diseases. <i>Sex Degrees of Separation</i> (https://onlinedoctor.lloydspharmacy.com/blog/sex-degrees/) highlights the number of indirect sexual partners a person may have had. It was designed to demonstrate how far STIs can spread if people don't wear a condom. 1.3million people accessed the calculator online and it was shared widely via social and traditional media due to the creative and engaging method used to get a serious message across.	Thank you for your comment. Taking into account all of the views provided by stakeholders, the decision has been made not to add distance-selling (online) pharmacies to the scope. NICE is aware that distance-selling pharmacies can play a role in promoting health and wellbeing; however, they do not have the same opportunity to provide face to face care as 'bricks and mortar' community pharmacies.
9	SH	Celesio UK	5	107	Community pharmacies have the potential to be at the forefront of public health and, with 1.6 million visits each day in England there are significant opportunities to engage people in conversations and convey messages which can lead to interventions and health improvement. These opportunities could be opportunistic, or more systematic in targeting 'at risk' groups. Access to community pharmacy is especially important in areas of high social deprivation or where other primary care services are limited.	Thank you for your comment. Evidence for both opportunistic and targeted interventions in community pharmacy settings will be included, where available, in the evidence review for this guideline.

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					NICE could review the outcomes of NHS England's Stay Well This Winter campaigns from 2015/16 and 2016/17 for evidence of how effective the promotion of health and wellbeing messages in community pharmacy has delivered effective and cost effective outcomes – not publically available at the time of the submission.	
10	SH	Celesio UK	5	131	<p>Community pharmacy teams are very much part of the neighbourhoods they serve, they know many of the people that visit the pharmacy and through conversations can identify opportunities to provide advice and information on health and wellbeing related topics. Trusting relationships are formed over a number of years.</p> <p>Opportunities can arise from the potential purchase of over the counter medications, such as smoking cessation products, or a pharmacy service, for example a blood pressure check.</p> <p>The characteristics of the person delivering the intervention are not necessarily defined by a specific job role or their gender or age, however demonstrated through knowledge, behaviours and approach. Healthy Living Champions have been successful as part of the Healthy Living Pharmacy model in proactively engaging people in a pharmacy setting. Health promotion zones are also a feature of Healthy Living Pharmacy where dedicated areas are set aside with the pharmacy premises.</p>	Thank you for your comment. The guideline committee will consider all available evidence of variations in effectiveness based on any characteristics of the person delivering the intervention in a community pharmacy setting. If there is evidence of effect available, this will be considered by the guideline committee when it makes its recommendations.
11	SH	Celesio UK	5	134	<p>The medium used should reflect the audience that is being targeted and the subject matter. More complex interventions may require detailed information suitable for booklets or short video clips, where simple messages are more suited to posters, social media, etc.</p> <p>This is an area where additional research could be conducted by NICE to evaluate how people prefer to access and receive information across different demographics and subject areas.</p>	Thank you for your comment. The guideline committee will consider equality issues throughout the development of the guideline.
12	SH	Coeliac UK	3	General	<p>Section 1.3 does not include reference to the role of community pharmacy in the recognition of long term diseases. One new area of development is the recognition of coeliac disease within community pharmacy. Coeliac disease is underdiagnosed with only 24% of those with the condition currently diagnosed [1].</p> <p>A proof of concept study has been explored using community pharmacies to undertake point of care tests for coeliac disease, testing individuals</p>	Thank you for your comment. NICE is unable to make recommendations on screening as these are provided by the National Screening Committee.

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					Please insert each new comment in a new row accessing prescription and over-the-counter medications for IBS and anaemias (Fe, B12 and Folate). During the project, 9.4% of patients tested had positive results which indicates that further testing is required. Patients with a positive test result were referred back to their healthcare team for investigations for coeliac disease. The proof of concept study is currently in press but is relevant to the guideline development. Further research is being conducted in this area, following the proof of concept study. [1] West, J., et al., Incidence and prevalence of celiac disease and dermatitis herpetiformis in the UK over two decades: population-based study. Am J Gastroenterol, 2014. 109(5): p. 757-68.	Please respond to each comment
13	SH	Department of Health (DH)	2	48	This states that the scope will include community pharmacy services where they are provided, and one example given is hospitals. Line 53 says hospital pharmacies are out of scope. It should say hospital pharmacies that are registered with the General Pharmaceutical Council as providing NHS pharmaceutical services in line 48.	Thank you for your comment. The text has been amended to clarify that hospital pharmacies dispensing for inpatients and outpatients that do not operate as a community pharmacy are not covered.
14	SH	Department of Health (DH)	3	56	Replace online pharmacies with distance selling pharmacies. Distance selling pharmacies are required to provide the essential services component of NHS pharmaceutical services including signposting, prescription-linked healthy lifestyle advice. So it is probably appropriate to include distance selling pharmacies	Thank you for your comment. Taking into account all of the views provided by stakeholders, the decision has been made not to add distance-selling (online) pharmacies to the scope. NICE is aware that distance-selling pharmacies can play a role in promoting health and wellbeing; however, they do not have the same opportunity to provide face to face care as 'bricks and mortar' community pharmacies.
15	SH	Department of Health (DH)	3	56	We should add that dispensing doctors and appliance contractors are not included.	Thank you for your comment. The wording of the scope has been amended.
16	SH	Department of Health (DH)	4	84	The definition of signposting should be "the provision of information to people visiting the pharmacy, who require further support, advice or treatment which cannot be provided by the pharmacy, on other health and social care providers or support organisations who may be able to assist the person". Where appropriate, this may take the form of a referral.	Thank you for your comment. The wording has been amended.
17	SH	Department of Health (DH)	9	231-232	Community pharmacies (CPs) do more than dispense medicines. They are required to provide all the essential services within the community pharmacy contractual framework (CPCF), the majority of the 11,500 CPs provided medicine use review services and the new medicines service, they also engage in commissioned services.	Thank you for your comment. This wording has been amended.
18	SH	Department of Health (DH)	10	251	This suggests that the CPCF is the Pharmaceutical Services Negotiating Committee's (PSNC). That is not the case. NHS pharmaceutical services are	Thank you for your comment. The wording has been amended.

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					<p>Please insert each new comment in a new row</p> <p>commissioned by NHS England and DH, and NHS England negotiates the terms of the CPCF with the PSNC. The PSNC is the body recognised under Section 165(1)(a) of the NHS Act 2006 as representing all CPs providing NHS pharmaceutical services in England on changes to the CPCF.</p> <p>The following may also be helpful:</p> <ul style="list-style-type: none"> The CPCF is a negotiated agreement between NHS England and the PSNC, which represents community pharmacy contractors. 	Please respond to each comment
19	SH	Department of Health (DH)	11	274	Healthy Living Pharmacies (HLPs) are not part of the CPCF.	Thank you for your comment. The wording has been amended.
20	SH	Department of Health (DH)	11	277-278	The statement is not quite right. NHS England commissions NHS pharmaceutical services. Local authorities (LAs) commission many Public Health services and have a separate LA contract with their own governance arrangements. Services commissioned by LAs are not part of NHS pharmaceutical services, i.e. they are not part of the CPCF.	Thank you for your comment. The wording has been amended.
21	SH	Department of Health (DH)	4	87	Where do drug misuse services fall – health and wellbeing of treating disease, etc.? Are they in scope or out? They should be in.	Thank you for your comment. Drug misuse has been added to the scope for this guideline.
22	SH	Department of Health (DH)		254	Pharmacies are expected to participate in Public Health campaigns as this is an essential service, to be provided by all community pharmacies?	Thank you for your comment. This change has been made.
23	SH	Department of Health (DH)	10	257	A profession-led self-assessment process for level 1 HLPs will be taken forward in the next few months. Level 2 and 3 will still be commissioner-led.	Thank you for your comment.
24	SH	Department of Health (DH)	1	20	Please add “local pharmaceutical committees and pharmacy organisations”.	Thank you for your comment. This has been added to the scope.
25	SH	Department of Health (DH)	3	71	A consensus stamen has been developed and cascaded widely about making every contact count.	Thank you for your comment.
26	SH	Department of Health (DH)	3	80	Please add “or physical activity in green spaces”.	Thank you for your comment. The scope has been amended.
27	SH	Department of Health (DH)	4	83-	Please add a further bullet as follows: “opportunistic blood pressure testing”.	Thank you for your comment. Studies of information and/or advice offered in a community pharmacy setting during or as a result of opportunistic blood pressure testing will be included in the evidence review.
28	SH	Department of Health (DH)	5	112	Just having leaflets is known not to be cost effective. It should say use of leaflets and discussing the contents of the booklet and giving advice?	Thank you for your comment. Evidence on using leaflets, discussing the contents of the booklet and giving advice in a community pharmacy setting will be included in the evidence review, if available. The guideline committee will consider the available evidence to make their recommendations.

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29	SH	Department of Health (DH)	5	120	Please add "or referring early to a GP for symptoms such as coughing for 3 weeks or more or blood in urine".	Thank you for your comment. Referral is included in the 'key areas that will be covered'.
30	SH	Department of Health (DH)	5	124	Please add "or physical activity in green spaces".	Thank you for your comment. This wording has been added.
31	SH	Department of Health (DH)	5	126	Please add "emergency hormonal contraception and chlamydia screening and treatment".	Thank you for your comment. Emergency hormonal contraception has been added to the example in the scope. The list in the scope is not exhaustive – chlamydia testing will be added to the review protocol instead.
32	SH	Department of Health (DH)	5	132	Please add "e.g. health champion after, job role and competencies".	Thank you for your comment. The wording has been amended.
33	SH	Department of Health (DH)	10	238	Please change to "the net ingredient cost of prescriptions dispensed in the community was £8.9 billion".	Thank you for your comment. The wording has been amended.
34	SH	Department of Health (DH)	10	244	Please add after help "improve health, reduce health inequalities"	Thank you for your comment. The wording has been amended.
35	SH	Department of Health (DH)	10	247	Please add "respiratory diseases e.g. chronic obstructive pulmonary disease".	Thank you for your comment. This has been added to the scope.
36	SH	Department of Health (DH)	10	258	The statement is not quite right. It should say something like "trained health champions in over 2100 Healthy Living Pharmacies (HLPs) are opportunistically reaching out to the community to improve people's health. HLPs are also commissioned by Local Authorities to deliver public health services".	Thank you for your comment. The wording has been amended.
37	SH	Department of Health (DH)	3	63	Measure whether HLPs are delivering more Public Health services, and whether the outputs and outcomes from HLPs are better than pharmacies that are not HLPs.	Thank you for your comment. Unfortunately NICE is unable to consider all aspects of community pharmacy in the proposed guideline. At a workshop for stakeholders where the scope was discussed, there was a strong preference for focusing on which interventions are effective and cost effective, rather than organisation and structure of community pharmacy services. Therefore the decision was made not to include a comparison of Healthy Living Pharmacies with other pharmacies for the current guideline. However, studies of interventions provided in Healthy Living Pharmacies will be included in the guideline, and may be compared to non-Healthy Living Pharmacies as part of a subgroup analysis, if enough evidence is available.
38	SH	Dorset Local	2	41	Footnote 1 also to reference community pharmacies can be on high streets,	Thank you for your comment. This change has been

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		Pharmaceutical Committee			Please insert each new comment in a new row residential areas, villages, medical centres and in supermarkets	Please respond to each comment made.
39	SH	Dorset Local Pharmaceutical Committee	3	56	Disagree that online pharmacies are excluded and it should be seen as an opportunity to gather and harness this growing business strand. We believe that all pharmacies should be required to promote health and wellbeing, and there are some basic requirements that all pharmacies could provide no matter what their setting. However there may need to be some variations for distance selling pharmacies (online pharmacies) where face-to-face contact is more limited.	Thank you for your comment. Taking into account all of the views provided by stakeholders, the decision has been made not to add distance-selling (online) pharmacies to the scope. NICE is aware that distance-selling pharmacies can play a role in promoting health and wellbeing; however, they do not have the same opportunity to provide face to face care as 'bricks and mortar' community pharmacies.
40	SH	Dorset Local Pharmaceutical Committee	3	64	These are sensible suggestions but this would require central funding for purchase of equipment, leaflets and training.	Thank you for your comment. NICE is unable to make recommendations on funding.
41	SH	Dorset Local Pharmaceutical Committee	3	70	It is unclear how behavioural support could be provided.	Thank you for your comment. The guideline committee may or may not make recommendations on providing behavioural support in a community pharmacy setting, depending on the available evidence.
42	SH	Dorset Local Pharmaceutical Committee	3	73 - 83	These topics could become the basis of 6 nationally co-ordinated campaigns each year with support material funded and distributed centrally. Some of these are also on the Public Health England priority list e.g. obesity, smoking and harmful drinking. This approach would support consistency of messaging.	Thank you for your comment. NHS England are responsible for coordinating national public health campaigns.
43	SH	Dorset Local Pharmaceutical Committee	3	79	Better examples here would be depression and anxiety are conditions that can be directly affected by lifestyle choices and interventions. Dementia patients and their carers would also benefit from support.	Thank you for your comment. The wording 'mental health and wellbeing' has been used to incorporate a range of mental health issues, including depression, anxiety and dementia.
44	SH	Dorset Local Pharmaceutical Committee	4	97	Given the proposed cuts to community pharmacy funding we do have concerns about any plans that would impact on community pharmacy and the services they offer. Any services/requirements recommended as a result of this consultation would need to be suitably remunerated and negotiated/agreed with Pharmaceutical Services Negotiating Committee (PSNC).	Thank you for your comment. NICE is unable to make recommendations on remuneration or on agreements with the Pharmaceutical Services Negotiating Committee.
45	SH	Dorset Local Pharmaceutical Committee	4	104	Consider adding additional questions. What are the most effective ways for commissioners to engage with community pharmacy for services? What type of specifications and training contribute to the best outcomes for services commissioned through community pharmacy?	Thank you for your comment. Comments from stakeholders at the workshop and during consultation support answering the existing key questions in the scope.
46	SH	Dorset Local	5	121	Relate these interventions to preventing diabetes which is increasing in	Thank you for your comment. We agree that these

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		Pharmaceutical Committee			Please insert each new comment in a new row prevalence and has huge implications to the NHS in terms of cost and resource.	Please respond to each comment interventions are related to the prevention of diabetes, but they also refer to the prevention of other conditions such as heart disease and obesity. The examples included are not intended to be exhaustive and all relevant evidence will be considered by the committee.
47	SH	Dorset Local Pharmaceutical Committee	5	123	Please see comment 6 for page 3 line 79.	Thank you for your comment. The wording 'mental health and wellbeing' has been used to incorporate a range of mental health issues, including depression, anxiety and dementia. We are unable to include an exhaustive list of all conditions in the scope.
48	SH	Dorset Local Pharmaceutical Committee	5	127	Add substance misuse including the risk of "legal highs".	Thank you for your comment. Drug misuse has been added to the scope.
49	SH	Dorset Local Pharmaceutical Committee	5	135	Amend to read "medium used whether passive (TV, posters) or active (brief interventions, pharmacy staff)"	Thank you for your comment. This detail will be added to the review protocols.
50	SH	Dorset Local Pharmaceutical Committee	6	140	Add e) what is the cost of such interventions? How effectively can their impact be measured?	Thank you for your comment. Costs are listed as an outcome in the scope. The guideline committee will consider all of the available evidence to determine whether the impact has been measured effectively.
51	SH	Dorset Local Pharmaceutical Committee	General	Question 1	Which interventions or forms of practice might result in cost saving recommendations if included in the guideline? All of the proposals have the potential to save money in the long term for the NHS. There is already significant evidence available for interventions with regards to smoking cessation, needle exchange, supervised consumption and emergency hormonal contraception.	Thank you for your comment. Smoking cessation and contraception in community pharmacy settings are already included in the draft scope. Drug misuse has been added to the list of areas for interventions.
52	SH	Dorset Local Pharmaceutical Committee	General	Question 2	Should online pharmacies be included in this guideline? We believe that all pharmacies should be required to promote health and wellbeing, and there are some basic requirements that all pharmacies could provide no matter what their setting. However there may need to be some variations for distance selling pharmacies (online pharmacies) where face-to-face contact is more limited.	Thank you for your comment. Taking into account all of the views provided by stakeholders, the decision has been made not to add distance-selling (online) pharmacies to the scope. NICE is aware that distance-selling pharmacies can play a role in promoting health and wellbeing; however, they do not have the same opportunity to provide face to face care as 'bricks and mortar' community pharmacies.
53	SH	Dorset Local Pharmaceutical	General	Question 3	What interventions related to health and wellbeing promotion would be feasible in an online setting? We believe it is possible for online pharmacies	Thank you for your comment. Taking into account all of the views provided by stakeholders, the

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		Committee			Please insert each new comment in a new row to provide all types of interventions. This could include webchat or a Skype type dialogue with an individual about health related issues such as obesity, smoking cessation or exercise. It would also be possible for an online pharmacy to have active content on a webpage around such topics with links to the types of leaflets that a bricks and mortar pharmacy may hand out. Online pharmacies would be able to have website content that reflected any national health promotion campaigns and this could be in the same style as on the computer screens suggested in the document.	Please respond to each comment decision has been made not to add distance-selling (online) pharmacies to the scope. NICE is aware that distance-selling pharmacies can play a role in promoting health and wellbeing; however, they do not have the same opportunity to provide face to face care as 'bricks and mortar' community pharmacies.
54	SH	Dorset Local Pharmaceutical Committee	General	Question 4	Are there any key studies of online pharmacies delivering health and wellbeing promotion services? We are not aware of any.	Thank you for your comment.
55	SH	Dorset Local Pharmaceutical Committee	General	General	One of the documents referenced in this guideline talks about the need for "ideas to take root locally in people's neighbourhoods and communities" (Public Health England – From evidence into action: opportunities to protect and improve the nation's health). A second document includes recognition of the value of community pharmacy from its social value as well as its value in being a core part of high streets and communities (Public Health England & Local Government Association – The community pharmacy offer for improving the public's health: a briefing for local government and health & wellbeing boards). Both of these documents suggest that a thriving community pharmacy network is essential for these health and wellbeing suggestions to be effective and cost effective. This would appear at odds with the recent government action towards community pharmacy and the potential for a quarter of all pharmacies closing in England.	Thank you for your comment.
56	SH	Dudley Metropolitan Borough Council – Office of Public Health	1	17	I would suggest we add Health and Wellbeing Boards in this section since they are ultimately accountable for the health and wellbeing of the population they serve. They also include a wide range of stakeholders.	Thank you for your comment. This has been added to the scope.
57	SH	Dudley Metropolitan Borough Council – Office of Public Health	1	18	Can we be more explicit about people within the community pharmacies i.e. all staff, health champions, delivery drivers etc (all may have opportunity to make every contact count and provide health and wellbeing interventions).	Thank you for your comment. All community pharmacy staff are included in the scope of this work. The guideline committee will specify in the guideline which people within the community pharmacy setting should act on its recommendations if evidence is available to provide this specificity.
58	SH	Dudley	2	49	Please add religious places of worship as another example (such as.....)	Thank you for your comment. 'Places of worship'

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		Metropolitan Borough Council – Office of Public Health			Please insert each new comment in a new row	Please respond to each comment
		Metropolitan Borough Council – Office of Public Health				has been added to the list of settings that will be covered.
59	SH	Dudley Metropolitan Borough Council – Office of Public Health	3	56	The draft scope excludes the setting of online pharmacies. We feel that this should be included within the guideline as increasingly more individuals are using this platform to manage traditional methods of medicine supply and thus this provides an opportunity via a digital platform to provide health and wellbeing interventions. Areas that can be covered by online pharmacies may include lines 64 to 80 – delivered through potential virtual platforms (i.e. live chats).	Thank you for your comment. Taking into account all of the views provided by stakeholders, the decision has been made not to add distance-selling (online) pharmacies to the scope. NICE is aware that distance-selling pharmacies can play a role in promoting health and wellbeing; however, they do not have the same opportunity to provide face to face care as 'bricks and mortar' community pharmacies.
60	SH	Dudley Metropolitan Borough Council – Office of Public Health	5	125	Under key issues and questions, osteoporosis has a mention. We feel NICE should explore the evidence and cost-effectiveness of interventions related to falls prevention through community pharmacy such as services to raise awareness of ill fitted footwear (with replacement of appropriate footwear i.e. slippers).	Thank you for your comment. Falls prevention has been added to the scope.
61	SH	NHS Southern Derbyshire Clinical Commissioning Group	1	26	Should also include in the example GP practice staff and staff working in out of hours services.	Thank you for your comment. The text has been amended to include these examples.
62	SH	NHS Southern Derbyshire Clinical Commissioning Group	3	56	Online pharmacies should be providing this type of information and they should be meeting essential services and this is an essential service. They could provide information on their website.	Thank you for your comment. Taking into account all of the views provided by stakeholders, the decision has been made not to add distance-selling (online) pharmacies to the scope. NICE is aware that distance-selling pharmacies can play a role in promoting health and wellbeing; however, they do not have the same opportunity to provide face to face care as 'bricks and mortar' community pharmacies. committee could make useful recommendations.
63	SH	NHS Southern Derbyshire Clinical Commissioning	5	107	Modern technology could also be utilised eg text messaging key information. Posters and/or digital screens can capture those people who are not regular users of the pharmacy or attend their GP practice regularly.	Thank you for your comment. This has been added to the scope.

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					Please insert each new comment in a new row	Please respond to each comment
64	SH	NHS Southern Derbyshire Clinical Commissioning Group	5	110	Would there be any funding provided for self-help material or would pharmacies be expected to pay for any resources? Signposting to websites may be more cost-effective.	Thank you for your comment. Funding for materials is outside of NICE's remit.
65	SH	NHS Southern Derbyshire Clinical Commissioning Group	5	113	Any advice and support provided would need to be measurable, pharmacies would need to be able to capture the data in some way to be able to share it widely.	Thank you for your comment.
66	SH	NHS Southern Derbyshire Clinical Commissioning Group	5	128	This is part of the core contract for pharmacies, one of their essential services. There should be clear and up to date referral pathways when signposting to other services and support to ensure they are appropriate.	Thank you for your comment.
67	SH	NHS Southern Derbyshire Clinical Commissioning Group	5	131	The level of support provided to the patient will differ depending on who is providing the support. Each pharmacy should have a training matrix and core competencies should be included in this. Clear information on what is expected should be provided in the guidance.	Thank you for your comment. The guideline committee will make their recommendations based on the available evidence and their experience and expertise.
68	SH	NHS Southern Derbyshire Clinical Commissioning Group	5	134	What resources will be available to pharmacies to enable them to deliver interventions in different ways depending on the people they are delivering them to?	Thank you for your comment. The guideline committee will take into account the availability of resources where evidence is available to do so.
69	SH	NHS Southern Derbyshire Clinical Commissioning Group	6	143	How will these outcomes be measured and quantified? Will the outcomes show the benefit of using community pharmacy for health and wellbeing interventions?	Thank you for your comment. The guideline committee will look at the outcomes that are reported in published study papers to determine whether they are relevant to the review question.
70	SH	NHS Southern Derbyshire Clinical Commissioning Group	9	225	Any pathways developed will need to be simple, operational and deliverable.	Thank you for your comment.
71	SH	NHS Southern Derbyshire Clinical	10	245	Could also include "... as well as raise awareness and support self-care".	Thank you for your comment. The wording has been amended.

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		Commissioning Group			Please insert each new comment in a new row	Please respond to each comment
72	SH	NHS Southern Derbyshire Clinical Commissioning Group	General	General	Will there be any extra funding or resources available for community pharmacy or for commissioners to promote health and wellbeing using this guidance? Will community pharmacy be expected to provide extra support over and above what they should be doing as an essential service in the community pharmacy contractual framework?	Thank you for your comment. Funding and resource decisions are outside of NICE's remit. NICE's public health guidelines are not mandatory.
73	SH	NHS Southern Derbyshire Clinical Commissioning Group	General	General	On-line pharmacies have been mentioned and they should be included in some way in the guidance, as all on-line pharmacies should be providing essential services, as long as they are not face to face. People could access signposting information from the on-line pharmacy website and could be able to download patient leaflets to support them. On-line pharmacies should not be completely excluded from this guidance as there are ways they can provide advice and support to people on health and well-being.	Thank you for your comment. Taking into account all of the views provided by stakeholders, the decision has been made not to add distance-selling (online) pharmacies to the scope. NICE is aware that distance-selling pharmacies can play a role in promoting health and wellbeing; however, they do not have the same opportunity to provide face to face care as 'bricks and mortar' community pharmacies.
74	SH	NIHR CLAHRC North Thames	4	131 - 137	In Section 1.5 Key Issues and Questions: Under the sub-questions suggested, the guidance will look at the characteristics of the person delivering the intervention and the medium used to deliver the intervention and its effect on intervention effectiveness. It would also be useful to look at the type of pharmacy it is delivered in (e.g. large chains on the high street vs. independently owned pharmacies) to see if pharmacy size or level of personal investment by the pharmacist affects intervention effectiveness. Pharmacies with more staff, for example, may be able to deliver interventions more effectively because they are less overworked and short on time than pharmacies that are understaffed	Thank you for your comment. This has been added to the scope.
75	SH	NIHR CLAHRC North Thames	6	146 - 160	In Section 1.6 Main Outcomes: It might be useful to try to measure the fidelity of the interventions as well? To see whether the interventions are being delivered as intended and any lack of effect is not due to the inaccurate delivery of the intervention.	Thank you for your comment. The fidelity of the interventions, where reported, will be assessed in the evidence review.
76	SH	PAGB (Proprietary Association of Great Britain)	General	General	Which interventions or forms of practice might result in cost saving recommendations if included in the guideline? Pharmacists are ideally placed and qualified to deliver interventions around support and product advice for people suffering from the symptoms of self-treatable conditions; Research shows that people need reassurance and advice on the normal	Thank you for your comment.

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					<p>Please insert each new comment in a new row</p> <p>duration and red flags of symptoms of self-treatable conditions for which they would otherwise visit the GP or A&E;</p> <p>In 2014, there were 3.7 million visits to A&E for self-treatable conditions at a cost of £290 million to the NHSⁱⁱⁱ</p> <p>There are approximately 57 million GP appointments each year involving self treatable conditions at a cost of £2 billion to the NHS^{iv}</p> <p>Empowering people to self care for their self-treatable conditions promotes health and wellbeing; it will also ensure a more appropriate use of NHS resources, allowing efficiencies to be reinvested.</p>	<p>Please respond to each comment</p>
77	SH	PAGB (Proprietary Association of Great Britain)	General	General	<p>Should online pharmacies be included in this guideline?</p> <p>Yes, online pharmacy interactions act in the same way as face-to-face interactions which means there are also opportunities for support and product advice when it comes to symptoms of self-treatable conditions. The charity, the Self Care Forum, has developed a series of factsheets which provide information about the normal duration of self-treatable conditions and red flag symptoms for which medical attention should be sought. These could be used as an added source of advice and support. http://www.selfcareforum.org/fact-sheets/</p>	<p>Thank you for your comment. Taking into account all of the views provided by stakeholders, the decision has been made not to add distance-selling (online) pharmacies to the scope. NICE is aware that distance-selling pharmacies can play a role in promoting health and wellbeing; however, they do not have the same opportunity to provide face to face care as 'bricks and mortar' community pharmacies.</p>
78	SH	PAGB (Proprietary Association of Great Britain)	General	General	<p>What interventions related to health and wellbeing promotion would be feasible in an online setting?</p> <p>Support for prevention around smoking and obesity can be offered by online pharmacies, related advice can be strengthened during health awareness days and weeks such as No Smoking Day, Self Care Week, Men's Health Week and Ask Your Pharmacist Week.</p> <p>There may also be opportunities for online and face to face interventions to offer advice on the use of food supplements to support health. This is particularly important for vulnerable groups for example the need for Vit D for children, pregnant women, the elderly as well as those with dark skin or whose cultural or religious beliefs mean they have to cover up. There is strong evidence on nutritional shortfalls and this is documented in the National Diet and Nutrition Survey: http://bit.ly/ZGjs8C</p>	<p>Thank you for your comment. Taking into account all of the views provided by stakeholders, the decision has been made not to add distance-selling (online) pharmacies to the scope. NICE is aware that distance-selling pharmacies can play a role in promoting health and wellbeing; however, they do not have the same opportunity to provide face to face care as 'bricks and mortar' community pharmacies.</p>
79	SH	PAGB (Proprietary Association of Great Britain)	3	65	<p>Health awareness days and weeks are excellent opportunities for pharmacies to be proactive in promoting health and wellbeing and engage people in their health.</p>	<p>Thank you for your comment. Health awareness days and weeks in community pharmacy settings will be included in the evidence review for this guideline.</p>

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					Please insert each new comment in a new row	Please respond to each comment
					We suggest that credible, long standing annual initiatives such as Self Care Week, World Antibiotics Week, Men's Health Week etc should be included prior to "including those requested by NHS England."	
80	SH	PAGB (Proprietary Association of Great Britain)	3	67	As well as leaflets and self-help booklets, where relevant pharmacists should also provide advice on appropriate over-the-counter products available to treat an individual's symptoms to support their wellbeing. For example licenced smoking cessation products can help people quit smoking. We suggest "and where appropriate, product advice ..." should follow "Providing information".	Thank you for your comment. Advice on products in a community pharmacy setting is included in the scope.
81	SH	PAGB (Proprietary Association of Great Britain)	3	70	Tools such as Make Every Contact Count (MECC) are excellent initiatives to up-skill pharmacy staff and train them to empower and engage people in their health and wellbeing. The RCGP has produced a free online course for GPs, nurses and pharmacists to conduct self care aware interactions with individuals. A free guide is available to help pharmacy staff navigate the online course and this could be offered in addition to the MECC as a free resource for pharmacy staff. http://bit.ly/294wndE	Thank you for your comment.
82	SH	PAGB (Proprietary Association of Great Britain)	4	84	Promoting health and wellbeing is about empowering people in their health, supporting them to self care when possible. We feel that, where appropriate, pharmacy staff should signpost people to self care. This is particularly true for self-treatable conditions, and offering advice on symptom relief and normal duration of symptoms and red flags will increase people's health knowledge and strengthen their ability to self care. http://www.selfcareforum.org/fact-sheets/	Thank you for your comment. The guideline committee will consider the available evidence on the effectiveness of signposting in a community pharmacy setting and decide whether to recommend its use.
83	SH	PAGB (Proprietary Association of Great Britain)	5	113	Yes, it is effective and cost effective for community pharmacies to refer or signpost people to self care for self-treatable conditions and offer advice on appropriate over-the-counter products. We refer to our answer to Q1 and the Self Care Forum fact sheets. http://www.selfcareforum.org/fact-sheets/ Self care for self treatable conditions should be added to the list of interventions which starts on line 118 and ends on line 127.	Thank you for your comment. The guideline committee will consider the available evidence to determine whether signposting is effective and cost effective in a community pharmacy setting.
84	SH	Parkinson's UK	3	general	In the 'Key areas that will be covered' section you mention specific initiatives that pharmacists should mention which would support health and well-being. Parkinson's UK strongly believe that information on the pre-payment	Thank you for your comments. Pre-payment certificates are an important part of dispensing and disease management, which are outside of the

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					<p>Please insert each new comment in a new row</p> <p>certificate must be given out by pharmacists so that people with long term conditions can work out if this would be a better financial option for them to take up.</p> <p>People with Parkinson's often tell us that they skip pills, or miss doses, due to the cost of medication and their inability to afford it. Missing medication affects the person's health and well-being.</p> <p>Parkinson's UK recommends the scope is amended to reflect this and ensure that pharmacists use every opportunity to promote the pre-payment certificate, so if people living with the condition are under 60 they can spread the cost of their various medications.</p>	<p>Please respond to each comment</p> <p>scope of this guideline.</p>
85	SH	Parkinson's UK	5	111	<p>It is essential that people are offered a variety of formats to access information in a pharmacy setting. Though digital screens might be a cheaper way of disseminating information, someone with Parkinson's may need to re-read the information to remember what it says. It can also be useful providing paper leaflets and guides for people who prefer them, or are not online. This information can be used by carers as well as family members.</p> <p>Parkinson's UK therefore recommends that the scope is amended to encourage pharmacists to make contact with third sector organisations to stock guides on living with the condition and support they can offer. Parkinson's UK provides these free of charge from our website.</p>	<p>Thank you for your comment. The guideline committee will consider equality issues throughout guideline development.</p>
86	SH	Parkinson's UK	5	113	<p>It is essential that community pharmacists coach people on how to manage their condition and medication.</p> <p>Parkinson's UK recommends that self-management should be added to the list of interventions starting on line 118.</p>	<p>Thank you for your comment. Self-care interventions to improve health behaviours are in scope, however, self-care interventions to improve use of medicines are outside of the remit for this guideline provided by the Department of Health.</p>
87	SH	Parkinson's UK	5	128	<p>It is essential that community pharmacists signpost people to other services and support. We would expect a Community Pharmacist to know about specialist organisations who can support individuals with long term conditions.</p> <p>We would therefore recommend the scope is amended to reflect that Community Pharmacists should signpost their customers to third sector organisations who can support them to live positive and independent lives with their specific conditions.</p>	<p>Thank you for your comment. The definition of signposting has been amended to reflect this suggestion.</p>
88	SH	Parkinson's UK	5	136	<p>Parkinson's UK agree that it is important to consider the characteristics of the person receiving information. Many people with Parkinson's may chose not</p>	<p>Thank you for your comment. The guideline committee will consider equality issues throughout</p>

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					Please insert each new comment in a new row to use a computer, or will be unable to use one due to their symptoms. Whereas others with Parkinson's rely heavily on technology. We therefore recommend that the decision about what format information is received, must be discussed and agreed with the patient, and that this should be reflected in the scope guideline.	Please respond to each comment the development of the guideline.
89	SH	Pharmaceutical Services Negotiating Committee (PSNC)	2	34	The equality assessment does not currently explain why online pharmacies have been excluded, just that they have been.	Thank you for your comment. The Equality Impact Assessment form has been updated.
90	SH	Pharmaceutical Services Negotiating Committee (PSNC)	2	44	Community pharmacy services are provided from online pharmacies so a little misleading to say any setting where community pharmacy services are provided.	Thank you for your comment. Distance selling (online) pharmacies have been added to the list of settings that will not be covered.
91	SH	Pharmaceutical Services Negotiating Committee (PSNC)	3	56	We would recommend referring to Distance Selling Pharmacies (DSPs) rather than online pharmacies as distance selling is the terminology used in the regulations and some community pharmacies (bricks and mortar pharmacies) also have an online pharmacy element to their business so the term online pharmacy could cause confusion as to whether these pharmacies should be included or not.	Thank you for your comment. Taking into account all of the views provided by stakeholders, the decision has been made not to add distance-selling (online) pharmacies to the scope. NICE is aware that distance-selling pharmacies can play a role in promoting health and wellbeing; however, they do not have the same opportunity to provide face to face care as 'bricks and mortar' community pharmacies.
92	SH	Pharmaceutical Services Negotiating Committee (PSNC)	3	64	Why are only posters and digital screens being considered for raising awareness of health promotion campaigns? What about other promotional materials such as counter cards, shelf wobblers, leaflets, leaflet dispensers (these are all available for the Public Health England Be Clear on Cancer respiratory campaign) and social media?	Thank you for your comment. These have been added to the scope.
93	SH	Pharmaceutical Services Negotiating Committee (PSNC)	3	78	We wouldn't classify lower back pain as a public health issue.	Thank you for your comment. This has been reworded.
94	SH	Pharmaceutical Services Negotiating Committee	4	81	We wouldn't classify osteoporosis as a public health issue.	Thank you for your comment. The scope has been reworded.

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		(PSNC)			Please insert each new comment in a new row	Please respond to each comment
95	SH	Pharmaceutical Services Negotiating Committee (PSNC)	4	85	Many community pharmacies offer chlamydia testing so it would be better to include '...testing if the pharmacy does not offer this service' or to just not include 'such as services that offer chlamydia testing' in the sentence.	Thank you for your comment. The wording of the scope has been amended.
96	SH	Pharmaceutical Services Negotiating Committee (PSNC)	4	88-89	By not including other medicine or device services in the scope this rules out advice given in Medicines Use Reviews/New Medicine Service where brief advice about a healthier lifestyle may be given and this is specifically recognised in the dataset that is collected for both the services.	Thank you for your comment. The effectiveness of advice on healthy lifestyles provided in a community pharmacy setting during a Medicine Use Review will be included in the evidence review, however, the effectiveness of the Medicine Use Review itself is not in scope.
97	SH	Pharmaceutical Services Negotiating Committee (PSNC)	4	89	The scope states that self-care for disease management will not be included. This reinforces comment number 6 that osteoporosis should not be included as this is self-care advice for disease management.	Thank you for your comment. The scope has been reworded as, for example, physical activity advice for primary prevention of osteoporosis provided in a community pharmacy setting would be in scope.
98	SH	Pharmaceutical Services Negotiating Committee (PSNC)	5	107	Why are only posters and digital screens being considered for raising awareness of health promotion campaigns? What about other promotional materials such as counter cards, shelf wobblers, leaflets, leaflet dispensers (these are all available for the Public Health England Be Clear on Cancer respiratory campaign) and social media?	Thank you for your comment. These have been added to the scope.
99	SH	Pharmaceutical Services Negotiating Committee (PSNC)	5	128-129	We are not sure of the value of this question as whatever the outcome; community pharmacy teams will continue to refer patients to other services or support. This is stated in the General Pharmaceutical Committee - Standards of conduct, ethics and performance , 'Making patients your first concern'.	Thank you for your comment. The wording of this question has been amended.
100	SH	Pharmaceutical Services Negotiating Committee (PSNC)	6	146-150	While we recognise that these measurements are the clinical gold standard, we are unclear how this will be captured, for example, from a patient viewing a digital screen in a community pharmacy.	Thank you for your comment. The evidence review will include any outcomes from the list in the scope if they are reported by a study. It is not expected that all studies will report on all outcomes and studies can be included if they report on outcomes other than clinical outcomes.
101	SH	Pharmaceutical Services Negotiating Committee (PSNC)	9	232-233	Should be 'The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013'.	Thank you for your comment. The wording has been amended.
102	SH	Pharmaceutical	10	239-241	We think this is the wrong reference as we can't find these stats in General	Thank you for your comment. The reference has

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		Services Negotiating Committee (PSNC)			Please insert each new comment in a new row Pharmaceutical Services in England – 2005/06 to 2014/15 . We think the reference should be Prescriptions Dispensed in the Community, Statistics for England 2004-2014	Please respond to each comment been amended.
103	SH	Pharmaceutical Services Negotiating Committee (PSNC)	10	250-251	It is not the Pharmaceutical Services Negotiating Committee's Community Pharmacy Contractual Framework; it is the NHS Community Pharmacy Contractual Framework which is negotiated between the Department of Health/NHS England and PSNC.	Thank you for your comment. The wording has been amended.
104	SH	Pharmaceutical Services Negotiating Committee (PSNC)	10	252-253	We recommend stating the names of the Essential Services as it is not clear in the scope which Essential Services are being referred to.	Thank you for your comment. The wording has been amended.
105	SH	Pharmaceutical Services Negotiating Committee (PSNC)	10	254-255	Community pharmacies are contractually obliged to participate in up to six public health campaigns therefore recommend changing 'can' to 'must'.	Thank you for your comment. The wording has been amended.
106	SH	Pharmaceutical Services Negotiating Committee (PSNC)	11	277-278	Local government do not commission through the community pharmacy contract. Only NHS England can commission services through the Community Pharmacy Contractual Framework. ('Community pharmacy contract' should be changed to 'Community Pharmacy Contractual Framework'). The Which commissioner? page on the Pharmaceutical Services Negotiating Committee website provides further information on commissioning of services.	Thank you for your comment. The wording has been amended.
107	SH	Pharmaceutical Services Negotiating Committee (PSNC)	11	279	There is no mention of Clinical Commissioning Groups who commission a high number of services in community pharmacies.	Thank you for your comment. This has been added to the scope.
108	SH	Pharmaceutical Services Negotiating Committee (PSNC)	General	General	1. Which interventions or forms of practice might result in cost saving recommendations if included in the guideline? We believe many community pharmacy health and wellbeing services can support long-term cost savings, prompting and supporting behaviour change in patients and we would expect the literature review carried out as part of this process to identify these.	Thank you for your comment. Any economic evidence for health and wellbeing services in the community pharmacy setting will be identified in the evidence review for the guideline.
109	SH	Pharmaceutical Services	General	General	2. Should online pharmacies be included in this guideline? Yes, we believe online (distance selling) pharmacies should be included in	Thank you for your comment. Taking into account all of the views provided by stakeholders, the

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		Negotiating Committee (PSNC)			Please insert each new comment in a new row the guideline.	Please respond to each comment
110	SH	Pharmaceutical Services Negotiating Committee (PSNC)	General	General	3. What interventions related to health and wellbeing promotion would be feasible in an online setting? Examples could include newsletters, information on the pharmacy's website, flyers that are posted out with patients' medicines and social media. We would recommend engaging with distance selling pharmacy contractors to obtain their opinions on how they do or could engage.	decision has been made not to add distance-selling (online) pharmacies to the scope. NICE is aware that distance-selling pharmacies can play a role in promoting health and wellbeing; however, they do not have the same opportunity to provide face to face care as 'bricks and mortar' community pharmacies. Thank you for your comment. Taking into account all of the views provided by stakeholders, the decision has been made not to add distance-selling (online) pharmacies to the scope. NICE is aware that distance-selling pharmacies can play a role in promoting health and wellbeing; however, they do not have the same opportunity to provide face to face care as 'bricks and mortar' community pharmacies.
111	SH	Pharmaceutical Services Negotiating Committee (PSNC)	General	General	4. Are there any key studies of online pharmacies delivering health and wellbeing promotion services? We are not aware of any studies.	Thank you for your comment.
112	SH	Pharmacy Voice	general	general	Online pharmacies: The value of this guideline derives from us its focus on community pharmacy; promoting health and wellbeing which we see building on the access opportunity derived from 438 million visits per year i.e. face to face. While we cannot deny that technological solutions may present alternatives online, we think inclusion in this guideline may confuse, or overcomplicate a guideline which has as its foundation the potential for face to face delivery.	Thank you for your comment. Taking into account all of the views provided by stakeholders, the decision has been made not to add distance-selling (online) pharmacies to the scope. NICE is aware that distance-selling pharmacies can play a role in promoting health and wellbeing; however, they do not have the same opportunity to provide face to face care as 'bricks and mortar' community pharmacies.
113	SH	Pharmacy Voice	2	45 - 48	The current wording does not reflect the fact that community pharmacy premises are healthcare settings as well as retail settings, which was reflected in the first draft scope that was discussed at the Scoping Workshop in May 2016. As such, we suggest these points be amended to: <ul style="list-style-type: none"> - "Community pharmacy premises, including those sited in hospitals (which dispense outpatient prescriptions) and larger businesses such as supermarkets - Other healthcare settings, such as general practices, health centres, urgent care centres and hospitals" 	Thank you for your comment. The text in the scope has been amended to make this clearer.

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					Please insert each new comment in a new row	Please respond to each comment
114	SH	Pharmacy Voice	2	49 - 50	We suggest that 'workplaces' is also included as a community setting as this is another location where community pharmacy services are provided.	Thank you for your comment. Workplaces have been added to the list of settings that will be covered.
115	SH	Pharmacy Voice	3	61 - 85	<p>An additional key area that should be included within the scope are screening and risk assessment services (e.g. blood pressure checks, cardiovascular risk assessments, mole checking services) that support the delivery of tailored health and wellbeing activities.</p> <p>We note that the following lines which were included in the draft scope discussed at the Scoping Workshop in May 2016 have been removed and query why this is the case: "Service delivery and organisation to support access to wider services and to support other primary care providers. This included: - Organisational frameworks, such as Healthy Living Pharmacies - Services that complement or support other primary care services, such as NHS Health Checks"</p>	<p>Thank you for your comment. NICE is unable to make recommendations on screening as these are provided by the National Screening Committee. Advice or information given after risk assessments have been taken will be included in the guideline.</p> <p>Attendees at the scoping workshop were asked whether interventions or service delivery and organisation should be prioritised in the guideline. The majority of attendees agreed that interventions should be prioritised over service delivery and organisation in this guideline.</p>
116	SH	Pharmacy Voice	3	85	Chlamydia testing is a service which is provided by some community pharmacies. As such, we would advise using a different signposting example.	Thank you for your comment. The wording of the scope has been amended.
117	SH	Pharmacy Voice	4	87 - 91	<p>All community pharmacy services relate to the promotion of health and wellbeing and therefore we request this line be amended. In addition, we would like for the scope to make clear that some public health services are not covered in this scope as they are covered in other guidelines.</p> <p>Furthermore, we wish to clarify what is considered "self-care for disease management", as in some instances we believe it would be appropriate to include within the scope of the guidelines where it relates to secondary prevention. For example, providing a patient who has recently been diagnosed with type 2 diabetes with behavioural support relating to healthy eating, weight management and physical activity would be considered health and wellbeing support as well as self-care for disease management.</p> <p>We therefore suggest these lines be amended to:</p> <p style="padding-left: 40px;">"Community pharmacy services <i>principally</i> related to treating existing diseases and acute medical conditions, as distinct from health promotion and primary and secondary prevention activities. Community pharmacy services <i>principally</i> related to treating existing diseases and acute medical conditions include the safe dispensing</p>	Thank you for your comment. The wording has been amended in the scope.

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ID	Type	Organisation name	Page no.	Line no.	Comments	Developer's response
					<p>Please insert each new comment in a new row</p> <p>and supply of medicines, other medicines-related or medical device-related services and urgent care.</p> <p>Please note that vaccinations and harm minimisation public health services (e.g. needle & syringe programs) are out of scope in this guideline, as they are covered in separate NICE guidelines. (See NICE guidance that is closely related to this guidance for a list of related NICE guidelines.)”</p>	Please respond to each comment
118	SH	Pharmacy Voice	5	113 - 127	Reflecting the proposed changes in comment 4, we suggest adding screening and risk assessment services (e.g. blood pressure checks, cardiovascular risk assessments, mole checking services) that support the delivery of tailored health and wellbeing activities to this section.	Thank you for your comment. NICE is unable to make recommendations on screening as these are provided by the National Screening Committee. Advice or information given as a result of a risk assessment will be included in the guideline.
119	SH	Pharmacy Voice	5	130 - 139	As the guideline will look at how community pharmacies can promote health and wellbeing, it would be valuable to include a sub-question, such as “What characteristics of the community pharmacy setting affect its accessibility, effectiveness and cost effectiveness.”	Thank you for your comment. This has been added.
120	SH	Pharmacy Voice	6	143 - 160	It would be valuable to include an outcome around secondary prevention impact on the management of long term conditions for reasons outlined in comment 6, e.g. impact on medicines use.	Thank you for your comment. This has been added to the scope.
121	SH	Pharmacy Voice	9	231 - 235	<p>This paragraph gives a very narrow overview of role and services that community pharmacies provide, and is also replicated in lines 236 - 241. We therefore suggest this paragraph be amended to:</p> <p>“As of 31 March 2015, there were 11,674 community pharmacies in England (General Pharmaceutical Services in England – 2005/2006 to 2014/15). Community pharmacy contractors are the most accessible primary care professionals, available without an appointment up to 100 hours a week, including evening and weekends and often when other services are unavailable. Every day, around 1.6 million people visit a community pharmacy for health-related reasons and 96% of the population can access a community pharmacy within 20 minutes on foot or on public transport.(see Department of Health, <i>Pharmacy in England: building on strengths – delivering the future</i>, April 2008)</p> <p>Community pharmacy contractors provide a range of services to the public, including safely dispensing and supplying medicines to the public, medicines optimisation services and public health</p>	Thank you for your comment. The wording has been amended.

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					Please insert each new comment in a new row interventions, which all contribute to the health and wellbeing of the community.”	Please respond to each comment
122	SH	Pharmacy Voice	10	250 - 259	<p>The first two paragraphs in this section implies that pharmacies can sign up to six public health campaigns <i>in addition to</i> the public health service element within the Community Pharmacy Contractual Framework (CPCF). The six public health campaigns are part of the requirements of the CPCF Essential Service 4 <i>Public Health (Promotion of Healthy Lifestyles)</i> (see http://psnc.org.uk/wp-content/uploads/2015/06/CPCF-summary-June-2015.pdf), rather than in addition to the CPCF. Furthermore, the CPCF is negotiated by the Pharmaceutical Services Negotiating Committee (PSNC), rather than belonging to the PSNC.</p> <p>The third paragraph regarding the Healthy Living Pharmacy framework implies that only pharmacies accredited via this framework are able to be commissioned, which is not the case.</p> <p>The majority of public health services, known as Enhanced and Locally Commissioned Services, are commissioned by local authorities, NHS England Area Teams and Clinical Commissioning Groups (see NHS Confederation, <i>Health on the high street: rethinking the role of community pharmacy</i>, 2013)</p> <p>We therefore suggest this section be reworded.</p>	Thank you for your comment. The wording in the scope has been amended.
123	SH	Pharmacy Voice	11	274 - 278	<p>The sentence “The Community Pharmacy Contractual Framework and Healthy Living Pharmacy framework describe commissioning arrangements for services to promote health and wellbeing” could be misinterpreted by being grouped together. The CPCF is the basis for national arrangements, known as the ‘pharmacy contract.’ The Healthy Living Pharmacy framework is a tiered commissioning framework which supports local commissioning and is aimed at achieving consistent delivery, implemented by local authorities, community pharmacies, or both.</p> <p>The sentence “Most community pharmacy services are commissioned by NHS England and local government through the community pharmacy contract” is not technically correct. While the majority of community pharmacy services are commissioned nationally via the CPCF, Enhanced and Locally Commissioned are commissioned outside of the CPCF (see comment 11).</p> <p>We therefore suggest the wording around the Healthy Living Pharmacy</p>	Thank you for your comment. The wording has been amended.

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					Please insert each new comment in a new row Framework be moved into a separate paragraph, after line 278 and the rest of the paragraph be reworded.	Please respond to each comment
124	SH	PHE	1	20	Add Local Pharmaceutical Committees and pharmacy organisations	Thank you for your comment. This has been added to the scope.
125	SH	PHE	2	48	States that the scope will include community pharmacy services where they are provided and one example given is hospitals. Line 53 says hospital pharmacies are out of scope. It should say hospital pharmacies that are registered with the General Pharmaceutical Council as providing NHS pharmaceutical services in line 48.	Thank you for your comment. The text has been amended to clarify that hospital pharmacies dispensing for inpatients and outpatients that do not operate as a community pharmacy are not covered.
126	SH	PHE	3	56	Replace online pharmacies', with distance selling pharmacies. Distance selling pharmacies are required to provide the essential services component of NHS. Pharmaceutical services including signposting, prescription-linked healthy lifestyle advice. So it is probably appropriate to include distance selling pharmacies	Thank you for your comment. Taking into account all of the views provided by stakeholders, the decision has been made not to add distance-selling (online) pharmacies to the scope. NICE is aware that distance-selling pharmacies can play a role in promoting health and wellbeing; however, they do not have the same opportunity to provide face to face care as 'bricks and mortar' community pharmacies.
127	SH	PHE	3	56	We should add that dispensing doctors and appliance contractors are not included.	Thank you for your comment. The wording of the scope has been amended.
128	SH	PHE	3	71	A consensus statement has been developed and cascaded widely about making every contact count.	Thank you for your comment.
129	SH	PHE	3	80	Add, or physical activity in green spaces.	Thank you for your comment. The scope has been amended.
130	SH	PHE	3	63	Measure whether Healthy Living Pharmacies are delivering more public health services and whether the outputs/outcomes from HLPs are better than pharmacies that are not HLPs.	Thank you for your comment. Unfortunately NICE is unable to consider all aspects of community pharmacy in the proposed guideline. At a workshop for stakeholders where the scope was discussed, there was a strong preference for focusing on which interventions are effective and cost effective, rather than organisation and structure of community pharmacy services. Therefore the decision was made not to include a comparison of Healthy Living Pharmacies with other pharmacies for the current guideline. However, studies of interventions provided in Healthy Living Pharmacies will be included in the guideline, and may be compared to non-Healthy Living Pharmacies as part of a subgroup analysis, if enough evidence is available.

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					Please insert each new comment in a new row	Please respond to each comment
131	SH	PHE	3	70	This section could be expanded to include an opportunity to encourage staff within this setting to train as 'health champions'	Thank you for your comment. The key review questions in the scope have been amended to include a sub-question on whether the characteristics of the person delivering the intervention in a community pharmacy setting (such as being a Health Champion) affect the effectiveness and cost effectiveness of the intervention.
132	SH	PHE	3	72	in addition to the Yorks&Humber reference, signposting to the MECC HEE&PHE documentation should be considered, https://www.gov.uk/government/publications/making-every-contact-count-mecc-practical-resources	Thank you for your comment. This reference has been added to the scope.
133	SH	PHE	3	61	Key areas to be covered To add: Case finding and risk assessment for older people at risk of falls Rationale: NICE CG161 states that older people in contact with healthcare professionals should be asked routinely whether they have fallen in the past year and asked about the frequency, context and characteristics of the fall/s. It also states older people who present for medical attention because of a fall, or report recurrent falls in the past year, or demonstrate abnormalities of gait and/or balance should be offered a multifactorial falls risk assessment.	Thank you for your comment. Falls prevention interventions have been added to the scope.
134	SH	PHE	3	66	Suggest that Public Health England social marketing campaigns – Change4Life and One You, are also promoted.	Thank you for your comment. Studies of Change4Life and One You in a community pharmacy setting will be included in the evidence review if they meet the inclusion criteria of the review. Campaigns from NHS England are mandatory for community pharmacies, which is why they are highlighted in the scope.
135	SH	PHE	3	69	The most up to date Change4Life resources and the 2016 updated version of the Eatwell Guide alongside NHS choices information should be used to support people to adopt healthier dietary behaviours.	Thank you for your comment. Studies of Change4Life resources and the Eatwell Guide provided in a community pharmacy setting will be included in the evidence review.
136	SH	PHE	3	77	PHE would advise that Community Pharmacists consider the Association for Nutrition's support for the wider workforce who provide nutrition advice. The AfN workforce competency framework recognises that the wider nutrition workforce, including community pharmacists have a key role to play in improving public health and that everyone within it should be competent in their ability to deliver evidence based nutrition advice. http://www.associationfornutrition.org/default.aspx?tabid=213	Thank you for your comment. Relevant studies of interventions on nutrition advice in a community pharmacy setting will be included in the evidence review.
137	SH	PHE	3	77 (also	In relation to weight management approaches, NICE will wish to consider the	Thank you for your comment. The Brown et al. 2016

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				relevant to q1-4 line 130-139)	Please insert each new comment in a new row systematic review published by Brown et al 2016. This research investigated pharmacy based weight-loss interventions compared with other active interventions. In the short term (up to 6 months) pharmacy based approaches achieved weight loss outcomes comparable with primary care and commercial approaches. Some analysis is presented on cost-effectiveness. PHE have not made any assessment of this research. http://www.ncbi.nlm.nih.gov/pubmed/26962603	Please respond to each comment systematic review will be considered for inclusion in the evidence review for the guideline.
138	SH	PHE	3	77	PHE also worked with the RCGP to create a e-learning module that included advice on starting conversations on weight management with patients that may be a useful resource for pharmacists. http://elearning.rcgp.org.uk/course/info.php?id=147&popup=0	Thank you for your comment. Relevant studies of interventions on weight management in a community pharmacy setting will be included in the evidence review.
139	SH	PHE	3	77	In line with existing NICE guidance multi-component advice should be provided on weight management.	Thank you for your comment. The guideline committee will use the available evidence to recommend how advice on weight management should be provided.
140	SH	PHE	3	62	As this includes 'wellbeing' advice then the scope needs to be much wider than lifestyle behaviours. Increasing social networks/ reducing social isolation being a significant determinant. Also expanding the mental wellbeing section and social prescribing as below.	Thank you for your comment. This detail will be added to the protocol for the evidence review.
141	SH	PHE	3	80	Would also add stress management, mental health promotion brief intervention frameworks such as the Five Ways to Wellbeing and also consider brief interventions that support people in distress and intervene early – evidence on suicide prevention training.	Thank you for your comment. NICE is developing a separate public health guideline on suicide prevention.
142	SH	PHE	3	64	Should this include health promotion campaigns from Public Health England?	Thank you for your comment. Studies of health promotion campaigns from Public Health England will be included in the evidence review. Campaigns from NHS England are mandatory for community pharmacies, which is why they are highlighted in the scope.
143	SH	PHE	3	68	Tools such as "scratch cards" are useful and fun ways of helping with identification of customers drinking above lower-risk levels and providing them with written information to supplement any advice offered by the pharmacy team.	Thank you for your comment. Information on e.g. alcohol use in a community pharmacy setting is included in the scope.
144	SH	PHE	4	84	Definition of signposting should be , " the provision of information to people visiting the pharmacy, who require further support, advice or treatment which cannot be provided by the pharmacy, on other health and social care providers or support organisations who may be able to assist the person. Where appropriate, this may take the form of a referral.	Thank you for your comment. The wording has been amended.
145	SH	PHE	4	87	Where do drug misuse services fall – health and wellbeing of treating	Thank you for your comment. Drug misuse has

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					Please insert each new comment in a new row disease etc? Are they in scope or out? They should be in	Please respond to each comment been added to the scope for this guideline.
146	SH	PHE	4	83	Add a further bullet –“opportunistic blood pressure testing	Thank you for your comment. Studies of information and/or advice offered in a community pharmacy setting during or as a result of opportunistic blood pressure testing will be included in the evidence review.
147	SH	PHE	4	87	Areas that will not be covered section: The scope highlights self-care as not being part of promoting health and wellbeing – PHE would stress that promoting and facilitating self-care is part of promoting health and wellbeing and should be part of the scope (currently listed in the exclusions).	Thank you for your comment. Self-care interventions to improve health behaviours are in scope, however, self-care interventions to improve use of medicines are outside of the remit for this guideline received from the Department of Health.
148	SH	PHE	4	84 & 131	Suggest that community pharmacists are made aware of the nutrition professionals' differences and similarities when signposting the community with regards nutrition advice. The guidance should ensure that staff working in community pharmacies only signpost to registered nutritionists and registered dietitians. http://www.associationfornutrition.org/Portals/0/Public/Study/Nutrition%20Professions%20Comparison%20Summary%20for%20Website.pdf The Association for Nutrition holds a register of registered nutritionists which is searchable by location. http://www.associationfornutrition.org/default.aspx?tabid=92 The following NHS Choices page may also be of assistance:	Thank you for your comment. This guideline will consider the effectiveness of referral and signposting but will not be able to review the effectiveness of services that are used as the result of signposting as this is outside of the scope of the guideline. However, the committee may recommend particular services (such as those suggested here) that should be referred to based on their experience and expertise.
149	SH	PHE	4	85	Would want to see social prescribing in here and referral to services that address the social determinants of health - the causes of behaviours - not just referral to healthcare services. E.g. debt management, domestic violence helplines, housing support, befriending.	Thank you for your comment. Social prescribing in a community pharmacy setting is included in the scope under signposting. The review protocols will include more detail and will specify the inclusion of studies of social prescribing in a community pharmacy setting.
150	SH	PHE	4	83	In the context of MECC, this should relate to Very Brief Advice (VBA) on Smoking initially (NICE PH1) with referral to a trained specialist for evidence based behavioural support. All members of the pharmacy team can be involved in delivering VBA, but the scope should make clear that only those trained to the required standard should be delivering stop smoking interventions, which could have separate line of its own. If a trained practitioner is not available within the pharmacy then a smoker should be referred to another setting/practitioner where this is available.	Thank you for your comment. The guideline committee will consider the evidence for whether the effectiveness and cost effectiveness of an intervention is affected by the characteristics of the person delivering the intervention.
151	SH	PHE	5	112	Just having leaflets is known not to be cost effective. It should say use of leaflets and discussing the contents of the booklet and giving advice?	Thank you for your comment. Evidence on using leaflets, discussing the contents of the booklet and giving advice in a community pharmacy setting will

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						be included in the evidence review, if available. The guideline committee will consider the available evidence to make their recommendations.
152	SH	PHE	5	120	Add, "Or referring early to a GP for symptoms such as coughing for 3 weeks or more or blood in urine"	Thank you for your comment. Referral is included in the 'key areas that will be covered'.
153	SH	PHE	5	124	Add, or physical activity in green spaces	Thank you for your comment. This wording has been added.
154	SH	PHE	5	126	Add, "emergency hormonal contraception and chlamydia screening and treatment	Thank you for your comment. Emergency hormonal contraception has been added to the example in the scope. The list in the scope is not exhaustive – chlamydia testing will be added to the review protocol instead.
155	SH	PHE	5	132	Add, e.g. health champion after , job role and competencies	Thank you for your comment. The wording has been amended.
156	SH	PHE	5	128	Key issues and questions:Is it effective and cost effective for community pharmacies to refer or signpost people to other services or support?It would be helpful if this question can be explored broadly, to include a variety of methods, for example text messaging and electronic referrals for signposting	Thank you for your comment. The wording in the scope has been amended.
157	SH	PHE	5	136	PHE has worked with the Men's Health Forum to provide guidance on making weight management advice and services work for men. Language and types of foods depicted in advice should be appropriate for communities with different cultural backgrounds. https://www.menshealthforum.org.uk/best-practice-weight-loss-programmes	Thank you for your comment. The guideline committee will consider equality issues throughout the development of the guideline.
158	SH	PHE	5	108	Should this include health promotion campaigns form Public Health England?	Thank you for your comment. Evidence on health promotion campaigns from Public Health England in a community pharmacy setting will be included if there is appropriate evidence available for the committee to consider in making its recommendations. The NHS England campaigns are highlighted here because they are mandatory for community pharmacies to take part in.
159	SH	PHE	5	127	Similar to line 83, this aspect of the scope should also initially consider Very Brief Advice on Smoking (NICE PH1) and the effectiveness and cost effectiveness of this, with referral to an appropriately trained stop smoking practitioner if required. Members of the pharmacy team can deliver behavioural support for smoking cessation, but only if trained to the required standard and as part of a Local Stop Smoking Service to ensure this is in line with other local services and for support, guidance and good governance. The effectiveness (and cost effectiveness) of these two interventions will be	Thank you for your comment. The effectiveness of different interventions related to smoking cessation in a community pharmacy setting will be included in the evidence review for this guideline where available.

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					Please insert each new comment in a new row different – VBA is related to asking about smoking, advising that the best way to quit is with a combination of medication and support, followed by a referral or signposting to specialist service or practitioner – this takes around 30 seconds. Whereas the delivery of behavioural interventions for smoking cessation involves multiple sessions, delivered over a number of weeks, utilising specific behaviour change techniques and requires specific knowledge and skills. The difference between these two interventions should be considered when assessing the opportunities related to smoking in the pharmacy setting and it suggested that they are set out and assessed separately.	Please respond to each comment
160	SH	PHE	5	118	Research has confirmed the “efficacy” of providing alcohol brief advice in pharmacy. It is feasible to offer this advice in pharmacy and it is acceptable to both staff and customers. But the one “effectiveness” study to date in England concluded: “A brief intervention delivered by community pharmacists appears to have had no effect in reducing hazardous or harmful alcohol consumption.” http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4765086/ This is only one study and needs to be repeated to confirm these results. Community pharmacy remains a popular setting to offer alcohol brief advice and this should continue until further research confirms that this is not an effective setting for this activity.	Thank you for your comment. The guideline committee will consider all of the available evidence during guideline development. The committee will take into account the experience of its members and uncertainty in the evidence when making its recommendations.
161	SH	PHE	5	115 & 138	“The successful “Have a Word” programme in Wales, which has recently been piloted in England has refined Making Every Contact Count into Making Every RELEVANT Contact Count. It may prove more effective for community pharmacy to offer alcohol advice at relevant opportunities such as:	Thank you for your comment. The guideline committee will make their recommendations based on the available evidence and their experience and expertise.
162	SH	PHE	6	130-139	PHE strongly suggest that any guidance developed around weight management approaches in pharmacy settings, takes consideration of and is aligned with that of existing and relevant NICE guidance. The latter is particularly important in relation to care and advice relating to the VCLDs. National Institute for Health and Clinical Excellence. 2014. Managing overweight and obesity in adults – lifestyle weight management services. http://www.nice.org.uk/guidance/ph53 CG 189: Obesity: identification, assessment and management https://www.nice.org.uk/guidance/cg189?unlid=252110165201622123457	Thank you for your comment.
163	SH	PHE	7	174	reference is made to the dementia guidelines but there is no explicit reference for pharmacy staff to be trained as dementia friends / encourage community pharmacies to be dementia friendly environments.	Thank you for your comment. The evidence review will include studies of relevant interventions related to dementia in a community pharmacy setting. This could include studies of dementia friends and dementia friendly environments, if the evidence is

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164	SH	PHE	7	178	Similar comment to the above regarding 'Needle and syringe programmes', which is also mentioned in the guidance list. It is unclear whether NSP is to be included in the scope but is certainly "related to promoting health and wellbeing".	Thank you for your comment. Drug misuse has been added to the scope.
165	SH	PHE	7	172	The 'Obesity: working with local communities Public health guideline (2012) nice.org.uk/guidance/ph42 is also related to this guideline NICE will wish to consider referring to the guidance on Preventing excess weight gain https://www.nice.org.uk/guidance/ng7	Thank you for your comment. The scope has been amended.
166	SH	PHE	9	231-232	Community pharmacies do more than dispense medicines. They are required to provide all the essential services within the community pharmacy contractual framework, the majority of the 11,500 CPs provided medicine use review services and the new medicines service, they also engage in commissioned services	Thank you for your comment. The wording in the scope has been amended.
167	SH	PHE	10	251	This suggests that the CPCF is the PSNC's. That is not the case. NHS Pharmaceutical services are commissioned by NHS England and DH and nHS England negotiate the terms of the CPCF with the PSNC. The PSNC is The Pharmaceutical Services Negotiating Committee (PSNC) is the body recognised under Section 165(1)(a) of the NHS Act 2006 as representing all community pharmacies providing NHS pharmaceutical services in England on changes to the community pharmacy contractual framework. This might also be helpful The community pharmacy contractual framework (CPCF) is a negotiated agreement between NHS England and the Pharmaceutical Services Negotiating Committee (PSNC) which represents community pharmacy contractors.	Thank you for your comment. The wording has been amended.
168	SH	PHE	10	257	A profession-led self-assessment process for level 1 HLPs will be taken forward in the next few months. Level 2 and 3 will still be commissioner led	Thank you for your comment.
169	SH	PHE	10	238	Please change to, "the net ingredient cost of prescriptions dispensed in the community was £8.9 billion	Thank you for your comment. The wording has been amended.
170	SH	PHE	10	244	Please add after help, "improve health, reduce health inequalities, "	Thank you for your comment. The wording has been amended.
171	SH	PHE	10	247	Please add, "respiratory diseases e.g. chronic obstructive pulmonary disease	Thank you for your comment. This has been added to the scope.
172	SH	PHE		254	Pharmacies are expected to participate in public health campaigns, as this is an essential service, to be provided by all community pharmacies?	Thank you for your comment. This change has been made.
173	SH	PHE	10	258	The statement is not quite right. It should say something like, trained health champions in over 2100 Healthy Living Pharmacies are opportunistically	Thank you for your comment. The wording has been amended.

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					Please insert each new comment in a new row	Please respond to each comment
					reaching out to the community of improve people's health. HLPs are also commissioned by Local Authorities to deliver public health services.	
174	SH	PHE	11	274	Healthy Living Pharmacies are not part of the community pharmacy Contractual Framework.	Thank you for your comment. The wording has been amended.
175	SH	PHE	11	277-278	The statement is not quite right. NHS England commissions NHS Pharmaceutical Services. Local Authorities commission many public health services and have a separate LA contract with their own governance arrangements. Services commissioned by LAs are not part of NHS Pharmaceutical Services i.e. they are not part of the community pharmacy contractual framework.	Thank you for your comment. The wording has been amended.
176	SH	PHE	5 & 6	131-139	Supplementary questions section: It would also be useful to also ask: How does the setting affect the effectiveness of an intervention? For example, is there a difference in efficacy of interventions conducted within a consultation room compared to those at the pharmacy counter	Thank you for your comment. This has been added to the sub-question 'How does the way the intervention is delivered affect its effectiveness and cost-effectiveness?'
177	SH	PHE	5 & 6	131-139	Supplementary questions section: It would also be useful to ask: Are the interventions structured in a way to be comprehensible to all users of community pharmacy services? Could the use of training in health literacy approaches for pharmacy staff improve the levels of understanding amongst community pharmacy users?	Thank you for your comment. The effectiveness and acceptability of the interventions will be assessed in the existing review questions. NICE has existing guidance on patient experience in adult NHS services that includes recommendations on communicating health information to service users.
178	SH	PHE	3 & 5	74 & 118	The draft scope could extend the alcohol examples to "alcohol and drug use". Drug misuse is included in the list of closely related guidance although it is unclear whether this means it is covered elsewhere and not needing to be in this scope.	Thank you for your comment. Drug misuse has been added to the scope.
179	SH	PHE	General	General	We advise for references to the Making Every Contact Count (MECC) approach throughout the scope to be updated to reflect recent work of the national MECC advisory group led by Public Health England, Health Education England and NHS England. We suggest replacing the reference '(based on a resource developed by NHS Humber and Yorkshire)' as this work has been superseded by the MECC advisory group's work. Details of this work and the resources available can be found via: https://www.gov.uk/government/publications/making-every-contact-count-mecc-practical-resources The website link used within the scope of http://www.makeeverycontactcount.co.uk/ is still viable as this is currently being updated by the MECC advisory group to reflect the new work. Launch due in autumn 2016.	Thank you for your comment. This change has been made to the scope.

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180	SH	PHE	General	General	Please insert each new comment in a new row We would ask for the effectiveness of early diagnosis through community pharmacies – for example – doing POCT cholesterol checks or BP checks etc. to be added to the scope.	Please respond to each comment Thank you for your comment. POCT cholesterol checks and blood pressure checks are not interventions that directly promote health and wellbeing. Studies of information and advice provided during or as a result of these checks will be included in the evidence review.
181	SH	PHE	General	General	We would ask for the effectiveness of assessing overall CVD risk (like the NHS Health Check does) and subsequent IBA in community pharmacy to be considered as part of the scope.	Thank you for your comment. Assessing overall CVD risk is not an intervention that directly promotes health and wellbeing. Studies of information and advice provided during or as a result of assessing CVD risk will be included in the evidence review.
182	SH	Royal College of General Practitioners	General	General	The RCGP would overall welcome this guideline– promoting the strengths of community pharmacy and encouraging partnership with general practices. However we have some comments to make: The RCGP feels that these methods of health promotion may be controversial in Primary Care. The overall evidence for general practitioners' activities in such areas may show sometimes a lack of effectiveness. It would be welcomed to have some evidence about pharmacies performing better than GPs. Considering the different methods: <ul style="list-style-type: none"> • TV screens & posters. Is there any evidence that patients read such information, and if they do whether they act in it? Posters in GPs' waiting rooms are generally ignored, and the same seemed to apply to the TV screen in some practices. • Leaflets. It may work for pharmacies if the message is clear enough to add value. There may be scope for offering leaflets to back up advice linked to whatever the problem is for which patients are collecting medication. • Advice. It would be ideal to encourage pharmacists to learn to give good advice, pharmacies are often more accessible and available without appointment for people who have problems with GP services e.g. not registered, homeless. Often the consultation is anonymous which some people prefer when asking about sensitive areas e.g. sexually transmitted diseases. However they may not have capacity as they are fully occupied doing dispensing and advising about the prescribed drugs; and they do not always have access to consulting space. 	Thank you for your comment. The guideline committee will consider all of the available evidence to determine whether TV screens, posters, leaflets and advice are effective and cost effective in a community pharmacy setting. The impact of the characteristics of the person delivering the intervention in a community pharmacy setting, such as their job role, will also be considered by the guideline committee.

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ID	Type	Organisation name	Page no.	Line no.	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
					<p>The other important point is that any move to encourage pharmacists to give health promotion advice will have opportunity costs. Currently one of pharmacists' crucial roles is to give advice about medication, and it is likely that giving priority to health promotion would detract from it.</p> <p>It is difficult to consider "a prevention consultation" as advice may then be followed by a recommendation e.g. sunblock, anti-histamine, condoms. The Pharmacist is in a marketplace and the business is essentially selling medications and delivering medical scripts. This prevention/ health promotion work is an extra and needs to be recognised and paid for.</p> <p>The training of the Pharmacist needs to be considered with some agreed set of knowledge and standards and the appropriate communication skills.</p> <p>It is necessary to have some system of recordkeeping and perhaps formal and written advice to the patient so it is possible to measure the appropriateness, completeness and effectiveness of the advice and to provide an audit trail.</p>	
183	SH	Royal College of General Practitioners	General	General	In addition, the exclusion criteria means that the most concerned issue is not covered: it is not unusual for people to be issued all medicines on repeat, rather than specific items triggered by a patient request. Tackling in-house automated and early re-ordering could support the proposed patient centred health promotion approach and also the funding requirements.	Thank you your comment. At a workshop attended by stakeholders it was made clear to NICE that the guideline should focus on interventions for promoting health and wellbeing in a community pharmacy setting, rather than service delivery and organisation.
184	SH	Royal College of General Practitioners	2	35	One of the perceived main strengths of community pharmacy is in its physical proximity to areas of inequality and deprivation. How to measure this effect is important. This is an example among many where it is difficult to see how an on-line pharmacy could be judged by the same criteria and included in the guideline- perhaps this needs to be stated at the beginning?	Thank you for your comment. Taking into account all of the views provided by stakeholders, the decision has been made not to add distance-selling (online) pharmacies to the scope. NICE is aware that distance-selling pharmacies can play a role in promoting health and wellbeing; however, they do not have the same opportunity to provide face to face care as 'bricks and mortar' community pharmacies.
185	SH	Royal College of General Practitioners	3	61	Does activities include promoting uptake of screening? This would be useful.	Thank you for your comment. NICE is unable to make recommendations on screening as these are provided by the National Screening Committee.
186	SH	Royal College of General	3	78	The range of prevention covered is sensible. The draft includes low back pain and osteoporosis but not osteoarthritis. Non-pharmacological measures	Thank you for your comment. Osteoarthritis in a community pharmacy setting has been added to the

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		Practitioners			Please insert each new comment in a new row may also be promoted here (walking aids, podiatry, physiotherapy). Dental health and foot care need to be included.	Please respond to each comment scope. The list of interventions in the scope is not an exhaustive list.
187	SH	Royal College of General Practitioners	5	122	Managing lower back pain strays in to the realm of managing a minor ailments. Including this would open up more data/evidence but it is appreciated treatment- even of well people with minor ailments- (are these diseases?)- is excluded from this guideline. The line between health promotion and minor ailments management is not clear- especially as most of minor ailment management is offering lifestyle advice rather than giving/selling/prescribing medicines.	Thank you for your comment. The wording in the scope has been amended to clarify this area.
188	SH	Royal College of General Practitioners	10	242	The RCGP feels that those members of the local community who attend pharmacies but do not attend GPs or other healthcare service, are those in most need. That's why it is unlikely that pharmacies can help reduce health inequalities & individual health risks.	Thank you for your comment. The guideline committee will consider equality issues throughout the development of the guideline.
189	SH	Royal College of General Practitioners	10	246	It may be confusing to state that conditions can be prevented. The risks are reduced, but conditions like cardiovascular disease still affects people who have very healthy lives.	Thank you for your comment. The wording has been amended.
190	SH	Royal College of Nursing	General	General	The Royal College of Nursing welcomes proposals to develop these guidelines. The RCN invited members who have interest in community pharmacy matters to review the draft scope on its behalf.	Thank you for your comment.
191	SH	Royal College of Nursing	General	General	The draft scope seems comprehensive.	Thank you for your comment.
192	SH	Royal College of Nursing	Question 1	Question 1	The comments and responses to the questions below, include the views of our members who work in travel health. <i>Which interventions or forms of practice might result in cost saving recommendations if included in the guideline?</i> Community pharmacists have a valuable role to play in providing information to travellers going abroad from the UK. They already provide over the counter medication and advice, including chemoprophylaxis and advice on; malaria prevention/traveller's diarrhoea/sexual health etc. Good advice can prevent travellers becoming ill while abroad or requiring treatment on return. Evidence already shows that travellers often fail to seek advice from their GP pre-travel so the pharmacist can fill that gap.	Thank you for your comment. Evidence for the effectiveness and cost effectiveness of interventions for travellers will be included in the evidence review, if it is identified in the literature.
193	SH	Royal College	Question	Question	<i>Should online pharmacies be included in this guideline?</i>	Thank you for your comment. Taking into account

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		of Nursing	n 2	2	Please insert each new comment in a new row Yes so long as they are trained and competent and can display the Royal Pharmaceutical Society (RPhS) logo for safety.	Please respond to each comment all of the views provided by stakeholders, the decision has been made not to add distance-selling (online) pharmacies to the scope. NICE is aware that distance-selling pharmacies can play a role in promoting health and wellbeing; however, they do not have the same opportunity to provide face to face care as 'bricks and mortar' community pharmacies.
194	SH	Royal College of Nursing	Question 3	Question 3	<i>What interventions related to health and wellbeing promotion would be feasible in an online setting?</i> Advice relevant to the local population (for example with respect to travel advice, identifying a high rate of non UK born populations returning to their home country to visit friends and family (VFRs). Providing links to relevant websites to inform people about common health problems abroad and dealing with risks related to conditions and diseases while overseas e.g. NHS Choices, National Travel Health Network and Centre (NaTHNaC). All of this is good preventative care and will be cost-effective and save the NHS the cost of treating ill returning travellers.	Thank you for your comment. Taking into account all of the views provided by stakeholders, the decision has been made not to add distance-selling (online) pharmacies to the scope. NICE is aware that distance-selling pharmacies can play a role in promoting health and wellbeing; however, they do not have the same opportunity to provide face to face care as 'bricks and mortar' community pharmacies.
195	SH	Royal College of Paediatrics and Child Health	General	General	It would be good if community pharmacies could also have posters on child obesity, strategies to avoid this, and signposting to help for those who wish it.	Thank you for your comment. Interventions on weight management in a community pharmacy setting are covered by the guideline scope. The guideline committee will use all available evidence to make recommendations on which interventions should be used in community pharmacies.
196	SH	Royal College of Paediatrics and Child Health	General	General	It would be essential when we talk about community pharmacies that Looked after children (children in care) are addressed given their vulnerability and how information of their health needs is assessed and addressed. Could this guideline prioritise them when it comes to sexual health and contraception and make it holistic by liaising with Looked after children's health team to ensure compliance?	Thank you for your comment. Looked-after children will be highlighted in the equality impact assessment form for this guideline. The guideline committee will consider all equalities issues when making their recommendations.
197	SH	Royal Pharmaceutical Society	General	General	NHS England have commissioned a review of clinical services provided by community pharmacies and we would like to seek clarity on how these two pieces of work align.	Thank you for your comment. Clinical services are not within the scope of this guideline, which focuses on promoting health and wellbeing in a community pharmacy setting.

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198	SH	Royal Pharmaceutical Society	1	20	We believe that Local Pharmaceutical Committees (LPCs) should be included. LPCs engage locally with commissioners (Local Authorities and NHS England regional teams) on providing health and wellbeing promotional campaigns. Local Professional Networks (NHS England) should also be included.	Thank you for your comment. These have been added to the scope.
199	SH	Royal Pharmaceutical Society	2	Footnote	Community pharmacies are also commissioned to deliver services, not just signpost to them.	Thank you for your comment. The wording has been amended.
200	SH	Royal Pharmaceutical Society	3	53	The RPS believe that pharmacies that are within the hospital setting should be included e.g. Lloyds - they operate as community pharmacy, have an NHS contract but also service the hospital outpatients, homecare, etc.	Thank you for your comment. The draft scope intended to include pharmacies within a hospital setting if they provided community pharmacy services. The text in 'settings that will not be covered' has been amended to clarify this.
201	SH	Royal Pharmaceutical Society	3	56	We agree that online pharmacies should not be covered within this guideline as they cannot provide the same level of public health service and interventions as brick and mortar community pharmacies where you see the person face to face.	Thank you for your comment. Taking into account all of the views provided by stakeholders, the decision has been made not to add distance-selling (online) pharmacies to the scope. NICE is aware that distance-selling pharmacies can play a role in promoting health and wellbeing; however, they do not have the same opportunity to provide face to face care as 'bricks and mortar' community pharmacies.
202	SH	Royal Pharmaceutical Society	3	61 +	<p>Both vaccinations and early detection are not included within the scope of this guidance and the RPS believes that they should be. Both of these are public health roles that pharmacists undertake, the flu vaccination being a nationally commissioned service via the contract, but other vaccinations are also provided in community pharmacies e.g. in travel health. Also, many pharmacists play a critical role in early detection of a number of long term conditions such as diabetes, cancer, dementia, risk of cardiovascular disease through blood pressure monitoring and NHS Health Checks, etc.</p> <p>Pharmacists also play a significant role in supporting people who are drug addicts through substance misuse schemes like needle exchange. These schemes should also be included within the scope of this guidance.</p> <p>Pharmacists also support antimicrobial resistance which is high on both the public health and NHS England agenda, so this role also needs to be included within the scope of this guidance.</p>	Thank you for your comment. Recommendations on vaccinations are provided by other NICE guidelines, such as Flu vaccination – increasing uptake (under development) and Immunisations: reducing differences in uptake in under 19s (PH21). Studies that look at the effectiveness of information and advice provided during a vaccination appointment would be included in the evidence review for this guideline. NICE is unable to make recommendations on screening as these are provided by the National Screening Committee. Drug misuse has been added to the list of example interventions in the scope. Antimicrobial resistance is related to clinical management of disease and is therefore outside of the scope of this guideline.
203	SH	Royal	3	65	Public Health England campaigns should also be explicitly included to	Thank you for your comment. Studies of health

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		Pharmaceutical Society			Please insert each new comment in a new row improve collaboration between themselves and NHS England when engaging with community pharmacies.	Please respond to each comment promotion campaigns from Public Health England in community pharmacy settings will be included in the evidence review. Campaigns from NHS England are mandatory for community pharmacies, which is why they are highlighted in the scope.
204	SH	Royal Pharmaceutical Society	4	85	The RPS believes that the role of the Health Champion and Healthy Living Pharmacies (HLPs) should be reviewed as part of this guidance; we now have over 2100 pharmacies (around 17%) who are accredited as HLPs or working towards HLP status and over 3000 Health Champions.	Thank you for your comment. At the stakeholders workshop it was agreed that the guideline should focus on interventions for promoting health and wellbeing, rather than the organisation of services. Health champions have been added to the scope.
205	SH	Royal Pharmaceutical Society	4	87	Whilst dispensing itself is not a public health role, it does provide huge opportunity to promote public health to individuals when they are coming in to the pharmacy to collect their medicines and we feel that this should be recognised within the scope of the guidance. Promoting health and wellbeing is not just a separate activity but completely integrated into everything pharmacists do, including service delivery	Thank you for your comment. Information and advice related to promoting health and wellbeing that is provided to people in a community pharmacy setting when they come to collect their medicines will be included in the evidence review for this guideline.
206	SH	Royal Pharmaceutical Society	4	89	The RPS believes that self-care should be included within the scope of this guideline as much of the self-care advice provided by community pharmacies is related to public health interventions. Health and wellbeing advice is frequently provided when responding to an OTC request or advising on a minor condition	Thank you for your comment. This guideline is unable to cover all aspects of community pharmacy and will focus on interventions offered as part of essential services 4 and 5. Self-care interventions to improve health behaviours are in scope, however, self-care interventions to improve use of medicines are part of essential service 6 and will not be covered in this guideline. Health and wellbeing advice provided as part of an over the counter request will be included in this guideline.
207	SH	Royal Pharmaceutical Society	4	87	The role of community pharmacists and their teams to provide opportunistic advice, especially when engaging in commissioned services, is important. Provision of health and wellbeing advice is a requirement of the essential services of the Community Pharmacy Contractual Framework for Long Term Conditions and within scope of a Medicines Use Review/New Medicines Service. Vaccination services such as for seasonal flu often require advice and support.	Thank you for your comment. Opportunistic advice on health and wellbeing provided in a community pharmacy setting as part of Medicine Use Reviews or vaccination services will be included in the guideline. Recommendations on vaccinations are provided by other NICE guidelines, such as Immunisations: reducing differences in uptake in under 19s (PH21).. There is a NICE guideline on influenza vaccination in development. Any recommendations for seasonal flu in community pharmacies will be included in that guideline.
208	SH	Royal Pharmaceutical	5	107	We agree that the impact of public health campaigns within community pharmacies should be evaluated but we would like to see whether local	Thank you for your comment. A comparison of local and national schemes in a community pharmacy

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		Society			<p>Please insert each new comment in a new row</p> <p>schemes or national schemes are more effective i.e. if all community pharmacies are promoting the same campaign across the country is this more effective than promoting different campaigns in different areas? Scotland runs national public health campaigns for example, where all pharmacies provide the same campaign at the same time.</p> <p>When looking at effectiveness this should be based on clinical effectiveness.</p>	<p>Please respond to each comment</p> <p>setting will be included in the evidence review, if evidence is available. Clinical effectiveness will be reported where appropriate and this is reflected in the clinical outcomes listed in the scope.</p>
209	SH	Royal Society for Public Health	General	General	<p>In providing guidelines to encourage good practice, the RSPH feels that it is important to include recommendations on the appropriate level of training for undertaking health promoting interventions and also, provide an overview of the types of training that may be appropriate.</p>	<p>Thank you for your comment. The guideline will consider the impact of the characteristics of the person delivering the intervention, such as their job role, on the effectiveness and cost effectiveness of the intervention in a community pharmacy setting. If relevant evidence is available, training may be included in the implementation section of the guideline.</p>
210	SH	Royal Society for Public Health	General	General	<p>An upcoming report by the RSPH and PHE explores some of the issues experienced by community pharmacy, including for example issues relating to pharmacy team capacity and lack of public awareness.</p> <p>It may therefore also be useful for the guidance to include recommendations on overcoming some of these issues – for example, by using online training where capacity is an issue or effective marketing strategies to increase awareness and uptake of pharmacy services.</p>	<p>Thank you for your comment. The guideline committee will look at the available evidence and their expertise and experience to draft recommendations.</p>
211	SH	Royal Society for Public Health	General	General	<p>Individuals are increasingly going online for support on health and wellbeing; this trend has been reflected in the growth of online pharmacies. To ensure that health messages reach as widely as possible, it is important that pharmacy-based health promotion activity is not limited to pharmacies in the community.</p> <p>Instead, we must seek to utilise the many opportunities for health promoting interventions via online pharmacy, such as prescription-linked brief advice pop-ups, health promoting adverts, health questionnaires or links to other campaigns, such as PHE's One You health quiz. It is therefore important for the guidelines to include consideration of online pharmacy.</p>	<p>Thank you for your comment. Taking into account all of the views provided by stakeholders, the decision has been made not to add distance-selling (online) pharmacies to the scope. NICE is aware that distance-selling pharmacies can play a role in promoting health and wellbeing; however, they do not have the same opportunity to provide face to face care as 'bricks and mortar' community pharmacies.</p>
212	SH	Royal Society for Public Health	3	63	<p>Many community pharmacies are hugely pro-active in running their own health promoting campaigns, separate to those requested by NHS England. These activities often include pharmacy-based events or pharmacy-run local groups.</p>	<p>Thank you for your comment. Health promoting campaigns run by community pharmacies separately to those requested by NHS England will be included in the evidence review, where there is available evidence. Health champions have been</p>

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					Please insert each new comment in a new row It is important for the guidance to reflect the wide range of activities that take place in community pharmacies and also, for the guidance to acknowledge the particular role of pharmacy 'health champions'. We therefore feel that these should feature in the listed 'key areas'.	Please respond to each comment added to the scope.
213	SH	Royal Society for Public Health	3	73	The list of interventions could also include – support on substance misuse, screening and NHS health checks.	Thank you for your comment. Substance misuse has been added to the scope. NICE guidelines are unable to recommend screening as the National Screening Committee make recommendations in this area. Studies of advice or information given in a community pharmacy setting as part of an NHS health check (or as a result of an NHS health check) will be included in the evidence review for this guideline.
214	SH	Royal Society for Public Health	5	117	As above.	Thank you for your comment. Substance misuse has been added to the scope. NICE guidelines are unable to recommend screening as the National Screening Committee make recommendations in this area. Studies of advice or information given in a community pharmacy setting as part of an NHS health check (or as a result of an NHS health check) will be included in the evidence review for this guideline.
215	SH	Royal Society for Public Health	5/6	131	In assessing the variable effectiveness of pharmacy-based interventions, it is important for this to include a comparison of community pharmacies that have achieved Healthy Living Pharmacy (HLP) status and those that have not. There are an estimated 2100 HLPs in the UK; it is important for us to understand the impact of achieving this status, particularly with regard to the receptivity of customers to health promoting interventions.	Thank you for your comment. Unfortunately NICE is unable to consider all aspects of community pharmacy in the proposed guideline. At a workshop for stakeholders where the scope was discussed, there was a strong preference for focusing on which interventions are effective and cost effective, rather than organisation and structure of community pharmacy services. Therefore the decision was made not to include a comparison of Healthy Living Pharmacies with other pharmacies for the current guideline. However, studies of interventions provided in Healthy Living Pharmacies will be included in the guideline, and may be compared to non-Healthy Living Pharmacies as part of a subgroup analysis, if enough evidence is available.
216	SH	Royal Society for Public Health	6	145	Community pharmacy has the potential to relieve the burden on overstretched primary care services. An evaluation of HLPs in West	Thank you for your comment. This information has been added to the context section of the scope.

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		Health			<p>Please insert each new comment in a new row</p> <p>Yorkshire for example, found that 60% of patients surveyed would have accessed the service via a GP had it not been available in a pharmacy.¹</p> <p>Given this clear potential, it is important for this to feature in the 'main outcomes' that will be considered when searching for and assessing the evidence.</p> <p>1. Duggan C, Evans D, Holden M, Kennington E, Leach R, Root G, Shepherd E. Evaluation of the healthy living pharmacy pathfinder work programme 2011-2012. Healthy Living Pharmacy, 2013. Available online at: http:// www.npa.co.uk/Documents/Docstore/Representing-you/Evaluation.pdf (Last accessed 4th August 2014)</p>	Please respond to each comment
217	SH	Royal Society for Public Health	10	230	<p>The potential of community pharmacy to relieve the burden on GPs and reach out to those most in need of health support, is in large part due to the convenience and accessibility provided by community pharmacy.</p> <p>One study, for example, found that 90% of individuals and 99.8% of those from the most deprived communities live within a 20-minute walk of a community pharmacy.¹ Given the importance of this for many commissioners and members of the public, it is important that this is recognised in the context section.</p> <p>1. Todd A, Copeland A, Husband A, Kasim A, Bamba C. The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England. <i>BMJ Open</i>. 2014; 4</p>	Thank you for your comment. This information has been added to the context section of the scope.
218	SH	Swindon and Wiltshire LPC / Gloucestershire LPC	3	53	What will the status of pharmacies in hospitals which are commissioned to provide outpatient dispensing only, and to members of the public look like any high street pharmacy?	Thank you for your comment. Hospital pharmacies dispensing for inpatients or outpatients that do not operate as a community pharmacy are listed under 'settings that will not be covered' in the scope.
219	SH	Swindon and Wiltshire LPC / Gloucestershire LPC	3	56	Online pharmacies which provide services commissioned by NHS England through the Community Pharmacy Contractual Framework should be included as they are currently commissioned on the same basis as all other NHS Community Pharmacies	Thank you for your comment. Taking into account all of the views provided by stakeholders, the decision has been made not to add distance-selling (online) pharmacies to the scope. NICE is aware that distance-selling pharmacies can play a role in promoting health and wellbeing; however, they do not have the same opportunity to provide face to face care as 'bricks and mortar' community

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220	SH	Swindon and Wiltshire LPC / Gloucestershire LPC	4	64-66 92/93	How can you look at health promotion campaigns “requested by NHS England”, without looking at the commissioning of the Contractual Framework which supports engagement in this activity	pharmacies. Thank you for your comment. Commissioning of the Contractual Framework is outside of NICE's remit.
221	SH	Swindon and Wiltshire LPC / Gloucestershire LPC	4	96 – 103	In determining “cost-effectiveness” and other economic elements, what will be taken into account? Eg costs to whom? Savings to whom?	Thank you for your comment. Cost effectiveness evaluations undertaken for NICE guidelines generally include costs for the NHS and personal social services, however, other costs such as public sector and societal costs can also be included. For more information, please see section 7.3 of the NICE guidelines manual (https://www.nice.org.uk/Media/Default/About/what-we-do/our-programmes/developing-NICE-guidelines-the-manual.pdf).
222	SH	Swindon and Wiltshire LPC / Gloucestershire LPC	10	249 – 256	The “Community Pharmacy Contractual Framework” does not belong to PSNC; this is the basis of the contractual arrangement between NHS England and each contractor on the NHS Pharmaceutical List. This framework includes the 2up to 6 public health campaigns” in which NHS England can request participation.	Thank you for your comment. The wording has been amended.
223	SH	Swindon and Wiltshire LPC / Gloucestershire LPC	General		It is widely recognised that interventions to support Stop Smoking are cost effective.	Thank you for your comment. The cost effectiveness of Stop Smoking interventions in a community pharmacy setting will be assessed for the guideline, if they are shown to be effective at reducing smoking outcomes in a community pharmacy setting.
224	SH	Swindon and Wiltshire LPC / Gloucestershire LPC	General		The evidence for the effectiveness of alcohol brief interventions is strong, and work done in the Blackpool area confirmed that the success of these interventions in pharmacy matched the expectations of such interventions in more general research	Thank you for your comment. The effectiveness of alcohol brief interventions in a community pharmacy setting will be assessed in the evidence review for the guideline.
225	SH	Swindon and Wiltshire LPC / Gloucestershire LPC	General		I understand that work has been done recently on the success of falls interventions in pharmacy	Thank you for your comment. Falls prevention in a community pharmacy setting has been added to the scope.
226	SH	The Amateur Swimming Association (ASA)	4	84	There could be potential to complete training for pharmacy staff, particularly in what the local landscape looks like. Many people who will enter the pharmacy will benefit from more physical activity. Therefore there might be some potential for some work to be done around collating all Physical Activity options (including local pool access) within the local area and the	Thank you for your comment. The guideline committee will make recommendations based on the available evidence and their experience and expertise. Physical activity interventions in a community pharmacy setting will be included in the

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					Please insert each new comment in a new row Pharmacies to undergo training on what is available and how they can be accessed.	Please respond to each comment evidence review where applicable.
227	SH	The Amateur Swimming Association (ASA)	5	107/110	It is key for Pharmacies to promote different options available to patients through posters/leaflets/booklets. I think a consideration would be how many posters are displayed, and whether there are a select few so the messages aren't lost? We as the ASA would like to promote our pools and the benefits to those with health conditions - but all local physical activity options would want to do the same. There may be an opportunity to collate all local options and have them in a 1 stop shop- the ASA would very much like to be a part of this.	Thank you for your comment. The guideline committee will consider all available evidence, including different options for promoting information in a community pharmacy setting through posters, leaflets and booklets. Any recommendations the committee makes will be based on the available evidence and experience of its members.
228	SH	The Amateur Swimming Association (ASA)	5	121	It would be good for all local information including pool access, availability, benefits etc. to be included in any information handed out about Physical Activity.	Thank you for your comment. The guideline committee will make recommendations on the content of information provided in a community pharmacy setting based on the best available evidence and their experience and expertise.
229	SH	The Amateur Swimming Association (ASA)	5	131	The need for staff to be knowledgeable & be able to answer any questions/queries about anything that is handed to or promoted to patients is extremely important to whether someone goes and takes up the advice/promoted activity. This highlights the need for some sort of training before any promotional material is supported by the pharmacies? Even if this is e-learning for visit to a team meeting	Thank you for your comment. The guideline committee will make their recommendations based on the available evidence and their experience and expertise.
230	SH	UK Clinical Pharmacy Association (UKCPA)	General		The scope is narrow. It is important that self care, minor ailments, long term conditions are taken into account to describe the full picture which appear to be out of the remit of this piece of work? Making every contact count (MECC) is very important in self care and is embraced by local authority public health teams in Yorkshire and now accepted nationally. Pharmacy teams must be able to deliver these cost effective MECC interventions with patients and the public.	Thank you for your comment. This guideline is unable to cover all aspects of community pharmacy and will focus on interventions offered as part of essential services 4 and 5. Minor ailments and self-care interventions to improve use of medicines are part of essential service 6 and will not be covered in this guideline. Studies that use Making Every Contact Count as part of a relevant intervention will be included in the evidence review for this guideline.
231	SH	UK Clinical Pharmacy Association (UKCPA)	General		It is important that training/skills involve the whole team including Pharmacy technicians and medicine counter staff as well as pharmacists. Healthy living pharmacies must have the ethos and culture of working as a whole team. The CPPE 'learning pharmacy.com' resource is an excellent example of this which helps to train the whole team.	Thank you for your comment.
232	SH	UK Clinical Pharmacy Association (UKCPA)	General		It is important to have appropriate payment for these type of services not just a core contract. Pharmacies are private businesses and in a unique position; this strengthens their position to deliver these services especially independent pharmacies. There is some good evidence of cost effective	Thank you for your comment. Payment for community pharmacy services is outside of the remit of NICE public health guidelines.

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					Please insert each new comment in a new row	Please respond to each comment
					public health pharmacy interventions from some areas. Some areas have struggled to engage and get good links with the large multiples in terms of Healthy living pharmacies; however other areas are very successful.	
233	SH	UK Clinical Pharmacy Association (UKCPA)	General		Pharmacy must engage with all parties and build alliances with Health and wellbeing boards, CCGs, acute trusts and also charities, to deliver the political agenda, Pharmacy is unique in having the public and patient footfall, being part of a professional team and being accessible for advice and to deliver on a wide range of Public health interventions.	Thank you for your comment. The guideline committee will discuss which recommendations to make based on the available evidence and their expertise.
234	SH	UK Clinical Pharmacy Association (UKCPA)	General		Public participation in pharmacy services is important. The public tell us what they think about their own pharmacies and support the need to be able to access their services. Pharmacy has been slow to use this loyalty and needs to develop these links to enhance the wellbeing of their community .	Thank you for your comment. The evidence review for this guideline will look at evidence for the acceptability of community pharmacy interventions amongst users of community pharmacy.
235	SH	UK Clinical Pharmacy Association (UKCPA)	General		There is evidence that public health campaigns delivered to specific populations by appropriately trained pharmacy teams in collaboration with local authority public health teams on a University campus using leaflets, posters, TV screens, questionnaires etc is very effective in delivering public health messages as well as from the pharmacy.	Thank you for your comment. University settings are already listed as a setting that will be covered in the scope.
236	SH	Walgreens Boots Alliance	3	54-55	While we agree that other services used by people after a referral by a community pharmacy are out-of-scope, it is important for developing fully integrated healthcare that community pharmacies have referral pathways for such services and thus these pathways should be in scope. Examples of such services would be significant NHS initiatives such as NHS Health Checks and National Diabetes Prevention Programme, among others.	Thank you for your comment. The evidence for the effectiveness of referral pathways will be assessed for inclusion in the guideline as part of the key question on signposting and referral.
237	SH	Walgreens Boots Alliance	3	53, 56	In terms of general promotion of health and wellbeing across communities, we would see both hospital outpatient pharmacies and online pharmacies as having a role to play in providing information or referrals to relevant public health services	Thank you for your comment. Hospital outpatient pharmacies are outside of the remit from the Department of Health for this guideline. Taking into account all of the views provided by stakeholders, the decision has been made not to add distance-selling (online) pharmacies to the scope. NICE is aware that distance-selling pharmacies can play a role in promoting health and wellbeing; however, they do not have the same opportunity to provide face to face care as 'bricks and mortar' community pharmacies.
238	SH	Walgreens Boots Alliance	3	73	We would also want to see support for drug users included in this list, with services such as needle exchange, supervised consumption and pharmacy delivery of NHS Health Checks	Thank you for your comment. Drug misuse has been added to the list of interventions.
239	SH	Walgreens Boots Alliance	4	84-85	It should also be considered whether community pharmacies could be commissioned to provide services, such as Chlamydia test-and-treat, as well	Thank you for your comment. NICE does not provide guidance on the commissioning of services,

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					Please insert each new comment in a new row as making referrals to others. Direct provision of services will be quicker and more convenient for pharmacy users and would avoid referrals which were not taken up by users.	Please respond to each comment that is for local decision makers at a local authority or CCG level as applicable. NICE makes recommendations on what is effective and cost effective to deliver in the relevant setting to enable commissioners to decide what is best to commission based on their local needs.
240	SH	Walgreens Boots Alliance	4	88	Although dispensing is out-of-scope, the numerous interactions with patients through the regular dispensing of medicines offer many opportunities for the dissemination of health promoting messages and other clinical interactions	Thank you for your comment. This guideline will look at any advice and information on health and wellbeing that is provided in a community pharmacy setting, including information and advice on health promotion (such as advice on physical activity) provided during the dispensing of medicines.
241	SH	Walgreens Boots Alliance	4	89	We are surprised to see vaccinations as being considered out-of-scope as we could consider that these are health promoting activities designed to improve the health of wider populations (eg, through "herd immunity") and not just individual health	Thank you for your comment. Recommendations on vaccinations are provided by other NICE guidelines, such as Flu vaccination – increasing uptake (under development) and Immunisations: reducing differences in uptake in under 19s (PH21). Studies that look at the effectiveness of information and advice provided in a community pharmacy setting during a vaccination appointment would be included in the evidence review for this guideline.
242	SH	Walgreens Boots Alliance	5	107 (and several other places)	References to "is it effective" should read "is it clinically effective".	Thank you for your comments. The scope lists clinical outcomes but also non-clinical outcomes, therefore it is not appropriate to limit the review questions to clinical effectiveness.
243	SH	Walgreens Boots Alliance	5	107 (and several other places)	We believe that there is a lack of good data on both the clinical effectiveness and cost effectiveness of health promotion campaigns through pharmacies. This is due to the inherent difficulties of identifying people's responses to individual pieces of information or health interactions, plus the fact that pharmacies are increasingly participating in mass campaigns at a local and/or national level where it is difficult to identify or quantify the impact of individual elements of a campaign when people will be exposed to multiple inputs of information from different sources.	Thank you for your comment.
244	SH	Walgreens Boots Alliance	6	138	We believe that there is much stronger evidence that users find community pharmacy services acceptable and convenient.	Thank you for your comment. The guideline committee will consider all of the available and relevant evidence, including acceptability.
245	SH	Walgreens Boots Alliance	6	142	Any review of the literature will also have to consider grey literature and how to close some of the big evidence gaps that exist.	Thank you for your comment.
246	SH	Walgreens	6	143	We believe that section 1.6 should also include evidence of outcomes	Thank you for your comment. The guideline

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		Boots Alliance			Please insert each new comment in a new row showing how pharmacies address health inequalities.	Please respond to each comment committee will consider equality issues throughout the development of the guideline.
247	SH	Walgreens Boots Alliance	10	249 and 260	We are concerned about the inclusion of both the Community Pharmacy Contractual Framework (CPCF) and Healthy Living Pharmacies (HLP) on equal terms in sections 3.2 and 3.3. While the CPCF is a well-established framework for commissioning pharmaceutical services, including some public health elements, from community pharmacies across England and Wales, the Healthy Living Pharmacy framework is not yet an established national framework. HLP lacks the consistent standards and agreed terms and payment structures that underpin the CPCF. Previous studies have highlighted the difficulties in comparing the inputs and outputs of different local HLP projects. Not all areas have engaged with the HLP programme and commissioning of services through this framework is patchy, diverse and inconsistent, which undermines the population-wide health promotions it is meant to be achieving.	Thank you for your comment. The wording has been amended.
248	SH	Walgreens Boots Alliance	General	General	In relation to Q2, online pharmacy has a role to place in health and wellbeing, so by definition they should be included in the guidance. Unless differential payment structures are established, then any recommendations made for existing pharmacies must be applied to online pharmacy businesses as well.	Thank you for your comment. Taking into account all of the views provided by stakeholders, the decision has been made not to add distance-selling (online) pharmacies to the scope. NICE is aware that distance-selling pharmacies can play a role in promoting health and wellbeing; however, they do not have the same opportunity to provide face to face care as 'bricks and mortar' community pharmacies.
249	SH	Walgreens Boots Alliance	General	General	In relation to Q3, any service that does not require a physical intervention could be feasible from an online pharmacy. With the advent of wearable technologies, connected devices and monitors, and some home point-of-care testing, services such as weight loss could be carried out remotely. Add to this any counselling and referral/signposting that could be done either online or via video link. Educational material could also be included with any deliveries (leaflets/booklets, etc) or provided electronically.	Thank you for your comment. Taking into account all of the views provided by stakeholders, the decision has been made not to add distance-selling (online) pharmacies to the scope. NICE is aware that distance-selling pharmacies can play a role in promoting health and wellbeing; however, they do not have the same opportunity to provide face to face care as 'bricks and mortar' community pharmacies.
250	SH	Written Medicine	general	general	I think it would be a very good idea to consider language when reviewing evidence as major metropolitan centres of the UK are very diverse. When using promotional material that these patients cannot relate to, one would imagine that the results of the study would be affected In similar metropolitan areas it was found that "Best practices inferred from	Thank you for your comment. Equality issues around language will be highlighted in the equality impact assessment form. The guideline committee will consider whether to make specific recommendations on language and cultural sensitivity when drafting its recommendations.

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					<p>Please insert each new comment in a new row</p> <p>the data relate to developing linguistic standards for bilingual staff, considerations for translating written materials, interpretation services, cultural competency, and staff training” Ref: Seth JG <i>et al.</i> Addressing language barriers in client-centered health promotion: lessons learned and promising practices from Texas WIC. Health Promot Pract. 2015;16(3):320-8. doi: 10.1177/1524839914560404.</p> <p>References in the paper above also make the same point; the importance of using the service user's language and being culturally sensitive.</p>	<p>Please respond to each comment</p>
251	SH	Written Medicine	general	general	<p>I would recommend including internet pharmacies in this document as more services will probably shift online, especially in light of the recent pharmacy cuts.</p> <p>A pharmacy contractor can choose to advocate for an expensive shampoo or smoking cessation. Furthermore, online pharmacies have access to another tool which standard pharmacies do not; video. These could be very powerful in conveying a message</p> <p>Again, the importance of using the patient's language is very important, it may even be easier to do as patients can choose health promotion material in their own language, provided it is uploaded by the contractor</p> <p>I would predict that finding evidence here will be quite tricky...</p>	<p>Thank you for your comment. Taking into account all of the views provided by stakeholders, the decision has been made not to add distance-selling (online) pharmacies to the scope. NICE is aware that distance-selling pharmacies can play a role in promoting health and wellbeing; however, they do not have the same opportunity to provide face to face care as 'bricks and mortar' community pharmacies.</p> <p>Equality issues around language will be highlighted in the equality impact assessment form. The guideline committee will consider whether to make specific recommendations on language and cultural sensitivity when drafting its recommendations.</p>

ⁱ Department of Health. Abortion Statistics, England and Wales: 2015 Summary information from the abortion notification forms returned to the Chief Medical Officers of England and Wales.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/529344/Abortion_Statistics_2015_v3.pdf

ⁱⁱ Department of Health, *A framework for sexual health improvement in England*, March 2013. Available here:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/142592/9287-2900714-TSO-SexualHealthPolicyNW_ACCESSIBLE.pdf

References:

ⁱⁱⁱ IMS Health study of self-treatable conditions presenting in A&E units 2014. Data source: HES data. Health Episode Statistics. Re-used with the permission of the Health and Social Care Information Centre. All rights reserved.

^{iv} IMS Health, *Minor ailment workload in general practice*, 2007

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