Community pharmacy to promote health and wellbeing

Consultation on draft guideline - Stakeholder comments table
11/01/18 to 21/02/18

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

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[Community Pharmacy West Yorkshire]	Full	10	26	*Signposting – Community pharmacies are not automatically / systematically provided with current signposting options. The result is that pharmacies do not have the best information available, which results in considerable time in pharmacies teams looking up information or even worse they are unaware of a suitable service to refer to. Equally, community pharmacies do not regularly receive formal referrals from other services. This is an area that needs to be explored further, in West Yorkshire we have been running a service with Leeds Teaching Hospital Trust to refer patients to their local pharmacy on discharge. This is only a year into this work, but the service seems to be having a positive impact for patients and hospital services.*	Thank you for your comment and positive support. The committee agreed with the importance of individual pharmacies collaborating with local health and social care organisations to ensure pharmacies can progress to becoming health and wellbeing hubs that are integrated in to existing care and referral pathways. This will improve and maintain communication across the local care network, ensuring community pharmacies are aware of what referral pathways are available. We have now included an additional recommendation upfront in the guideline under the heading 'Health and wellbeing hubs' as follows: This recommendation is for local authorities, clinical commissioning groups, health and wellbeing boards, community pharmacies and their representatives 1.1.1 Work together to help all community pharmacies gradually integrate into existing care and referral pathways as health and wellbeing hubs. This could include arrangements for inward and outward referrals (see recommendation 1.6.1). The committee agree that on a wider note an integrated approach from all target audiences of the guidance is important and in light of this we have now also included an additional recommendation in the overarching principles of good practise for community pharmacy teams under the heading 'An integrated approach' as follows: 1.2.1 Work with local health and care organisations to ensure community pharmacy interventions are delivered according to local need and as part of wider service pathways in the local

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					area.
[Community Pharmacy West Yorkshire]	Full	18	10	*There is variation within each Local Authority and CCG area. Not enough services are nationally commissioned in spite of their evidence base. E.g. Stop smoking and Emergency Hormonal Contraception*	Thank you for your comment. Decisions about investing to support implementation of recommendations in this guideline that are not already underpinned by national service specifications should be based on an assessment of local area needs and priorities and negotiation with the relevant local service providers.
[Community Pharmacy West Yorkshire]	Full	18	20	*Community Pharmacies use other sources of patient information when they do not have any alternatives. Sometimes these have been produced by pharmaceutical companies, but with suitable messaging. E.g. Campaign materials to get a flu vaccination. More printed patient information sent to pharmacies would be welcomed particularly form the NHS or Public Health England.*	Thank you for your response. Public Health England does provide leaflets for campaigns that they lead on. There is a phone number that community pharmacies can call to source the leaflets for use in the pharmacy. This guideline has been reviewed for its impact on NHS workforce and resources by the NICE Guideline Resource and Implementation Panel (GRIP). An implementation statement by the GRIP, addressing any significant resource and workforce issues, will be published shortly after the guideline publishes.
[Community Pharmacy West Yorkshire]	Full	26	26	*An important fact about pharmacy is that 85-95% of income comes from the NHS (Pharmaceutical Services Negotiating Committee). This seems to contrast with the public perception that pharmacies are not part of the NHS primary care offer, but GP Practices are. This perception need to change to change how people use community pharmacies and the NHS.*	Thank you for your comment. We have made amendments to recommendation 1.2.7 in light of this comment as follows: 1.2.7 Consider promoting community pharmacies. For example: •Local commissioners **could make it clear that community pharmacies are an integral part of NHS primary care services and offer people a link into the local health and care network** •Individual pharmacies could publicise the skills and competencies of their staff to increase the public's knowledge of and confidence in the health and wellbeing services on offer.
[Community Pharmacy West Yorkshire]	Full	5	8	*We are concerned that this does not explain clearly enough that community pharmacies are an integral part of the NHS primary care offer.*	Thank you for your comment. We have made amendments to recommendation 1.2.7 in light of this comment as follows: Consider promoting community pharmacies. For example: •Local commissioners **could make it clear that community pharmacies are an integral part of NHS primary care services and offer people a link into the local health and care network.** •Individual pharmacies could publicise the skills and

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					competencies of their staff to increase the public's knowledge of and confidence in the health and wellbeing services on offer.
[Community Pharmacy West Yorkshire]	Full	5	Oct-13	*We agree that awareness of the skills and competencies of community pharmacies is important, however community pharmacy needs to receive adequate funding to ensure that any increase in demand from patients is appropriately managed.*	Thank you for your comment. It is not the remit of NICE to suggest who would fund specific activities. We have passed on your comment to the NICE resource impact team to inform their support activities for this guideline.
[Community Pharmacy West Yorkshire]	Full	7	06-Aug	*Training should be provided for all pharmacy team members. Training should be fully funded including back fill or provided at times when pharmacies are closed in the evenings or weekends. A lack of funding for training means that there is a significant difference in the training that different pharmacies receive. There is very little accessible training provided by local or national commissioners for pharmacy teams.*	Thank you for your comment. It is not the remit of NICE to suggest who would fund specific activities such as training. The committee agreed that it may be a requirement for commissioners to appropriately fund services that they decide to commission within pharmacies. To ensure the delivery of consistent, high quality services within community pharmacies, recommendation 1.2.3 has been formulated as follows: Local providers should ensure interventions are carried out only by staff members with the skills and competencies to do so. For example, follow NICE's recommendations on training in: • behaviour change: individual approaches • stop smoking interventions and services. However there is a distinct move away from commissioner led training due to the wide variety of resources available. Therefore NICE have worked with Public Health England to develop this guideline and in particular to highlight tools and resources that will help put the guideline in to practise. For example, links to a list of training tools and resources which may help when training staff to implement this guideline can be found in the section of the guideline titled 'Finding more information and resources'. Overall, the committee agreed that general training requirements for community pharmacy staff may be sufficient for effectively delivering information, advice and education, particularly in areas that are already provided in some community pharmacies (such as stop smoking services). There may be some additional training required for the delivery of weight management and behavioural support services but the anticipated cost would be low as it would be treated as

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					continuing professional development (CPD). There are also a range of free courses available to staff, either company provided or HEE funded. Links to these training tools and resources are highlighted in the section of the guideline titled 'Finding more information and resources'. This guideline has been reviewed for its impact on NHS workforce and resources by the NICE Guideline Resource and Implementation Panel (GRIP). An implementation statement by the GRIP, addressing any significant resource and workforce issues, will be published shortly after the guideline publishes.
[Community Pharmacy West Yorkshire]	Full	7	24	*Given the funding cuts imposed on pharmacies, it is unlikely that pharmacy team can take the financial risk to buy in photo-ageing software. This should be provided to pharmacies by local or national commissioners.*	Thank you for your comment. This particular intervention was covered in a cost effectiveness study (review 2) and also included in the additional de novo health economic modelling and thus has relevant sensitivity analysis to improve robustness of the analysis. This is also an approach that is used in mass media campaigns on smoking, which the committee agreed has plausibility in terms of its effect particularly as there is some specific evidence to favour its use in a pharmacy setting. The evidence further indicated that it had a greater impact in some groups (younger/heavier smokers) who they believed were likely to benefit more in the longer term. However due to the lack of high quality evidence the committee agreed to recommend the use of this software only as an example of a way to support advice/education on smoking cessation, if the resources are available. This is reflected in the updated recommendations as follows: **1.4.4 Use support materials and approaches to aid these discussions, if available. (For example advice and education on smoking could be supported by using photo-ageing software, if it is available).** This guideline has been reviewed for its impact on NHS workforce and resources by the NICE Guideline Resource and

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					Implementation Panel (GRIP). An implementation statement by the GRIP, addressing any significant resource and workforce issues, will be published shortly after the guideline publishes.
[Community Pharmacy West Yorkshire]	Full	8	18	*Weight management services can be delivered effectively, however this is not something that is often commissioned from pharmacies. This means that the offer to the public through pharmacies is different in each Local Authority or CCG area.*	Thank you for your comment. Decisions about investing to support implementation of recommendations in this guideline that are not already underpinned by national service specifications should be based on an assessment of local area needs and priorities and negotiation with the relevant local service providers.
[Community Pharmacy West Yorkshire]	Full	9	1	*Pharmacies cannot be not expected to source any campaign materials. All public health campaign packs for the 6 mandated campaigns should be sent to pharmacies so that they have physical resources to use. However, pharmacies have not had 6 campaigns to run and so many try to find and order their own materials. This takes a lot of time from the team that could be used to directly support patients. Need NHS England to plan and fund national and local campaigns.*	Thank you for your response. We recognise that there may be resource concerns in regard to individual pharmacies sourcing campaign materials and we therefore encourage community pharmacy teams to source their material from other organisations to limit the resource impact. We have now merged this in to an overarching principle of good practise in recommendation 1.2.5 as follows: Use information, resources and support aids available from statutory, community and voluntary sector organisations (for example Health watch and Public Health England). Ensure materials used are: • not based solely on commercial interests or incentives • clear and professionally produced Recommendation 1.3.1 is specifically about ensuring that material sourced from external sources and used in the pharmacy is in line with NICE's guidelines on behaviour change: individual approaches (in particular the first bullet of recommendation 9) and behaviour change: general approaches (particularly principle 6). This guideline has been reviewed for its impact on NHS workforce and resources by the NICE Guideline Resource and Implementation Panel (GRIP). An implementation statement by the GRIP, addressing any significant resource and workforce issues, will be published shortly after the guideline publishes.
[Community Pharmacy West Yorkshire]	Full	9	10	*Local Pharmaceutical Committees are not always consulted on local decisions, nor are we members of any of our Health and Wellbeing boards in West Yorkshire. "Walk in my Shoes" is a toolkit to help create better understanding*	Thank you for your comment. The committee recognise that the walk in my shoes is a great initiative to help partners to understand the challenges faced in different settings with the aim of improving working relationships (in relation to care

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				and joint working between community pharmacies and GP Practices. This is one practical way to include pharmacies in care and referral pathways. Details for "Walk in My Shoes" can be found on the Pharmaceutical Services Negotiating Committee website.	pathway development). In light of this we have now added a link to this toolkit in the implementation section of the guideline, where we include resources and programmes which may be useful for staff to support the implementation of the recommendations. A link to this page is included in the end section of the guideline titled **'Finding more information and resources'**
[Community Pharmacy West Yorkshire]	Full	General	General	*We welcome the inclusion of the key elements of the Community Pharmacy Forward View in these guidelines. Pharmacies should be a health and wellbeing hub, the first port of call episodic healthcare treatment and advice, and the facilitator of personalised care for people with long term conditions. All of this happens already in some pharmacies in England, however the challenge is to support and enable all pharmacies to deliver each of these 3 elements consistently and to build on this offer in the future. We have more accredited Health Living Pharmacies now than ever before who are showing their commitment to supporting health and wellbeing.* *However, pharmacies are facing huge funding challenges currently with the threat of closure and job losses being very real for some. There are only a few nationally commissioned services, and we are seeing more and more locally commissioned services being withdrawn by Local Authorities and CCGs due to their funding pressures.* *To deliver health and wellbeing as described in these guidelines Community Pharmacies need to have sustained commitment, sufficient funding, training and support for both national and local services. This will help build up skills and confidence of pharmacy teams, ensure better link to and ensure that the public know what they can expect from their pharmacy. It is unrealistic to think that all pharmacies can invest in resources like photo-ageing software or even more basic things like printing campaign materials given their current situation.*	Thank you for your comment and positive support. The committee agreed that it may be a requirement for commissioners to ensure services are delivered according to best practise, including ensuring that the services they commission are delivered by those who are appropriately trained. To ensure **the delivery of consistent, high quality services within community pharmacies, recommendation 1.2.3** has been formulated as follows: Local providers should ensure interventions are carried out only by staff members with the skills and competencies to do so. For example, follow NICE's recommendations on training in: • behaviour change: individual approaches • stop smoking interventions and services. However there is a distinct move away from commissioner led training due to the wide variety of resources available. Therefore NICE have worked with Public Health England to develop this guideline and in particular to highlight tools and resources that will help put the guideline in to practise. For example, links to a list of training tools and resources which may help when training staff to implement this guideline can be found in the end section of the guideline titled **'Finding more information and resources'.** Resource impact concerns were considered by the committee throughout the development of the guideline and the recommendations. The rationale and impact sections of the guideline give further detail on how the recommendations might affect current practise, including any resource issues considered by the committee.

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					Overall, the committee agreed that general training requirements for community pharmacy staff may be sufficient for effectively delivering information, advice and education, particularly in areas that are already provided in some community pharmacies (such as stop smoking services). There may be some additional training required for the delivery of weight management and behavioural support services but the anticipated cost would be low as it would be treated as continuing professional development (CPD). There are also a range of free courses available to staff, either company provided or HEE funded. Links to these training tools and resources are highlighted in the section of the guideline titled 'Finding more information and resources'. Due to the lack of high quality evidence on the use of photo-ageing software, the committee agreed to recommend the use of this only as an example of a way to support advice/education on smoking cessation, if the resources are available. This is reflected in the updated recommendations as follows: **1.4.4 Use support materials and approaches to aid these discussions, if available. (For example advice and education on smoking could be supported by using photo-ageing software, if it is available).** This guideline has been reviewed for its impact on NHS workforce and resources by the NICE Guideline Resource and Implementation Panel (GRIP). An implementation statement by the GRIP, addressing any significant resource and workforce issues, will be published shortly after the guideline publishes.
[Community Pharmacy West Yorkshire]	Full	General	General	*Public Health and CCG services are being decommissioned from community pharmacies. Unless this trend stops we will see even fewer referrals to services provided in pharmacies.*	Thank you for your comment. Decisions about investing to support implementation of recommendations in this guideline that are not already underpinned by national service specifications should be based on an assessment of local area needs and priorities and negotiation with the relevant local service providers.
[Community	Full	General	General	*Integration into care pathways and referrals: Pharmacies are*	Thank you for your comment. The committee agreed with the

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Pharmacy West Yorkshire]				*not integrated enough locally with the other primary care services. Referrals to and from pharmacies could happen more with local commissioning to stimulate joint working. Thank you*	importance of individual pharmacies collaborating with local health and social care organisations to ensure pharmacies can progress to becoming health and wellbeing hubs that are integrated in to existing care and referral pathways. We have now included an additional recommendation upfront in the guideline under the heading 'Health and wellbeing hubs' as follows: This recommendation is for local authorities, clinical commissioning groups, health and wellbeing boards, community pharmacies and their representatives 1.1.1 Work together to help all community pharmacies gradually integrate into existing care and referral pathways as health and wellbeing hubs. This could include arrangements for inward and outward referrals (see recommendation 1.6.1). The committee agree that on a wider note an integrated approach from all target audiences of the guidance is important and in light of this we have now also included an additional recommendation in the overarching principles of good practise for community pharmacy teams under the heading 'An integrated approach' as follows: 1.2.1 Work with local health and care organisations to ensure community pharmacy interventions are delivered according to local need and as part of wider service pathways in the local area.
[Complementary and Natural Healthcare Council]	Full	15	01-Jul	*As noted in the RSPH / PSA report – Untapped Resources, cited in point 4 above, the complementary health disciplines registered by CNHC provide support in relation to public health and lifestyle change. Many cancer services provided access to complementary healthcare provided by CNHC registrants. Access to complementary healthcare is also provided in mental health services such as Birmingham & Solihull NHS Foundation Trust and in the community via eg Mind Centres. We therefore agree that further primary research would be useful on the points raised and*	Thank you for your comments, please see the response to the accredited register proposal above (cell 51).

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				propose that this includes the role that complementary healthcare approaches can play in the areas mentioned, particularly on the overall enhancement of wellbeing.	
[Complementary and Natural Healthcare Council]	Full	18	14-16	*We fully support making the public aware of community pharmacists that are qualified or specialists in certain areas. We are aware of pharmacists that are also qualified as complementary therapists, as some are registered with CNHC in disciplines including: Hypnotherapy, Nutritional Therapy, Reflexology and Reiki.*	Thank you for your comments, please see the response to the accredited register proposal above (cell 51).
[Complementary and Natural Healthcare Council]	Full	18	17-18	*By making people aware of complementary therapies that can improve their health and wellbeing, and the government recommendation to consult those only on accredited registers, this will help improve the public perception of the pharmacy as a trusted health and wellbeing hub.*	Thank you for your comments, please see the response to the accredited register proposal above (cell 51).
[Complementary and Natural Healthcare Council]	Full	18	20-23	*Complementary and Natural Healthcare Council (CNHC) was set up with government funding and support. Our sole purpose is to protect the public, we have no profit motive underlying any information or resources we provide and so would wish to see information about CNHC included in any resources provided.*	Thank you for your comments, please see the response to the accredited register proposal above (cell 51).
[Complementary and Natural Healthcare Council]	Full	19	15-18	*We fully support this statement and agree that raising awareness is the first step to helping people change their behaviour. We have a Local Champions initiative in which CNHC registrants provide local outreach to educate the public about CNHC and the need to look for registered practitioners. Our Local Champions could support community pharmacists in their area to help educate members of the public and to provide information as part of a discussion, rather than just handing out a leaflet.*	Thank you for your comment. It is not within the remit of NICE to recommend specific activities such as training. The committee agreed that it may be a requirement for commissioners to ensure services are delivered according to best practise, including ensuring that the services they commission are delivered by those who are appropriately trained. To ensure the delivery of consistent, high quality services within community pharmacies, recommendation 1.2.3 has been formulated as follows: 1.2.3 Local providers should ensure interventions are carried out only by staff members with the skills and competencies to do so. For example, follow NICE's recommendations on training in: • behaviour change: individual approaches • stop smoking interventions and services.
[Complementa	Full	22	16-18	*We agree that it is important for community pharmacies to*	Thank you for your comment and positive support. It is not

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ry and Natural Healthcare Council]				*become part of existing health and care pathways, acting as health and wellbeing hubs. As stated in point 9 above it is essential that community pharmacies provide information about accredited registers such as CNHC's to ensure that the public has access to information about services such as complementary healthcare, which are designed to support enhancements to overall health and wellbeing.*	within NICE's remit to make recommendations to national bodies, however NICE have worked with Public Health England to develop this guideline and in particular to highlight tools and resources that will help put the guideline in to practise. For example, links to a list of educational resources and programmes which may help when training staff to implement this guideline can be found in end the section of the guideline titled **'Finding more information and resources**'
[Complementary and Natural Healthcare Council]	Full	23	Nov-13	*We propose that community pharmacists could make referrals to complementary therapists on accredited registers such as CNHC's in line with current General Medical Council guidance*. Referrals could be made to support members of the public to address a range of issues such as making lifestyle changes, support to stop smoking, weight management, nutritional changes and for the overall enhancement of wellbeing. This would support community pharmacies with acting as health and wellbeing hubs. *(Good Medical Practice: Delegation and Referral; Referral point 8)*	Thank you for your comments, please see the response to the accredited register proposal above (cell 51).
[Complementary and Natural Healthcare Council]	Full	28	16-22	*As stated in points 4, 5 and 8 above practitioners on accredited registers and in particular, the complementary health practitioners registered with CNHC, have been recognised by the Royal Society for Public Health and the Professional Standards Authority, as having a key role to play as part of the wider public health workforce. Complementary healthcare in particular has a role to play in promoting wellbeing, providing support for the management of long term conditions and for the self-care of minor ailments. Given the wide use of complementary health services it is essential that community pharmacies provide both information and access to these services so that the public has access to competent, safe and registered practitioners,*	Thank you for your comments, please see the response to the accredited register proposal above (cell 51).
[Complementary and Natural Healthcare Council]	Full	5	26-27	*The current NICE guideline on low back pain and sciatica includes a recommendation to consider manual therapy (such as massage) for managing low back pain as part of a treatment package including exercise. We propose including a statement about accredited registers here so that community pharmacists may direct patients to suitably qualified massage practitioners on an accredited*	Thank you for your comment. We recognise that people may choose to use complementary health care approaches to improve their health and wellbeing. However the recommendations covered within the guideline are based on where evidence was found to support effective interventions within specific health areas of interest. There were several reasons for not recommending interventions for particular health

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				register such as CNHC's.	areas, which were as follows: 1) no evidence being found to support specific interventions within that health area 2) no evidence of effect for an intervention within that health area or 3) considerable uncertainty in the evidence, either due to a lack of high quality evidence or mixed findings from studies. Given the lack of evidence across the topic area as a whole the committee took a relatively conservative approach to this and did not wish to overstate the direction the evidence was pointing them in.
[Complementary and Natural Healthcare Council]	Full	6	17-18	*In recognition of the preferences of the public, where large numbers of people choose to use complementary healthcare approaches*, we agree that community pharmacists should hand out leaflets and explain their content. We propose that this includes information about accredited registers as the public may not be aware that many complementary therapies are not regulated by law in the UK. The public may also not be aware that the government recommends consulting an accredited register when looking for a complementary therapist as they are not regulated by law (see point 1 above). Pharmacists could be integral in educating the public about this as a local healthcare resource. *(Data from a 2010 national survey in England found that 44% of 7630 respondents had used Complementary and Alternative Medicine services in their lifetime: http://onlinelibrary.wiley.com/doi/10.1111/j.1742-1241.2010.02484.x/abstract)*	Thank you for your comments, please see the response to the accredited register proposal above (cell 51).
[Complementary and Natural Healthcare Council]	Full	7	43160	*We propose that accredited registers are mentioned here due to the important health and wellbeing information / resources community pharmacies provide to the public. The recent Royal Society of Public Health (RSPH) /Professional Standards Authority (PSA) report 'Untapped Resources: Accredited Registers in the Wider Workforce' highlights that 'practitioners registered with*	Thank you for your comments, please see the response to the accredited register proposal above (cell 51).

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				CNHC support public health by encouraging their clients to make a range of lifestyle changes. These include improvements to diet and nutrition, support with giving up smoking and losing weight, support with reducing stress, improving sleep, managing pain and other symptoms, as well as overall enhancements to wellbeing. All CNHC registrants are committed to enhancing the UK public's health and wellbeing.'	
[Complementary and Natural Healthcare Council]	Full	7	22-24	*As stated in the RSPH / PSA report cited at point 4 above, CNHC registrants support public health by encouraging their clients to make a range of lifestyle changes including support with giving up smoking. Community pharmacies should therefore be aware of these services and be able to direct people to an accredited register such as CNHC's, so they can find a suitably qualified, insured and ethical therapist.*	Thank you for your comments, please see the response to the accredited register proposal above (cell 51).
[Complementary and Natural Healthcare Council]	Full	9	04-Jun	*We propose that accredited registers are mentioned when referring people to other behavioural support services not available at the pharmacy. Again, community pharmacies should be aware of complementary services and be able to provide information to people, so they can find a qualified, insured and ethical therapist on an accredited register such as CNHC's.*	Thank you for your comments, please see the response to the accredited register proposal above (cell 51).
[Complementary and Natural Healthcare Council]	Full	9	Sep-25	*We are keen to help integrate complementary therapies within conventional healthcare available on the NHS. Establishing a formal referral process with other services is essential to this. Current General Medical Council guidance* confirms that doctors can refer patients to practitioners on accredited registers. Community pharmacists should be aware of this when considering referrals and signposting. *(Good Medical Practice: Delegation and Referral; Referral point 8)*	Thank you for your comments, please see the response to the accredited register proposal above (cell 51).
[Indivior]	full	5	23	*1) Consider using the POMI tool to assess for opioid analgesic dependency at the pharmacy counter* *Consider expanding to suggest use of short questionnaires to identify analgesic misuse. For example, the POMI tool.* *Ref: J Subst Abuse Treat. 2008 Dec;35(4):380-6*	Thank you for your comment. The effectiveness of screening, checks and testing were not assessed within the evidence reviews as it was out of scope for this guideline. NICE is unable to make recommendations on screening as these are provided by the National Screening Committee.

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				Prescription Opioid Misuse Index (POMI): a brief questionnaire to assess misuse.Knisely et al.	
[Mind]	Draft guideline	10	25-27	*As well as making referrals, we recommend that pharmacists are also asked to consider signposting to sources of information and support for mental health.* *We recommend that the signposting examples listed include mental health services. These can be local (for example, drop-ins, and counselling and support groups run by local mental health organisations) or national (for example, helplines).*	Thank you for your comment. We have made amendments to recommendation 1.6.4 on signposting as follows: 1.6.5 If the community pharmacy cannot provide support for specific needs or offer a formal referral, signpost people to other local services. For example: • **mental health and wellbeing support**
[Mind]	Draft guideline	10	25-27	*We recommend that social prescribing for mental health is included in the guideline and is foregrounded alongside signposting. We believe that social prescribing has the potential for improving people's mental health, especially when services have been designed with the needs of people with mental health problems in mind.*	Thank you for your comment. The committee discussed the concept of social prescribing and its relevance within community pharmacy. However due to the paucity of evidence the committee agreed to make a research recommendation within this area. Please see the section of the guideline titled '**other recommendations for research**'.
[Mind]	Draft guideline	4	06-Oct	*We recommend that training for pharmacists and other pharmacy staff includes mental health training - so that they have the knowledge, confidence and capacity to provide support for people's mental health (as well as for the physical health of people with mental health problems). We are concerned that some in primary care can view mental health as requiring specialist support and so not part of their remit, or that they feel less equipped to provide mental health support. This should be made explicit within the guideline.*	Thank you for your comment. The committee agreed that it may be a requirement for commissioners to ensure services are delivered according to best practise, including ensuring that the services they commission are delivered by those who are appropriately trained. To ensure the delivery of consistent, high quality services within community pharmacies, recommendation 1.2.3 has been formulated as follows: Local providers should ensure interventions are carried out only by staff members with the skills and competencies to do so. For example, follow NICE's recommendations on training in: • behaviour change: individual approaches • stop smoking interventions and services. NICE have worked with Public Health England to develop this guideline and in particular to highlight tools and resources that will help put the guideline in to practise. For example, links to a list of educational resources and programmes which may help when training staff to implement this guideline can be found in the end section of the guideline titled **'Finding more**

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					information and resources'. This guideline has been reviewed for its impact on NHS workforce and resources by the NICE Guideline Resource and Implementation Panel (GRIP). An implementation statement by the GRIP, addressing any significant resource and workforce issues, will be published shortly after the guideline publishes.
[Mind]	Draft guideline	4	14-15	*We support the recommendation that pharmacies are part of the drive to address poor access to primary care services by underserved groups, and the resulting health inequalities, particularly as these groups may have increased need for mental health support.*	Thank you for your comment and positive support.
[Mind]	Draft guideline	5	17-31	*We recommend that 'when taking every opportunity to promote health and wellbeing in the pharmacy', staff are encouraged to consider mental health. We recommend that a mental health example is included in the list of interventions here. 57 million prescriptions for antidepressants were administered in 2014, an increase of 46 per cent since 2012.* Pharmacists and staff often see people with mental health problems (or their carers) regularly and may have the opportunity to suggest, refer or signpost to other therapies or treatments that they may not have already considered. In addition, they are in a good position to identify people who may be at risk of experiencing a mental health problem and could do with some extra support. As a trusted source of advice and support within a community, they have an opportunity to make a positive impact on a patient's mental health care.* **Health and Social Care Information Centre (2015). Prescription Cost Analysis, England – 2014. Available from hscic.gov.uk*	Thank you for your comment we have now included 'mental health' alongside the use of 'health and wellbeing' within this recommendation.
[Mind]	Draft guideline	7	May-18	*We recommend that this guideline on advice and education for people with long-term conditions refers specifically to mental health, so that pharmacy staff are encouraged always to consider whether offering advice on mental health (not just physical health) is appropriate. People with physical long-term conditions are two to three times more likely to experience mental health problems than the general population.* For example, people with*	Thank you for your comment. The committee agree that the nature of a pharmacist's role means that are provided with opportunities to offer relevant advice for both mental health and physical health. This is reflected in the wording for recommendation 1.1.8 as follows: 1.2.8 Proactively seek opportunities to promote people's physical and mental health and wellbeing. This includes:

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				conditions such as diabetes or chronic pain will often struggle with mental health, and addiction can be linked to mental health problems. The nature of the pharmacist's role means that they often have a clear understanding of how a person's mental health and physical health are related and this may provide an opportunity to offer relevant advice for both. **Naylor, C., et al. (2012). Long-term conditions and mental health: the cost of co-morbidities. The King's Fund and the Centre for Mental Health. Available at Centreformentalhealth.org.uk/long-term-conditions*	awareness raising and information provision, advice and education, behavioural support and referral and signposting to other services. Describe the interventions on offer and the benefits. Do this for example, when someone… The specific health areas covered within section 1.4 of the guideline (advice and education) are where evidence was found to support effective interventions. The committee agreed that due to the quality of the evidence, reference to other NICE guidance (if available) on the health areas where this evidence showed a positive direction of effect would be appropriate. The committee spent a lot of time deliberating on which guidelines they wanted to cross refer to some of which were not recommended. There were several reasons for this which are as follows: 1) no evidence being found to support specific interventions within that health area (**for example advice and education for mental health and wellbeing and preventing drug misuse**) 2) no evidence of effect for an intervention within that health area (for example the use of advice and education within lower back pain) or 3) considerable uncertainty in the evidence, either due to a significant lack of high quality evidence or mixed findings from studies (for example advice/education within diet, exercise participation, asthma and cardiovascular health which they considered too uncertain for them to recommend). Given the lack of evidence across the topic area as a whole the committee took a relatively conservative approach to this and did not wish to overstate the direction the evidence was pointing them in. As no evidence was found on advice and education interventions delivered by community pharmacy staff for specific health areas such as mental health, a research recommendation was made to address this overall gap in the evidence base.

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					Research recommendation 2 highlights this as follows: **How effective and cost effective are awareness raising, advice and education or behavioural support interventions delivered by community pharmacy teams to improve health and behavioural outcomes in underserved groups and the general population?** It was noted in the research recommendation document **Appendix** that high-quality experimental studies, using conventional reporting styles and comparative study designs, are needed on the effectiveness of community pharmacy public health interventions. In particular further primary research would be useful on: • giving advice and education on cancer awareness, **improving mental health and wellbeing**, preventing drug misuse and falls. Findings from the Naylor.,C et al (2012) study are interesting however this study would be outside the scope of this guideline and thus not included.
[Mind]	Draft Guideline	General	General	*We welcome the guideline on how community pharmacies can promote health and wellbeing among their local population.* *We recommend that the importance of taking account of people's mental health is strengthened within the wording of the guidance. This will acknowledge the important role that community pharmacies can play in improving mental health support within primary care.* *Those working in primary care – GPs, practice nurses and pharmacists - are often a first port of call when looking for health care advice and support. Primary care staff are seen as the experts in providing holistic care, for both our physical and mental health.* *Only 24 per cent of people in England with a common mental health problems receive treatment.* However, the majority of people who get treatment for a mental health problem are treated within primary care, so good mental health support in primary care is vitally important. We*	Thank you for your comment. We recognise that community pharmacies have an important role in improving mental health support within primary care. In light of this we have now strengthened the wording throughout the guideline to reflect the importance of taking in to account people's mental health and wellbeing. We have now included 'mental health' alongside the use of 'health and wellbeing' throughout the guideline We note you refer to the NHS Five Year Forward View, we have referenced this vision in the **rationale and impact** sections of the guideline. Findings from the McManus, S., et al (2009) study are interesting however this study would be outside the scope of this guideline and thus not included.

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				believe that if mental health support in primary care is right, this can help people stay well. *We know that people want to get help for their mental health early, to improve their chances of staying well. Pharmacies, of all the primary care settings, are usually close to people's homes and they are easily accessible without the need for an appointment. Their place in the community puts them in a unique position within health and care pathways to offer freely accessible advice on mental health to local communities.* *The NHS Five Year Forward View (NHS England) 2104 states that 'we have a much wider ambition to achieve genuine parity of esteem between physical and mental health by 2020". Our mental health and physical health should be treated equally. We recommend that the guidelines reflect this ambition by referencing mental health more widely throughout. We believe that people deserve good access to mental health advice wherever they are seen.* *We support the development of the local pharmacy as a 'trusted health and wellbeing hub' linking patients to community support, social care and help to address wider social needs, all of which may be affecting someone's mental health.* *The following comments give further detail about where the representation of mental health could be strengthened within the guideline.* **McManus, S., et al (2009). Adult psychiatric morbidity in England, 2007: results of a household survey. Leeds: NHS Information Centre for Health and Social Care*	
[Mind]	Draft guideline	General	General	*The draft guideline currently refers to "health and wellbeing" throughout the document. We recommend that, for clarity, it is explained at the outset that "health" includes both physical and mental health.*	Thank you for your comment we have now included 'mental health' alongside the use of 'health and wellbeing' throughout the guideline.
[National	Draft	1	4	*We would question the sentence, "in addition, they are in a*	Thank you for your comment. Amendments have been made to

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Pharmacy Association]	Guideline			*good position to help people who are well to prevent the onset of ill health. They are also well placed to help people with a medical condition improve their outcomes by offering advice on healthy behaviours".* *The definition as stated indicates that people who come into the pharmacy are of good health, and are well. However, by definition most individuals who come into the pharmacy would not be considered well, particularly if they have come to collect their medication. Suggest the statement states "in addition, they are in a good position to support individuals lead a healthy lifestyle regardless of the individual's health status".* *In addition, the phrase "with a medical condition " may not be entirely accurate, as community pharmacists tend to support a number of individuals with long term conditions which may or may not be defined as a "medical condition".*	the overview page to fit with the new guideline template structure. The introduction paragraph on the overview page now reads as follows: "This guideline covers how community pharmacies can help maintain and improve people's physical and mental health and wellbeing, including people with a long-term condition. It aims to encourage more people to use community pharmacies by integrating them within existing health and care pathways and ensuring they offer standard services and a consistent approach. It requires a collaborative approach from individual pharmacies and their representatives, local authorities and other commissioners".
[National Pharmacy Association]	Draft Guideline	12	Jul-15	*The NPA is supportive of this guideline. The community pharmacy sits at the heart of its local community and due to its high level of accessibility and access to the pharmacist, is well positioned to be able to refer individuals for consultation, review or further action. Community pharmacists have had clinical and pharmacological training and are able to make such decisions that include "advising people to see their GP or a medical specialist, including sending people to a specialist for a second opinion or a particular therapy". The NPA is in agreement that for this process to run smoothly, organisations will need to exchange information.* *Question 1:This recommendation would be a challenging change in practice for a number of reasons:* *i) The NHS is set up so that the GP is the recognised "gateway" to referral* *ii) The challenges at local level are dependent on the relationships and trust that currently exist between the primary care multidisciplinary teams and the local community pharmacist. These vary across the country*	Thank you for your comment. The committee agreed with the importance of individual pharmacies collaborating with local health and social care organisations to ensure pharmacies can progress to becoming health and wellbeing hubs that are integrated in to existing care and referral pathways. We have now included an additional recommendation upfront in the guideline under the heading 'Health and wellbeing hubs' as follows: This recommendation is for local authorities, clinical commissioning groups, health and wellbeing boards, community pharmacies and their representatives. 1.1.1 Work together to help all community pharmacies gradually integrate into existing care and referral pathways as health and wellbeing hubs. This could include arrangements for inward and outward referrals (see recommendation 1.6.1). The committee agree that on a wider note an integrated approach from all target audiences of the guidance is important

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				which in turn would lead to a variation in its uptake and challenges/ barriers that would need to be overcome. *Question 2:Of all the recommendations suggested in this guideline, this may be the most challenging to implement for reasons explained earlier, and hence, the one with the most significant cost implications from a training and implementation perspective. Once this is set up, the costs associated would be negligible particularly when all healthcare professionals would have read/write access to patient records.* *Question 3:The NPA suggests that these challenges can be overcome through a number of ways:* *i) The formal invitations for community pharmacies to sit on local healthcare boards such as STPs, and ACOs* *ii) Better integration of the local healthcare teams in patient pathways, and work streams* *iii) Improved dialogue across the entire primary care multi-disciplinary teams* *iv) Patient pathways to reflect patients' healthcare journey and key performance indicators set up accordingly*	and in light of this we have now also included an additional recommendation in the overarching principles of good practise for community pharmacy teams under the heading 'An integrated approach' as follows: 1.2.1 Work with local health and care organisations to ensure community pharmacy interventions are delivered according to local need and as part of wider service pathways in the local area. Additionally we recognise that the sharing of data between organisations is essential for formal referrals to effectively work. In light if this we have made a recommendation on record keeping, auditing and monitoring as follows: 1.6.6 Consider using minimum data sets and summary care records to encourage record keeping and auditing, particularly when exchanging information through formal referrals in the local care network. This guideline has been reviewed for its impact on NHS workforce and resources by the NICE Guideline Resource and Implementation Panel (GRIP). An implementation statement by the GRIP, addressing any significant resource and workforce issues, will be published shortly after the guideline publishes.
[National Pharmacy Association]	Draft Guideline	14	6	*"Community pharmacies have to be integrated within the care pathway"- the NPA suggests that "Community pharmacies have to be integrated within the patient care pathway"*	Thank you for your comment, we have now altered this sentence in light of your suggestion.
[National Pharmacy Association]	Draft Guideline	16	Jan-13	*This element of the guideline explores the "characteristics of pharmacy staff" in the delivery of an intervention. The NPA argues that it is difficult to "generalise" this element of the guideline, as all pharmacy staff are under the direction and supervision of the responsible pharmacist, who would recruit and train staff according to the services being nationally and locally commissioned. The roles within the pharmacy teams are all regulated by the GPhC, and hence the pharmacy is already subject to*	Thank you for your comment. The committee agreed that appropriate staff skills and competencies would be a requirement in order to provide the best possible health and wellbeing services within community pharmacies (whoever it was doing this) and that staff would be recruited and trained according to the services being nationally and locally commissioned. However the crux of the question is around whether you need a

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				scrutiny in pharmacy premises inspections.	degree-entry regulated professional or an NVQ-entry regulated professional to provide a service effectively, or whether it can be done by any member of the pharmacy team.
[National Pharmacy Association]	Draft Guideline	16	22	*Patient activation levels.* *The NPA is in agreement that patient activation levels ought to be used as performance indicators in order to determine how effective and cost effective "advice, education or behavioural support" is through community pharmacy. These are relatively new measures for community pharmacy and the local primary care team.* *Question 1:This recommendation will have some impact on practice as there may be administrative changes to the methods of reporting.* *Question 3:A full understanding of the process and then how the outcomes translate into the evaluation will go some way in addressing some of the challenges.*	Thank you for your comment. Due to the lack of evidence within the area of patient activation within community pharmacies, the committee agreed the make a research recommendation in this area as opposed to explicitly recommending the approach. Further research performed in this area will mean a full understanding of the process and how the outcomes translate in to the evaluation of this approach.
[National Pharmacy Association]	Draft Guideline	18	5	*The NPA agrees with the line ..."unless staff are skilled, the services and interventions they offer may not be effective", however, this would be highly unlikely in a community pharmacy setting, as all the pharmacy team roles are regulated through the GPhC, and the responsible pharmacist is accountable for the number of staff and type of roles necessary for that particular pharmacy. The NPA is unsure as to the reason of this element of the recommendation for community pharmacy.*	Thank you for your comment. The committee agreed that it may be a requirement for commissioners to ensure services are delivered according to best practise, including ensuring that the services they commission are delivered by those who are appropriately trained. However to ensure the delivery of consistent, high quality services within community pharmacies the committee agreed to recommend 1.2.3 as follows: Local providers should ensure interventions are carried out only by staff members with the skills and competencies to do so. For example, follow NICE's recommendations on training in: • behaviour change: individual approaches • stop smoking interventions and services. The committee agreed that appropriate staff skills and competencies would be a requirement in order to provide efficient health and wellbeing services within community pharmacies
[National Pharmacy Association]	Draft Guideline	18	16	*Reading through evidence review 1, which in turn led to the recommendations in this section, the NPA agrees that the evidence collated appears to be limited, but argues against the inclusion criteria that "studies that describe public health interventions provided by a "clinical pharmacist" will be included if these studies were*	Thank you for your comment and advice. The review protocols were developed and signed off by the internal NICE Quality Assurance team before the systematic reviews and subsequent guideline were developed. There were no studies across reviews that were excluded due to an intervention being carried out by a 'clinical pharmacist'.

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				performed in a community pharmacy setting". By definition all pharmacists are "clinical pharmacists", and would suggest that it would be difficult to split roles.	A large proportion of studies did not report on the type of staff member responsible for the delivery of an intervention and thus the committee agreed that further research is needed on how the professional characterises of a person delivering interventions within community pharmacies influences their effectiveness (see research recommendation 4).
[National Pharmacy Association]	Draft Guideline	18	29	*Line 29 of the draft guideline indicates that "community pharmacy interventions" are to be "encouraged because it means more people using pharmacies could get support to prevent health problems from developing or arising. This, in turn, will take the burden off GPs and other health services".The NPA would like to point out that community pharmacists are experts in medicines and have had training to that affect. These interventions would improve patient's accessibility to healthcare, management of their long-term conditions, and prevention to ill-health, in collaboration with the local primary care multi-disciplinary teams. This in turn would lead to a positive impact on the rest of the healthcare system as patients would be able to seek healthcare advice from a number of healthcare professionals. The premise that community pharmacists "will take the burden off GPs and other health services" is not entirely reflective of this.*	Thank you for your comment. This specific part of the rationale and impact section refers to recommendation 1.2.8 'proactively seek opportunities'. This includes: awareness raising and information provision, advice and education, behavioural support and referral to other services. We agree that delivering these types of interventions as the opportunity arises will lead to a positive impact on the rest of the healthcare system and not just GPs. We have amended this section in light of your comment as follows: "The committee agreed that identifying opportunities to provide interventions and referrals should be encouraged. It would mean that more people using pharmacies could get support, either from the pharmacy itself or from other local multidisciplinary teams, to prevent health problems from developing or deteriorating. This, in turn, would reduce the burden on other areas of health and care."
[National Pharmacy Association]	Draft Guideline	20	19	*There is a suggestion in the guideline at line 19 on page 20, which indicates that the provision of health and wellbeing advice in a community pharmacy setting "varies widely", with the suggestion that "this may be because of a lack of understanding of what works". The NPA argues that the claim of "variation" does not appear to be robustly evidenced in this consultation,(evidence review 2) and hence, without evidence it can only be concluded that the cause cited i.e. "may be because of a lack of understanding of what works" could be anecdotal and subjective.*	Thank you for your comment we have now rephrased this statement in light of your advice as follows: "Community pharmacies are well placed to offer health and wellbeing advice and education to everyone in a local community, whether they have a long-term health condition or need help to adopt a healthier lifestyle. However, there is significant variation in what is offered."
[National Pharmacy Association]	Draft Guideline	21	8	*This line of the guidance outlines the training that some pharmacists and pharmacy technicians can undertake and cites RSPH as an example of such a provider. In fact, the RSPH is cited as an example of a training*	Thank you for your comment. To ensure consistent, high quality services recommendation 1.2.3 has been formulated as follows: Local providers should ensure interventions are carried out only

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				provider throughout the documentation. The NPA wishes to highlight that it also provides healthy living training for community pharmacists and pharmacy teams, and suggests that the examples cited in the document are balanced to include a variety of training providers.	by staff members with the skills and competencies to do so. For example, follow NICE's recommendations on training in: • behaviour change: individual approaches • stop smoking interventions and services. NICE have worked with Public Health England to develop this guideline and in particular to highlight tools and resources that will help put the guideline in to practise. For example, links to a list of various educational resources and programmes which may help when training staff to implement this guideline can be found in the end section of the guideline titled **'Finding more information and resources'**. Within this section we refer to the use of the National Pharmacy Association as follows: "Support is available from national bodies, professional groups and royal colleges, including the: • Royal Pharmaceutical Society • Company Chemist's Association • National Pharmacy Association." In light of your comment we have removed the example to the RSPH within the rationale and impact sections to ensure readers are aware that there are other training providers available.
[National Pharmacy Association]	Draft Guideline	23	05-Oct	*The NPA is in agreement with the recommendation that "if community pharmacies offer" a referral process that it would "mean fast referrals for people at risk and ensure that people referred on....." Question 1:This would have a positive impact on patient choice, and would only be challenging to implement if the rest of the primary care network are not fully engaged in the concept. Question 3:For these challenges to be overcome, it is recommended that a communications strategy be set up in order for the rest of the primary care team to understand the rationale behind the concept.*	Thank you for your comment. The committee agreed with the importance of individual pharmacies collaborating with local health and social care organisations to ensure pharmacies can progress to becoming health and wellbeing hubs that are integrated in to existing care and referral pathways. This will improve and maintain communication across the local care network, ensuring community pharmacies are aware of what referral pathways are available. We have now included an additional recommendation upfront in the guideline under the heading 'Health and wellbeing hubs' as follows: This recommendation is for local authorities, clinical commissioning groups, health and wellbeing boards, community

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					pharmacies and their representatives. 1.1.1 Work together to help all community pharmacies gradually integrate into existing care and referral pathways as health and wellbeing hubs. This could include arrangements for inward and outward referrals (see recommendation 1.6.1). The committee agree that on a wider note an integrated approach from all target audiences of the guidance is important and in light of this we have now also included an additional recommendation in the overarching principles of good practise for community pharmacy teams under the heading 'An integrated approach' as follows: 1.2.1 Work with local health and care organisations to ensure community pharmacy interventions are delivered according to local need and as part of wider service pathways in the local area.
[National Pharmacy Association]	Draft Guideline	4	6	*"Local providers should ensure interventions are carried out only by staff members with the skills and competencies to do so". By definition staff members in the pharmacy would also need to comply with the General Pharmaceutical Council (GPhC) standards and regulations for pharmacy staff under the supervision of the responsible pharmacist. Suggest this element is taken into consideration in this line of the guideline.*	Thank you for your comment. The committee agreed that appropriate staff skills and competencies would be a requirement in order to provide the best possible health and wellbeing services within community pharmacies (whoever it was doing this) and that staff would be recruited and trained according to the services being nationally and locally commissioned.
[National Pharmacy Association]	Draft Guideline	4	11	*Question 1; This recommendation would be challenging to implement in practice. Community pharmacies are open for extended hours late into the evenings and weekends. The recommendation of "promoting continuity of care" may be difficult to implement for practical reasons. To cover the extended opening hours, and weekends members of staff would work on a rota, which means that it may not be possible for the same staff member to be able to deliver all the sessions of an intervention if multiple sessions are needed.Question 3: This challenge would be difficult to overcome for practical reasons as highlighted above.*	Thank you for your comment. We recognise that there may be issues concerning the practicality of this recommendation. However this is reflected in the wording of the recommendation itself, where we use the phrase **'where possible'**. In light of your comment, we have now also strengthened the rationale and impact section in relation to this recommendation to recognise that this action may not always be possible or practical to carry out.
[National Pharmacy	Draft Guideline	5	9	*We are concerned that this part of the guideline implies that community pharmacies only form part of the social*	Thank you for your comment. We have made amendments to recommendation 1.2.7 in light of this comment as follows:

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Association]				*element of the local health and care network. Community pharmacy is a healthcare facility and is part of the health and social care element of the NHS. They are the healthcare professionals who see individuals most frequently, and in an ideal position of being able to intervene in instances of both healthcare and social prevention. Suggest change ".....pharmacies form part of the care service....." to ".....pharmacies form part of the multidisciplinary primary care team....."*	Consider promoting community pharmacies. For example: • Local commissioners could make it clear that community pharmacies are an integral part of NHS primary care services and offer people a link into the local health and care network. • Individual pharmacies could publicise the skills and competencies of their staff to increase the public's knowledge of and confidence in the health and wellbeing services on offer.
[National Pharmacy Association]	Draft Guideline	5	14	*In line with General Practice, the community pharmacy contractual framework is set up such that the 90-95% of their income is through NHS services, hence, the statement "do not provide health and wellbeing interventions based solely on commercial interests or incentives...." must not single out Community pharmacists with this conflict of interest. Community pharmacists provide personalised health and wellbeing interventions and suggest that the statement is thus amended.*	Thank you for your comment. We recognise that community pharmacies are commercial concerns and that in many areas of practise commercial interests are appropriate or relevant, however the evidence revealed that members of public who engaged with pharmacy services deemed it vital that the motivations of pharmacy staff were genuinely altruistic and that services shouldn't be promoted in a commercial way (evidence review 2). We have now made alterations to this recommendation in light of this comment as follows: 1.2.5 Use information, resources and support aids available from statutory, community and voluntary sector organisations (for example Healthwatch and Public Health England). Ensure materials used are: • not based solely on commercial interests or incentives • clear and professionally produced
[National Pharmacy Association]	Draft Guideline	5	20	*Question 1: The recommendation of "referral to other services" would be difficult to implement due to the lack of formal pathways from the community pharmacy into the system. The community pharmacist often refers individuals to their GPs and/or other services, however, this is very much dependent on the inter/intra local professional relationships.* *Question 2:This recommendation would have no substantial cost implications other than the usual administrative costs that would be associated with the formal set up of patient referrals; however, there would be a substantial return on investment on the local*	Thank you for your comment. The committee agreed with the importance of individual pharmacies collaborating with local health and social care organisations to ensure pharmacies can progress to becoming health and wellbeing hubs that are integrated in to existing care and referral pathways. We have now included an additional recommendation upfront in the guideline under the heading 'Health and wellbeing hubs' as follows: This recommendation is for local authorities, clinical commissioning groups, health and wellbeing boards, community

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				healthcare economy and patient outcomes in the long term. *Question 3:Any challenges can be easily overcome, through a number of ways:* *i) The inclusion of community pharmacy representation on STPs and ACOs so that patient pathways are fully utilised for maximum patient benefit.* *ii) Formalisation of referrals across the local healthcare and social multi-disciplinary team. (Into and from community pharmacy)*	pharmacies and their representatives. 1.1.1 Work together to help all community pharmacies gradually integrate into existing care and referral pathways as health and wellbeing hubs. This could include arrangements for inward and outward referrals (see recommendation 1.6.1). The committee agree that on a wider note an integrated approach from all target audiences of the guidance is important and in light of this we have now also included an additional recommendation in the overarching principles of good practise for community pharmacy teams under the heading 'An integrated approach' as follows: 1.2.1 Work with local health and care organisations to ensure community pharmacy interventions are delivered according to local need and as part of wider service pathways in the local area.
[National Pharmacy Association]	Draft Guideline	6	3	*Community pharmacists provide a range of behavioural support to patients on a number of clinical and social issues. The NPA suggests that the examples of "stopping smoking" and "information on sunscreen" are rather "narrow" and not reflective of this. The NPA suggests that the examples mentioned be broader in context to reflect this.*	Thank you for your comment. As this section is about overarching principles of good practise these are only examples of some of the opportunities for making every contact count when an individual visits the pharmacy. For instance by providing information, advice/education or behavioural support. Thus, this is not an exhaustive list of when an opportunity may be identified for providing health and wellbeing support and as you suggest opportunities may be more wide-ranging. In light of your suggestion we have now reworded the recommendation as follows: 1.2.8 Proactively seek opportunities to promote people's physical and mental health and wellbeing. This includes: awareness raising and information provision, advice and education, behavioural support and referral and signposting to other services. Describe the interventions on offer and the benefits. Do this **for example,** when someone:
[National Pharmacy Association]	Draft Guideline	7	Oct-17	*Community pharmacists support individuals with long term conditions not only from an advice and education perspective, but also from a therapeutic perspective. The*	Thank you for your comment. Although we are aware that community pharmacists may support individuals with long-term conditions from a therapeutic perspective (through medicines

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				community pharmacist would provide the individual with pharmaceutical services such as medicines usage reviews, to discuss practical and lifestyle advice with the patient.	usage reviews), the effectiveness of screening, checks and testing were not assessed within the evidence reviews for this guideline. This included the effectiveness of: • blood glucose checks • blood pressure checks • cardiovascular risk assessments • cholesterol checks (including point of care tests) • **medicine use reviews** • mole checking services • NHS Health Checks
[National Pharmacy Association]	Draft Guideline	7	24	*The recommendation of using "photo-ageing" software to support advice and education on smoking.Question 1: This is a recommendation that would have some impact on current practice as most smoking cessation confirmation is currently through carbon monoxide monitors. (CO monitors)Question 2: The implementation of this part of the draft recommendation would lead to significant cost implications to community pharmacies as it would mean the purchasing of such products and their accessories.Question 3: Just like CO monitors are currently provided by the commissioner, having photo-ageing software provided by commissioners would aid in its implementation and effectiveness of the service.*	Thank you for your comment. This particular intervention was covered in a cost effectiveness study (review 2) and also included in the additional de novo health economic modelling and thus has relevant sensitivity analysis to improve robustness of the analysis. This is also an approach that is used in mass media campaigns on smoking, which the committee agreed has plausibility in terms of its effect particularly as there is some specific evidence to favour its use in a pharmacy setting. The evidence further indicated that it had a greater impact in some groups (younger/heavier smokers) who they believed were likely to benefit more in the longer term. However due to the lack of high quality evidence the committee agreed to recommend the use of this software only as an example of a way to support advice/education on smoking cessation, if the resources are available. This is reflected in the updated recommendations as follows: **1.4.4 Use support materials and approaches to aid these discussions, if available. (For example advice and education on smoking could be supported by using photo-ageing software, if it is available).** This guideline has been reviewed for its impact on NHS workforce and resources by the NICE Guideline Resource and Implementation Panel (GRIP). An implementation statement by

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					the GRIP, addressing any significant resource and workforce issues, will be published shortly after the guideline publishes.
[National Pharmacy Association]	Draft Guideline	8	01-May	*Question 1: This recommendation in the guideline is welcome however, in practice this is difficult to implement in parts of the country due to the lack of services available that the community pharmacist can refer into* *Question 2:This particular recommendation has no significant cost implications, and would be one of the most cost-effective methods of addressing this public health issue.* *Question 3:Formal referral pathways from the initial alcohol screening and brief advice by the community pharmacists.*	Thank you for your comment and advice. The committee agreed with the importance of individual pharmacies collaborating with local health and social care organisations to ensure pharmacies can progress to becoming health and wellbeing hubs that are integrated in to existing care and referral pathways. This will improve and maintain communication across the local care network, ensuring community pharmacies are aware of what referral pathways are available. We have now included an additional recommendation upfront in the guideline under the heading 'Health and wellbeing hubs' as follows: This recommendation is for local authorities, clinical commissioning groups, health and wellbeing boards, community pharmacies and their representatives. 1.1.1 Work together to help all community pharmacies gradually integrate into existing care and referral pathways as health and wellbeing hubs. This could include arrangements for inward and outward referrals (see recommendation 1.6.1). The committee agree that on a wider note an integrated approach from all target audiences of the guidance is important and in light of this we have now also included an additional recommendation in the overarching principles of good practise for community pharmacy teams under the heading 'An integrated approach' as follows: 1.2.1 Work with local health and care organisations to ensure community pharmacy interventions are delivered according to local need and as part of wider service pathways in the local area.
[National Pharmacy Association]	Draft Guideline	9	04-Jun	*Question 1:This recommendation in the guideline is welcome, however, difficult to implement in practice due to the "silo" effect in the local primary care multi-disciplinary team and therefore, the lack of clarity of the pathways that*	Thank you for your comment. The committee agreed with the importance of individual pharmacies collaborating with local health and social care organisations to ensure pharmacies can progress to becoming health and wellbeing hubs that are

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				community pharmacy can signpost to. *Question 2:The implementation of this particular element of the guideline would not attract significant cost implications other than administrative costs.*	integrated in to existing care and referral pathways. This will improve and maintain communication across the local care network, ensuring community pharmacies are aware of what referral pathways are available. We have now included an additional recommendation upfront in the guideline under the heading 'Health and wellbeing hubs' as follows: This recommendation is for local authorities, clinical commissioning groups, health and wellbeing boards, community pharmacies and their representatives. 1.1.1 Work together to help all community pharmacies gradually integrate into existing care and referral pathways as health and wellbeing hubs. This could include arrangements for inward and outward referrals (see recommendation 1.6.1). The committee agree that on a wider note an integrated approach from all target audiences of the guidance is important and in light of this we have now also included an additional recommendation in the overarching principles of good practise for community pharmacy teams under the heading 'An integrated approach' as follows: 1.2.1 Work with local health and care organisations to ensure community pharmacy interventions are delivered according to local need and as part of wider service pathways in the local area.
[National Pharmacy Association]	Draft Guideline	9	10	*As mentioned earlier this element of the guideline would be a challenge to implement in some areas, due to the lack of formalised pathways inter/ intra local primary care teams.*	Thank you for your comment. The committee agreed with the importance of individual pharmacies collaborating with local health and social care organisations to ensure pharmacies can progress to becoming health and wellbeing hubs that are integrated in to existing care and referral pathways. This will improve and maintain communication across the local care network, ensuring community pharmacies are aware of what referral pathways are available. We have now included an additional recommendation upfront in the guideline under the heading 'Health and wellbeing hubs' as

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					follows: This recommendation is for local authorities, clinical commissioning groups, health and wellbeing boards, community pharmacies and their representatives. 1.1.1 Work together to help all community pharmacies gradually integrate into existing care and referral pathways as health and wellbeing hubs. This could include arrangements for inward and outward referrals (see recommendation 1.6.1). The committee agree that on a wider note an integrated approach from all target audiences of the guidance is important and in light of this we have now also included an additional recommendation in the overarching principles of good practise for community pharmacy teams under the heading 'An integrated approach' as follows: 1.2.1 Work with local health and care organisations to ensure community pharmacy interventions are delivered according to local need and as part of wider service pathways in the local area.
[National Pharmacy Association]	Draft Guideline	9	13	*Formal referral processes with other services is welcomed, however, in the current framework this would be difficult to implement due to the lack of co-operation from the other services. A formal structure would need to be set up at a local level in order for these processes to work seamlessly.*	Thank you for your comment. The committee agreed with the importance of individual pharmacies collaborating with local health and social care organisations to ensure pharmacies can progress to becoming health and wellbeing hubs that are integrated in to existing care and referral pathways. This will improve and maintain communication across the local care network, ensuring community pharmacies are aware of what referral pathways are available. This recommendation is for local authorities, clinical commissioning groups, health and wellbeing boards, community pharmacies and their representatives. 1.1.1 Work together to help all community pharmacies gradually integrate into existing care and referral pathways as health and wellbeing hubs. This could include arrangements for inward and outward referrals (see recommendation 1.6.1).

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					The committee agree that on a wider note an integrated approach from all target audiences of the guidance is important and in light of this we have now also included an additional recommendation in the overarching principles of good practise for community pharmacy teams under the heading 'An integrated approach' as follows: 1.2.1 Work with local health and care organisations to ensure community pharmacy interventions are delivered according to local need and as part of wider service pathways in the local area.
[National Pharmacy Association]	Draft Guideline	9	22	*Question1:Community pharmacists often refer their patients/ customers to the GP, and informally are part of a triage when the GP surgeries are closed. As the guideline suggests there is a wide scope for community pharmacists to "refer people to other services and triage within the agreed local care or referral pathway". Once implemented this recommendation would have the biggest positive impact on practice and would be of great benefit to the local NHS and patients.* *Question 2: This recommendation would not have significant cost implications.* *Question 3:The greatest barriers associated with this would be around "ways of working" of the local primary care multi-disciplinary team in order for local patient pathways to be set up.*	Thank you for your comment and positive support
[National Pharmacy Association]	Economic report			*The NPA welcomes the economic report commissioned through NICE which concludes that "behavioural interventions provided in community pharmacies to support weight management and smoking cessation constitute a highly, cost-effective use of public health resources", and adds that further similar studies are required in regards to the other pharmaceutical services as highlighted in the recent PWC report "The value of community pharmacy".*	Thank you for your comment and positive support.
[National Pharmacy Association]	Evidence review 1	28	9	*There appears to be a great deal of generalisation in setting the criteria for studies to be included. It is not clear from the evidence review how this criteria has been set, as a number of community pharmacies provide both*	Thank you for your comment. The review protocols were developed and signed off by the internal NICE Quality Assurance team before the systematic reviews and subsequent guideline were developed. The committee agree that

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				Chlamydia screening and treatment.	community pharmacies may provide both screening and treatment for specific areas of interest, however studies which looked at the effects of screening, checks and testing were out of scope for this guideline as NICE are unable to make recommendations on screening. Studies that looked at the effectiveness of health promotion and advice **during screening, checks or testing** were included in the systematic evidence reviews.
[National Pharmacy Association]	Evidence review 1	33	9	*It is noted that 1990 is cut off year for studies that were used in this evidence review. The NPA would like to point out that the new community pharmacy contractual framework came about in 2005. This involved the emergence and the necessity of the fitting of consultation rooms in each pharmacy, in order to enable the provision of both local and national pharmaceutical services to be conducted in privacy. The NPA suggests that including studies prior to 2005, may lead to misleading conclusions such as "lack of privacy and confidentiality", due to the then absence of the consultation room.*	Thank you for your comment. The committee agreed that the community pharmacy contractual framework in 2005 involved the emergence and the necessity of the fitting of consultation rooms in each pharmacy. However including evidence from an earlier date allowed the assessment of a wider evidence base, particularly given the paucity of evidence across the topic area as a whole. The emergence and necessity of private consultation rooms was discussed with the committee in light of the community pharmacy contractual framework as the evidence reviews explored whether the effectiveness of interventions varied by its characteristics, for example where the intervention was delivered (i.e. within a private consultation room). However, no effectiveness studies were found which assessed this. The acceptability evidence within review question 2 highlighted the importance of having a private area to apply an educational intervention, for example some provide some individuals indicated they may be less likely to participate during an alcohol IBA session if there were other customers around. The committee felt that recommendations within this area were not needed as 90% of pharmacies within the UK already have a private area and it is part of the pharmacy contract to be mindful of the importance of using them/confidentiality. This is highlighted in the discussion section of evidence review 2. No other evidence regarding patient acceptability of consultation rooms was found.
[National Pharmacy	Evidence review 2	26	675	*The NPA notes the statement in this evidence review 2 that elements of the qualitative evidence from Australia,*	Thank you for your comment and advice. The committee agree that this comment may be subjective and that community

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Association]				*"some of the roles undertaken by community pharmacy in the studies would be undertaken by physician associates for practice nurses in the UK and this would not be part of the extended pharmacist role". The NPA argues that this assumption is subjective to the reader and those arriving at these decisions. The community pharmacy role is an evolving role in response to patient need, and it cannot be assumed that if such roles are currently being undertaken by other professions in the UK, that this would be the case in the near and/or distant future. The NICE guideline "Community pharmacies: promoting health and wellbeing" proposed guidelines that would currently be seen as outside the extended pharmacist role but in response to patient need. The NPA therefore, suggests that all types of evidence relating to the promotion of health and wellbeing from Australia be considered.*	pharmacy roles are evolving in response to patient need and that roles may differ in the near and/or distance future. This is particularly relevant as community pharmacies progress to becoming established health and wellbeing hubs with formal referral mechanisms in place. In light of your comment we have now removed this statement from the evidence discussion. However the committee also questioned the generalisability of this qualitative study because it provided limited contextual information and direct quotes and thus was not used to form recommendations on advice or education.
[National Pharmacy Association]	Evidence review 3	21	193	*The NPA notes that only 2 economic analyses were undertaken "due to the lack of published economic evidence......", and asks that NICE and other policy makers take this into consideration before policy is implemented. The NPA is in agreement that further research into this area is required, and would suggest that it is essential in order to enhance the patient journey and healthcare experience.*	Thank you for your comment and advice.
[National Pharmacy Association]	Evidence review 4	15	38-43	*The statement is in agreement with the conclusion and the recommendation drawn, and would suggest that this guideline consultation highlighted the need to greater research in this area, and hence, urges NICE to support such a campaign.*	Thank you for your comment and positive support.
[National Pharmacy Association]	Evidence review 4	17	37-39	*The NPA is in agreement with the NICE recommendation that "where an effective agreed referral process with another provider is not in place, signposting to other may still be important, but should, however, not be recommended as usual practice" and suggests that in the absence of this referral process that one would be set up in response to the patient need identified.*	Thank you for your comment. The committee agreed with the importance of individual pharmacies collaborating with local health and social care organisations to ensure pharmacies can progress to becoming health and wellbeing hubs that are integrated in to existing care and referral pathways so that they are aware of what services are offered locally in order for formal referrals to be effective. We have now included an additional recommendation upfront in the guideline under the heading 'Health and wellbeing hubs' as

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					follows: This recommendation is for local authorities, clinical commissioning groups, health and wellbeing boards, community pharmacies and their representatives. 1.1.1 Work together to help all community pharmacies gradually integrate into existing care and referral pathways as health and wellbeing hubs. This could include arrangements for inward and outward referrals (see recommendation 1.6.1). A recommendation has also been made for local commissioners and community pharmacies to consider establishing a formal referral process with other services, as follows: 1.6.1 Local commissioners and pharmacies could consider establishing a formal referral process with other pharmacies and services. This includes GP services and those offered by local authorities and organisations in the community and voluntary sectors. Specifically: • Consider basing pharmacy assessments, triage activities and referrals on agreed tools that support continuing treatment. • Consider designing triage activities to reduce multiple assessments and waiting times after people are referred. For example, after identifying harmful or dependent alcohol consumption, consider providing access to alcohol services that does not require re-assessment and a return to the start of the treatment pathway. (Harmful and dependent alcohol consumption could be identified using the AUDIT tool or another threshold used locally.)
[National Pharmacy Association]	Guideline appendix M			*The NPA welcomes the expert testimonies as part of the draft guideline, however, suggests that this is not fully representative of the community pharmacy sector. For example, the NPA is the body which represents the vast majority of independent community pharmacy owners in the UK. We count amongst our members independent regional chains through to single-handed independent pharmacies. This spread of members, our UK-wide*	Thank you for your comment. The committee members and experts who gave testimony had a range of expertise and experience that were relevant to the development of this guidance. The committee members suggested areas that might benefit from expert testimony based on the evidence reviewed by the

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				geographical coverage, and our remit for NHS and non-NHS affairs means that we are uniquely representative of the independent community pharmacy sector. Hence, the NPAsuggests that this voice was absent from these testimonies. In order for this to be arranged please contact Helga Mangion Policy Manager ath.mangion@npa.co.ukwhere this can be organised in a timely manner.	development team. Colloquial evidence from expert testimony was used to complement the scientific evidence or provide missing information on context. The committee discussed the options and suggested experts based on their knowledge of the area and the information they needed to address the gaps in the evidence base.
[PAGB]	Full	5	Jul-16	PAGB agrees that it is vital to promote community pharmacies as an integrated part of the care pathway and the first port of call for advice on minor health concerns. PAGB is concerned that there is currently a lack of awareness of the information and services that pharmacists can provide. PAGB research in 2016 found that 47% of people would not go to the pharmacist for advice, with one in five of those saying that they didn't think pharmacists were as qualified as doctors[2]. PAGB supports the new NHS England/Public Health England "Stay Well Pharmacy" campaign, which we believe has the potential to help overcome the challenge of the lack of awareness in pharmacy expertise. We have been calling for a national campaign to promote the expertise of pharmacists and we are pleased to be partners in the campaign. We believe it is important that campaign activity is sustained long-term to ensure the message reaches all parts of the population. Furthermore, more needs to be done to improve the NHS 111 algorithms to reduce the number of people referred to a GP or A&E unnecessarily, when appropriate care and support could be provided in a pharmacy, many of which have extended evening and weekend opening hours.	Thank you for your comment and positive support - this is encouraging. We note your reference to PAGB research finding that 47% of people would not go to the pharmacist for advice, with one in five of those saying that they didn't think pharmacists were as qualified as doctors [2]. We uncovered similar findings within the included acceptability evidence of review question 1 and 2. This evidence revealed that there is some lack of understanding of the skills and competencies of pharmacy staff amongst members of the public as well as the free local health and wellbeing services they offer. The committee agreed that this can be remedied by promoting the skills of pharmacy staff and the services they offer locally (see recommendation 1.2.7).
[PAGB]	Full	5	20	*PAGB believes that community pharmacists need to be given the tools to effectively support self care and be seen as the first port of call for advice on minor health concerns. We support the recommendation in the draft guideline*	Thank you for your comment. Community pharmacy services related to treating disease and acute medical conditions that do not involve promoting health and wellbeing such as: dispensing; other medicine or device services; self-care to improve use of

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				that pharmacists should be able to refer directly to other services, as appropriate, fast-tracked if the pharmacist identifies a red flag symptom and deems it necessary. This would help overcome the challenge of encouraging people to visit the pharmacy first, as because they would know they would leave with either a medicine or advice to make them feel better, or a referral/appointment with another healthcare professional.	medicines or devices; and urgent care, were out of scope for this guideline.
[PAGB]	Full	5 - 6	18 - 9	*PAGB supports the need for pharmacy staff to be proactive in making interventions to promote health and wellbeing, particularly in recommending appropriate over-the-counter medicines, self care medical devices and food supplements to support people's wellbeing. This could include, for example, recommending an over-the-counter PPI product for someone who regularly buys antacids or recommending folic acid and other appropriate supplements to women planning a pregnancy (e.g. buying a pregnancy testing kit). We also support the promotion of smoking cessation services to support people in their quit attempts.*	Thank you for your comment. Community pharmacy services related to treating disease and acute medical conditions that do not involve promoting health and wellbeing such as: dispensing; other medicine or device services; self-care to improve use of medicines or devices; and urgent care, were out of scope for this guideline.
[PAGB]	Full	General	General	*Community pharmacists have an important role in supporting people to self care and advising them on appropriate over-the-counter medicines and other self care products to treat or manage their symptoms. The NICE guideline should include more on this, particularly given the NHS England and NHS Clinical Commissioners consultation "Conditions for which over the counter items should not routinely be prescribed in primary care"[1]. This consultation lists 33 conditions for which prescriptions should not routinely be offered for first line treatments. If/when implemented, this will mean that people who previously visited the GP will be visiting the pharmacy for advice and to buy a medicine.* *It is important to ensure pharmacists have the tools they need to support people to self care, but also that people have confidence in the advice they are given.* *To help overcome the challenge of providing continuity of*	Thank you for your comment. Community pharmacy services related to treating disease and acute medical conditions that do not involve promoting health and wellbeing such as: dispensing; other medicine or device services; self-care to improve use of medicines or devices; and urgent care, were out of scope for this guideline.

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				care and giving people confidence in pharmacy advice, community pharmacy should be enabled to 'write' in patient records so that any medication and advice given can be recorded. Most pharmacies can now access health records but they can't record the advice/medication they give so people may still prefer to visit the GP for continuity of care. Enabling pharmacists to write to health records would mean that advice and treatment given in other health settings (GP, hospital) can take general health, underlying conditions and medicines use into account.	
[Pharmaceutical Services Negotiating Committee]	Full	16	16	*The reference to "pharmacists" should instead be "pharmacies".*	Thank you for your comment we have now amended this in the guideline.
[Pharmaceutical Services Negotiating Committee]	Full	21	13 & 14	*The guidance notes the resource impact associated with additional healthy living training for pharmacy team members. This is an important point and we suggest that NHS England, local commissioners and Health Education England consider how they might support the provision of such training to pharmacy team members.*	Thank you for your comment. The committee agreed that it may be a requirement for commissioners to ensure services are delivered according to best practise, including ensuring that the services they commission are delivered by those who are appropriately trained. To ensure the delivery of consistent, high quality services within community pharmacies, recommendation 1.2.3 has been formulated as follows: 1.2.3 Local providers should ensure interventions are carried out only by staff members with the skills and competencies to do so. For example, follow NICE's recommendations on training in: • behaviour change: individual approaches • stop smoking interventions and services. However there is a distinct move away from commissioner led training due to the wide variety of training resources available for community pharmacy staff. Therefore NICE have worked with Public Health England to develop this guideline and in particular to highlight tools and resources that will help put the guideline in to practise. For example, links to a list of educational resources and programmes which may help when training staff to implement this guideline can be found in the end section of the guideline titled **'Finding more information and**

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					resources'. Overall, the committee agreed that general training requirements for community pharmacy staff may be sufficient for effectively delivering information, advice and education, particularly in areas that are already provided in some community pharmacies (such as stop smoking services). There may be some additional training required for the delivery of weight management and behavioural support services but the anticipated resource impact would be low as it would be treated as continuing professional development (CPD). There are a range of courses available to staff, either company provided or HEE funded. Links to these training tools and resources are highlighted in the 'Finding more information and resources' section of the guideline. This guideline has been reviewed for its impact on NHS workforce and resources by the NICE Guideline Resource and Implementation Panel (GRIP). An implementation statement by the GRIP, addressing any significant resource and workforce issues, will be published shortly after the guideline publishes.
[Pharmaceutical Services Negotiating Committee]	Full	5	7	*We fully support the proposal to promote the skills and competencies of community pharmacy teams to the public and we are pleased that NHS England and Public Health England have recently initiated such a campaign as part of their wider "Live Well" consumer campaign.* *To effectively undertake such a campaign, we believe there is a benefit in using consistent messaging across the whole country. Such a campaign also requires the investment of significant sums of money over sustained periods. Considering the current funding constraint within the NHS and the funding cuts which have been applied to the Community Pharmacy Contractual Framework, we believe implementation of this recommendation may be more challenging in the foreseeable future.*	Thank you for your response and positive support. The committee agreed with the delivery of consistent messaging across community pharmacies, however they felt this principle applied during the delivery of all health promotion services within these settings and not only during delivery of information and awareness raising campaigns. In light of this the committee agreed to recommend it as **an overarching principle of good practise for community pharmacy teams** as follows: '**Ensure consistent, high quality services**' This guideline has been reviewed for its impact on NHS workforce and resources by the NICE Guideline Resource and Implementation Panel (GRIP). An implementation statement by the GRIP, addressing any significant resource and workforce issues, will be published shortly after the guideline publishes.
[Pharmaceutic	Full	8	14 & 18	*Offering behavioural support programmes for smokers and*	Thank you for your comment. Recommendations have been

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al Services Negotiating Committee]				*weight management is a sensible use of the skills of pharmacy teams across the network of community pharmacies, however it is important for NICE and policymakers to recognise that these services must be commissioned by local commissioners, with adequate remuneration to allow the provision of a high-quality service to patients and the public.* *Even though there was a recommendation in the report of the 2016 Independent Review of Community Pharmacy Clinical Services (commissioned by the Chief Pharmaceutical Officer of NHS England) that consideration should be given to the national commissioning of a stop smoking service from all pharmacies, largely as a result of funding cuts to local government public health budgets, we have actually seen locally commissioned stop smoking services being decommissioned.* *Without commissioning and associated funding, it is unlikely that these recommendations will be able to be implemented.*	made based on the best available evidence of effect and cost effect along with committee expertise. Decisions about investing to support implementation of recommendations in this guideline that are not already underpinned by national service specifications should be based on an assessment of local area needs and priorities and negotiation with the relevant local service providers.
[Pharmaceutical Services Negotiating Committee]	Full	9	2	*There will be a cost to purchase of calorie counters, portion size plates and similar resources which are then supplied to the public. NICE and policymakers should consider how such costs incurred by pharmacy contractors will be reimbursed by NHS or public health commissioners.*	Thank you for your response. Resource impact concerns were considered by the committee throughout the development of the guideline and the recommendations. Recommendations that are expected to have a resource impact, have been underpinned by evidence effectiveness and cost effectiveness. The **rationale and impact** sections of the guideline give further detail on how the recommendations might affect current practise, including any resource issues considered by the committee. This guideline has been reviewed for its impact on NHS workforce and resources by the NICE Guideline Resource and Implementation Panel (GRIP). An implementation statement by the GRIP, addressing any significant resource and workforce issues, will be published shortly after the guideline publishes.

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[Pharmaceutical Services Negotiating Committee]	Full	9	13	*Establishment of formal referral processes to other services is a very sensible proposal, which is already seen in some areas. Development of such referral processes can take a significant investment of time and effort by commissioners, local clinicians, professional leaders and representative organisations, such as Local Pharmaceutical Committees and Local Medical Committees. In some cases, getting commissioners to engage in such activities can be a challenge, due to multiple competing priorities calling upon their time. The guidance should recognise the need for such wider engagement when referral processes are being developed.* *Additionally, the guidance could also identify the benefit of using electronic methods for making referrals to other healthcare providers, particularly general practices. Community pharmacies are increasingly using electronic methods to communicate with GPs and other professional colleagues, but systems to allow such electronic communication generally require local facilitation by commissioners or Local Pharmaceutical Committees and funding is also generally required.* *For these reasons, we believe the recommendation on establishing formal referral processes will be one of the most challenging to implement.*	Thank you for your comment and positive support. The committee agreed with the importance of individual pharmacies collaborating with local health and social care organisations to ensure pharmacies can progress to becoming health and wellbeing hubs that are integrated in to existing care and referral pathways so that they are aware of what services are offered locally in order for formal referrals to be effectively implemented. We have now included an additional recommendation upfront in the guideline under the heading 'Health and wellbeing hubs' as follows: This recommendation is for local authorities, clinical commissioning groups, health and wellbeing boards, community pharmacies and their representatives. 1.1.1 Work together to help all community pharmacies gradually integrate into existing care and referral pathways as health and wellbeing hubs. This could include arrangements for inward and outward referrals (see recommendation 1.6.1). Additionally we recognise that the sharing of data between organisations is essential for formal referrals to effectively work. In light if this we have made a recommendation on record keeping, auditing and monitoring as follows: 1.6.6 Consider using minimum data sets and summary care records to encourage record keeping and auditing, particularly when exchanging information through formal referrals in the local care network. This guideline has been reviewed for its impact on NHS workforce and resources by the NICE Guideline Resource and Implementation Panel (GRIP). An implementation statement by the GRIP, addressing any significant resource and workforce issues, will be published shortly after the guideline publishes.
[Pharmaceutical Services Negotiating	Full	General	General	*PSNC believes that the draft recommendations in the guideline are sensible and in the main, it would be possible to implement them, if human and financial*	Thank you for your response. Decisions about investing to support implementation of recommendations in this guideline that are not already underpinned by national service

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Committee]				*resources at a pharmacy level allowed for this. Implementing the proposals would increase the existing positive impact of community pharmacy teams on the health and wellbeing of patients and the public.* *The guideline notes that there may be increased costs for community pharmacies (for example, page 19, lines 25 and 26), but that this cost in terms of staff time may be offset by improved health outcomes and resource savings elsewhere in the health or care system. We believe this assertion is correct, however it is important for NICE and policymakers to recognise that increased costs to pharmacy owners (contractors), that are not covered by specific funding from local or national contracting will be an additional cost burden to those contractors, as savings elsewhere in the health and care system will not benefit the contractor.* *We believe implementing most of the proposals would result in increased costs for pharmacy contractors, mainly in staff time, but in some cases in relation to the purchase of resources, such as calorie counters (page 9, line 2) or photo-ageing software (page 21, line 5). The public health elements of the Community Pharmacy Contractual Framework did have funding allocated to them in the original 2005 funding settlement, but this was only a very small amount, which would be well below the funding that would be required to meet the professional standards described by the recommendations in the guideline.* *The recommendations risk creating confusion between what is required, and funded, by the Community Pharmacy Contractual Framework and what is desirable. Whilst recognising the Government's policy of increasing the number of people advised to seek advice and support from community pharmacies, professional standards must also be realistic. Before the recommendations in this guideline are set as an expected professional standard, there should be a review of the NHS funding*	specifications should be based on an assessment of local area needs and priorities and negotiation with the relevant local service providers. Resource impact concerns were considered by the committee throughout the development of the guideline and the recommendations. Recommendations that are expected to have a resource impact, have been underpinned by evidence effectiveness and cost effectiveness. For example, the photo-ageing advice and education intervention was covered in a cost effectiveness study (review 2) and also included in the additional de novo health economic modelling and thus has relevant sensitivity analysis to improve robustness of the analysis. This is also an approach that is used in mass media campaigns on smoking, which the committee agreed has plausibility in terms of its effect particularly as there is some specific evidence to favour its use in a pharmacy setting. The evidence further indicated that it had a greater impact in some groups (younger/heavier smokers) who they believed were likely to benefit more in the longer term. However due to the lack of high quality evidence the committee agreed to recommend the use of this software only as an example of a way to support advice/education on smoking cessation, **if the resources are available.** This is reflected in the updated recommendations as follows: **1.4.4 Use support materials and approaches to aid these discussions, if available. (For example advice and education on smoking could be supported by using photo-ageing software, if it is available).** The **rationale and impact** sections of the guideline give further detail on how the recommendations might affect current practise, including any resource issues considered by the committee.

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				for such activities. *Considering all of this, the very high existing workload levels in most pharmacies and the funding cuts that have recently been applied to the national Community Pharmacy Contractual Framework, we do not expect that pharmacy contractors will have the financial or staffing resources to allow implementation of most of the recommendations.*	This guideline has been reviewed for its impact on NHS workforce and resources by the NICE Guideline Resource and Implementation Panel (GRIP). An implementation statement by the GRIP, addressing any significant resource and workforce issues, will be published shortly after the guideline publishes.
[Pharmaceutical Services Negotiating Committee]	Full	General	General	*Implementation and wider support for implementation of the various recommendations will fall to a range of organisations, such as community pharmacies, commissioners and national NHS leadership bodies; it would be helpful if, wherever possible, the guidance could indicate which organisations should implement or support the implementation of the proposals.*	Thank you for your comment. The guideline as a whole is targeted at a wide variety of audiences, these include community pharmacies, commissioners of health-promoting interventions (including local authorities), local pharmaceutical committee and pharmacy organisation, local professional networks (hosted by NHS England), health and wellbeing boards, people who use community pharmacies, private and voluntary sector organisation commissioned to provide health-promoting services and people working in related services for example staff working in GP practices and out-of-hours services. To improve clarity we have added further information within specific recommendations about who is responsible for their delivery. The committee agree that on a wider note an integrated approach from all target audiences of the guidance is important and in light of this we have now included an additional recommendation in the overarching principles of good practise under the heading 'An integrated approach' as follows: 1.2.1 Work with local health and care organisations to ensure community pharmacy interventions are delivered according to local need and as part of wider service pathways in the local area.
[Primary care respiratory society UK]	Full	10	28	*See above*	
[Primary care respiratory society UK]	Full	7	19	*Wherever support from pharmacists to address tobacco dependency is mentioned (smoking cessation), the particular vulnerability of respiratory patients should be highlighted. Quitting smoking for respiratory patients*	Thank you for your comment. We recognise that smoking cessation may be particularly important for those who suffer with respiratory problems. We cross refer to previous NICE smoking guidance within the guideline (see sections 1.4 and

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				needs to be regarded as a high value intervention which will have benefits for the control of their lung condition. Respiratory patients should be mentioned specifically in this context as patients who will benefit from interventions to address tobacco dependency.Pharmacists are in an ideal position to provide such support if they have received appropriate training, or to signpost them to appropriate services and support.	1.5), which discusses this issue in further detail.
[Primary care respiratory society UK]	Full	8	14	*See above*	
[Primary care respiratory society UK]	Full	9	8	*Under referrals and signposting – the community pharmacy is in a perfect position to refer a patient back to their practice if they notice unsafe prescribing or inappropriate use of medication – e.g. overuse of salbutamol (Ventolin) which is associated with higher risk of death in people with asthma, - and also to alert the practice directly to the need for a red flag on the patient's notes, or to the need to limit the number of repeat prescriptions before a patient is recalled for review.*	Thank you for your comment. Community pharmacy services related to treating disease and acute medical conditions that do not involve promoting health and wellbeing such as: dispensing; other medicine or device services; self-care to improve use of medicines or devices; and urgent care, were out of scope for this guideline.
[Primary care respiratory society UK]	Full	9	8	*The community pharmacy should also be checking compliance with medication and referring patients back to the practice as well as reinforcing the patient's understanding of how different inhalers work.*	Thank you for your comment. Community pharmacy services related to treating disease and acute medical conditions that do not involve promoting health and wellbeing such as: dispensing; other medicine or device services; self-care to improve use of medicines or devices; and urgent care, were out of scope for this guideline.
[Primary care respiratory society UK]	Full	9	8	*In patients with respiratory disease, overuse of medication or poor control of symptoms may be associated with poor inhaler technique. Again, the community pharmacist should check that a patient can use their inhaler EVERY TIME that they dispense an inhaler. In many ways, this is done best at the pharmacy, where the pharmacist actually has the inhaler being dispensed in their hands, rather than at the surgery where the prescribing is taking place. Poor use of inhalers leads to the patient not getting the benefit their prescriber intended, and leads to wastage of resources for the NHS. The requirement to check inhaler technique is spelt out clearly in the NICE asthma guideline. NG80 – para 1.14 – Monitoring asthma control. Pharmacists could undertake all the tasks*	Thank you for your comment. Community pharmacy services related to treating disease and acute medical conditions that do not involve promoting health and wellbeing such as: dispensing; other medicine or device services; self-care to improve use of medicines or devices; and urgent care, were out of scope for this guideline.

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				mentioned here to monitor the control of people with asthma in order to maintain their symptom control.	
[Primary care respiratory society UK]	Full	9	8	*There is an important opportunity for pharmacists to identify people with undiagnosed respiratory disease and COPD in particular. People may be purchasing OTC preparations for cough, and if they also smoke, this should raise questions in the mind of the pharmacist about whether there may be a deterioration in lung condition which could be the early stages of COPD. This would be a reason for referral to the patient's practice for investigation.*	Thank you for your comment. We recognise that community pharmacy may be able to identify people with undiagnosed respiratory conditions such as COPD. However the recommendations covered within the guideline are based where evidence was found to support effective interventions within specific health areas of interest. There were several reasons for not recommending interventions for particular health areas, which were as follows: 1) no evidence being found to support specific interventions within that health area 2) no evidence of effect for an intervention within that health area or 3) considerable uncertainty in the evidence, either due to a lack of high quality evidence or mixed findings from studies. Given the lack of evidence across the topic area as a whole the committee took a relatively conservative approach to this and did not wish to overstate the direction the evidence was pointing them in. The paucity of evidence in regard to health and wellbeing interventions delivered in community pharmacies for specific health areas of interest such as sexual health led to the development of research recommendation 2 which aims to determine the effect and cost effect of awareness raising, advice and education or behavioural support interventions by community pharmacy teams to improve health outcomes in underserved groups and the general populations.
[Royal College of Nursing]	Full	10	1.5.6	*Suggest signposting also to local walking groups https://www.walkingforhealth.org.uk/walkfinder*	Thank you for your comment. However the recommendations covered within the guideline are based where evidence was found to support effective interventions within specific health areas of interest. There were several reasons for not recommending interventions for particular health areas, which were as follows:

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					1) no evidence being found to support specific interventions within that health area 2) no evidence of effect for an intervention within that health area or 3) considerable uncertainty in the evidence, either due to a lack of high quality evidence or mixed findings from studies. Given the lack of evidence across the topic area as a whole the committee took a relatively conservative approach to this and did not wish to overstate the direction the evidence was pointing them in.
[Royal College of Nursing]	Full	13	15	*Add to this list, the elderly in rural communities who often have limited access to GPs and medical consultation. This may be the closest place for attendance.*	Thank you for your comment and advice. This group has now been added to the list of underserved groups who may be more likely to present to a community pharmacy than a GP.
[Royal College of Nursing]	Full	16	1	*Recognition of stigma training in support of the professional values and competence for the professional. This may be governed by professional bodies but training and competence support in stigma, stereotyping, discrimination and labelling should be ensured especially when considering the groups addressed above in potential attendance in page 13.*	Thank you for your comment. The committee agreed that it may be a requirement for commissioners to ensure services are delivered according to best practise, including ensuring that the services they commission are delivered by those who are appropriately trained. However to ensure the delivery of consistent, high quality services within community pharmacies recommendation 1.2.3 has been formulated as follows: Local providers should ensure interventions are carried out only by staff members with the skills and competencies to do so. For example, follow NICE's recommendations on training in: • behaviour change: individual approaches • stop smoking interventions and services. NICE have worked with Public Health England to develop this guideline and in particular to highlight tools and resources that will help put the guideline in to practise. For example, links to a list of educational resources and programmes which may help when training staff to implement this guideline can be found in the end section of the guideline titled **'Finding more**

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					information and resources'.
[Royal College of Nursing]	Full	5	8	*This is important to ensure the public recognise the links between services.*	Thank you for your comment.
[Royal College of Nursing]	Full	5	14	*Perhaps discuss the 'shared care' approach and that the multi-disciplinary approach should be advocated for materials available and assistance in assessment and management of care.*	Thank you for your comment. The committee agreed with the importance of individual pharmacies collaborating with local health and social care organisations to ensure pharmacies can progress to becoming health and wellbeing hubs that are integrated in to existing care and referral pathways so that they are aware of what services are offered locally in order for formal referrals to be effective. We have now included an additional recommendation upfront in the guideline under the heading 'Health and wellbeing hubs' as follows: This recommendation is for local authorities, clinical commissioning groups, health and wellbeing boards, community pharmacies and their representatives. 1.1.1 Work together to help all community pharmacies gradually integrate into existing care and referral pathways as health and wellbeing hubs. This could include arrangements for inward and outward referrals (see recommendation 1.6.1). Additionally we recognise that the sharing of data between organisations is essential for formal referrals to effectively work. In light if this we have made a recommendation on record keeping, auditing and monitoring as follows: 1.6.6 Consider using minimum data sets and summary care records to encourage record keeping and auditing, particularly when exchanging information through formal referrals in the local care network.
[Royal College of Nursing]	Full	6	1	*Consideration of discussions regarding family planning options available.*	Thank you for your comment. However the recommendations covered within the guideline are based where evidence was found to support effective interventions within specific health areas of interest. There were several reasons for not recommending discussions regarding other health areas of interest, which were as follows:

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					1) no evidence being found to support specific interventions within that health area 2) no evidence of effect for an intervention within that health area or 3) considerable uncertainty in the evidence, either due to a lack of high quality evidence or mixed findings from studies. Given the lack of evidence across the topic area as a whole the committee took a relatively conservative approach to this and did not wish to overstate the direction the evidence was pointing them in. The overall paucity of evidence in regard to health and wellbeing interventions delivered in community pharmacies for specific health areas of interest **such as sexual health** led to the development of research recommendation 2 which aims to determine the effect and cost effect of awareness raising, advice and education or behavioural support interventions by community pharmacy teams to improve health outcomes in underserved groups and the general populations. Recommendation within the referral and signposting section of the guideline do consider the use of referral or signposting to GP and other healthcare providers for support with sexual health services such as ongoing contraception. This is highlighted in the recommendations as follows: 1.6.2 Consider referring people to other services and triage within the agreed local care or referral pathway to give fast access to an appointment if needed. For example, refer people to: • GPs or other healthcare providers for: -ongoing contraception 1.6.5 If the community pharmacy cannot support specific needs or offer a formal referral, signpost people to other local services.

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					For example: • sexual health services
[Royal College of Nursing]	Full	6	1.2.2	*Need to provide information in a more accessible format for people who may have difficulty reading e.g. educational videos and apps that can be downloaded to smart devices*	Thank you for your comment. The committee agreed that information should be provided in an accessible format so that it is tailored to suit an individual's needs and preferences. The committee discussed this issue and agreed it should be an overarching principle of good practise across the whole guideline as it applies to all health and wellbeing interventions delivered within community pharmacies. This is highlighted in recommendation 1.2.6 as follows: 1.2.6 Address health inequalities by working with other agencies to identify underserved groups. Tailor health and wellbeing interventions to suit their individual needs and preferences and maximise their impact. For example: • use knowledge of the local community (particularly from staff who live in the community where they work) to take into account the context in which people live and work (their physical, economic and social environment) • make use of the skills staff members already have (for example, if they speak languages commonly used in the area) • take into account other personal factors such as gender, identity, ethnicity, faith, culture or any disability that may affect the approach taken (for example, provide information in an appropriate format for people who may have difficulty reading).
[Royal College of Nursing]	Full	7	14	*Addition of irritable bowel syndrome for example? This may be manageable by non-prescription advice and medication.*	Thank you for your comment. Irritable bowel syndrome was a health area that was outside the scope of this guidance.
[Royal College of Nursing]	Full	8	8	*Section 1:4: Have the panel considered the implications of sign posting to the recommended behaviour changes in back care for example Cognitive Behavioural Therapy (CBT) as a recommended course of action and the potential of infection control issues in times of flu such as handwashing.*	Thank you for your comment. However the recommendations covered within the guideline are based where evidence was found to support effective interventions within specific health areas of interest. There were several reasons for not recommending interventions for particular health areas, which were as follows: 1) no evidence being found to support specific interventions

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					within that health area) 2) no evidence of effect for an intervention within that health area or 3) considerable uncertainty in the evidence, either due to a lack of high quality evidence or mixed findings from studies. Given the limited evidence across the topic area as a whole the committee took a relatively conservative approach to this and did not wish to overstate the direction the evidence was pointing them in. The paucity of evidence in regard to health and wellbeing interventions delivered in community pharmacies for specific health areas of interest led to the development of **research recommendation 2** which aims to determine the effect and cost effect of awareness raising, advice and education or behavioural support interventions by community pharmacy teams to improve health outcomes in underserved groups and the general populations.
[Royal College of Nursing]	General	General	General	*The Royal College of Nursing welcomes proposals to develop these guidelines on community pharmacy to promote health and wellbeing.* *The RCN invited comments from professionals who are involved in this piece of work. The comments below reflect the views of our members.*	Thank you for your comment and positive support.
[Royal College of Nursing]	General	General	General Comment	*An area for general consideration is the need for potential arrival of patients who may be acutely unwell and may even be presenting with sepsis.* *The pharmacist should be competently aware of the National Early Warning Scores (NEWS2) and UK Sepsis guidelines. They should be aware of escalation procedures and potential for requirement of further support.*	Thank you for your comment. Community pharmacy services related to treating disease and acute medical conditions that do not involve promoting health and wellbeing such as: dispensing; other medicine or device services; self-care to improve use of medicines or devices; and urgent care, were out of scope for this guideline.
[Royal College of Nursing]	General	General	General	*This is an excellent piece but requires consideration that some communities may utilise the pharmacy as a point of reference when acutely unwell and the pharmacists need to know there are rapid response and support systems*	Thank you for your comment. Community pharmacy services related to treating disease and acute medical conditions that do not involve promoting health and wellbeing such as: dispensing; other medicine or device services; self-care to improve use of

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				available for support if deterioration or risk is identified.	medicines or devices; and urgent care, were out of scope for this guideline.
[Sexual Health Charity – FPA: Family Planning Association]	Full – Draft for consultation	15	5	*We welcome the discussion on research into the effectiveness of behaviour change interventions for improving sexual health, but this is a complex area and we are concerned that pharmacists may not have the necessary training and skills. Behavioural change around condom use and sexual partners requires more than brief intervention, which a pharmacist may only have limited time to provide. Appropriate referrals should be made where additional support can be made for effective behaviour change.*	Thank you for your comment and support. We recognise that behaviour change for sexual health may be a complex area which may require more than brief intervention. However we cannot be sure of its ineffectiveness within a community pharmacy setting until further research has been undertaken within this area to determine this. There were several gaps in the evidence in relation to interventions delivered within community pharmacy settings relating to specific areas of care and sexual health in particular was an area where limited evidence was available, thus setting a precedent for further research. No research was found to support referrals for effective sexual health behaviour change. The committee however agreed with the evidence that formal referrals for ongoing contraception from the pharmacy were effective at increasing uptake for follow up care and therefore agreed to incorporate this in to the referral recommendation as follows: 1.6.2 Consider referring people to other services and triage within the agreed local care or referral pathway to give fast access to an appointment if needed. For example refer to: • GPs or other healthcare providers for: - ongoing contraception They further agreed that if the community pharmacy cannot offer a formal referral then signposting would still be important. This was recommended, as follows: 1.6.5 If the community pharmacy cannot support specific needs or offer a formal referral, signpost people to other local services. For example: • sexual health services
[Sexual Health Charity – FPA: Family	Full – Draft for consultation	20	19/20	*We agree that pharmacies are well placed to offer health and wellbeing advice. It is important that pharmacists and pharmacy staff have the appropriate training and time*	Thank you for your response. The committee agreed that it may be a requirement for commissioners to appropriately fund services that they decide to commission within pharmacies,

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Planning Association]				*resources to ensure they are able to offer the best advice they can in a range of areas.*	including ensuring that the services they commission are delivered by those who are appropriately trained. To ensure the delivery of consistent, high quality services within community pharmacies, recommendation 1.2.3 has been formulated as follows: 1.2 3 Local providers should ensure interventions are carried out only by staff members with the skills and competencies to do so. For example, follow NICE's recommendations on training in: • behaviour change: individual approaches • stop smoking interventions and services. However there is a distinct move away from commissioner led training due to the wide variety of resources available. Overall, the committee agreed that general training requirements for community pharmacy staff may be sufficient for effectively delivering information, advice and education, particularly in areas that are already provided in some community pharmacies (such as stop smoking services). There may be some additional training required for the delivery of weight management and behavioural support services but the anticipated resource impact would be low as it would be treated as continuing professional development (CPD). There are also a range of courses available to staff, either company provided or HEE funded. Links to these training tools and resources are highlighted in the end section of the guideline titled **'Finding more information and resources'**. Resource impact concerns were considered by the committee throughout the development of the guideline and the recommendations. Recommendations that are expected to have a resource impact, have been underpinned by evidence effectiveness and cost effectiveness The **rationale and impact** sections of the guideline give further detail on how the recommendations might affect current practise, including any resource issues considered by the

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					committee. This guideline has been reviewed for its impact on NHS workforce and resources by the NICE Guideline Resource and Implementation Panel (GRIP). An implementation statement by the GRIP, addressing any significant resource and workforce issues, will be published shortly after the guideline publishes.
[Sexual Health Charity – FPA: Family Planning Association]	Full – Draft for consultation	28	16-22	*We welcome the NHS Five Year Forward View however we are concerned about the commissioning structure and how the Five Year Forward View can be used to influence local authority commissioning who are responsible for prevention methods, such as contraception. It is important to identify how both the NHS and local authorities can work together to ensure that prevention work is effective.*	Thank you for your comment. Decisions about investing to support implementation of recommendations in this guideline that are not already underpinned by national service specifications should be based on an assessment of local area needs and priorities and negotiation with the relevant local service providers. The committee agreed with the importance of using a collaborative approach involving individual pharmacies and local health and social care organisations, to carry out the recommendations. In light of this, the committee agreed to include an additional recommendation under the heading 'Health and wellbeing hubs' as follows: This recommendation is for local authorities, clinical commissioning groups, health and wellbeing boards, community pharmacies and their representatives. 1.1.1 Work together to help all community pharmacies gradually integrate into existing care and referral pathways as health and wellbeing hubs. This could include arrangements for inward and outward referrals (see recommendation 1.6.1).
[Sexual Health Charity – FPA: Family Planning Association]	Full – Draft for consultation	4	41.1.1	*We welcome the use of a personalised approach when providing community pharmacy and wellbeing interventions. It is key that this should also ensure the availability of a consulting room should a health discussion warrant the need for a private consulting space.*	Thank you for your comment. The emergence and necessity of private consultation rooms was discussed with the committee in light of the community pharmacy contractual framework as the evidence reviews explored whether the effectiveness of interventions varied by its characteristics, for example where the intervention was delivered (i.e. within a private consultation room). No effectiveness studies were found which assessed this. The acceptability evidence within review question 2 highlighted the importance of having a private area to apply an educational

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					intervention, for example some individuals indicated they may be less likely to participate during an alcohol IBA session if there were other customers around. However, the committee felt that recommendations within this area were not needed as 90% of pharmacies within the UK already have a private area and it is part of the pharmacy contract to be mindful of the importance of using them/confidentiality. This is highlighted in the discussion section of evidence review 2. No other evidence regarding patient acceptability of consultation rooms was found.
[Sexual Health Charity – FPA: Family Planning Association]	Full – Draft for consultation	43382	25/1 1.5.3	*We are concerned that 'Refer to a GP or other healthcare providers is too limited. Most GPs will not be able to fit IUD's so clear links and reference should be made to Community and Sexual Health Clinics (CASH).*	Thank you for your comment and advice. We recognise that Community and Sexual Health Clinics (CASH) are a place where IUD's or other forms of ongoing contraception may be provided. However we do include in the recommendation 'GPs **and other healthcare providers**' which the committee felt was sufficient enough to recognise that other providers may be more appropriate in some instances. We also recommend signposting to 'sexual health services' in the list of examples within recommendation 1.6.5.
[Sexual Health Charity – FPA: Family Planning Association]	Full – Draft for consultation	General	General	*Overall, we welcome these guidelines as they are clear and in the main evidence based. The main issues that we foresee are funding for staff training, time and resources for pharmacists to put this in place.*	Thank you for your response. The committee agreed that it may be a requirement for commissioners to appropriately fund services that they decide to commission within pharmacies, including ensuring that the services they commission are delivered by those who are appropriately trained. To ensure the delivery of consistent, high quality services within community pharmacies, recommendation 1.2.3 has been formulated as follows: Local providers should ensure interventions are carried out only by staff members with the skills and competencies to do so. For example, follow NICE's recommendations on training in: • behaviour change: individual approaches • stop smoking interventions and services. Resource impact concerns were considered by the committee throughout the development of the guideline and the recommendations. Recommendations that are expected to

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					have a resource impact, have been underpinned by evidence effectiveness and cost effectiveness The **rationale and impact** sections of the guideline give further detail on how the recommendations might affect current practise, including any resource issues considered by the committee. This guideline has been reviewed for its impact on NHS workforce and resources by the NICE Guideline Resource and Implementation Panel (GRIP). An implementation statement by the GRIP, addressing any significant resource and workforce issues, will be published shortly after the guideline publishes.
Bayer plc	Draft guideline	10	1	*We agree that all women should be told that an intrauterine device (IUD) is more effective than an oral method in line with the NICE quality standard on Contraception (2016), and that they should be offered an IUD for emergency contraception along with guidance on access/ referral. However, we are concerned that the current wording of this recommendation could be misconstrued to suggest that oral emergency contraception should not be offered and all women should be referred regardless. We propose that the guideline could make reference to the Faculty of Sexual and Reproductive Health (FSRH) guideline on Emergency Contraception (2017) which recommends that:* *· "EC providers who cannot offer all EC methods should give women information regarding the other methods and signpost them to services that can provide them. If a woman is referred on for a copper intrauterine device (Cu-IUD), oral EC should be given at the time of referral in case the Cu-IUD cannot be inserted or the woman changes her mind."*	Thank you for your comment. The committee recognise that many community pharmacy teams provide oral emergency contraception methods and that this may be the suited or preferred option for some individuals despite guidance advising that an IUD may be more effective. In light of this the committee agreed to amend this recommendation as follows: 1.6.2 Consider referring people to other services and triage within the agreed local care or referral pathway to give fast access to an appointment if needed. For example refer to: • GPs or other healthcare providers for: - ongoing contraception
Bayer plc	Draft guideline	10	1	*This draft guideline also does not cover contraceptive advice for women who request EC. The aforementioned FSRH guideline includes recommendations which are important for community pharmacy providing oral EC methods, and we suggest that a recommendation should be included to provide advice to women who request EC in line with the FSRH guideline on Emergency Contraception.*	Thank you for your comment. We recognise that many community pharmacy teams may provide sexual health services which promote health and wellbeing. However the recommendations covered within the guideline are based on where evidence was found to support effective interventions within specific health areas of interest.

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				· *"Providers of oral EC should advise women that oral EC methods do not provide contraceptive cover for subsequent UPSI and that they will need to use contraception or abstain from sex to avoid further risk of pregnancy.* · *Women requesting EC should be given information regarding all methods of ongoing contraception and how to access these."*	There were several reasons for not recommending interventions for particular health areas, which were as follows: 1) no evidence being found to support specific interventions within that health area (for example advice/education or behavioural change interventions for improving sexual health) 2) no evidence of effect for an intervention within that health area or 3) considerable uncertainty in the evidence, either due to a lack of high quality evidence or mixed findings from studies. Given the lack of evidence across the topic area as a whole the committee took a relatively conservative approach to this and did not wish to overstate the direction the evidence was pointing them in. The overall paucity of evidence in regard to health and wellbeing interventions delivered in community pharmacies for specific health areas of interest such as sexual health led to the development of **research recommendation 2** which aims to determine the effect and cost effect of awareness raising, advice and education or behavioural support interventions by community pharmacy teams to improve health outcomes in underserved groups and the general populations.
Cancer Research UK (CRUK)	Full	10	08-Sep	*Pharmacists should refer people who want to stop smoking to specialist smoking cessation services. In fact, given that they are the most effective way for a person to quit smoking [1] [2], this should be these first treatment offered. We would like to see referral to specialist smoking cessation services included in the list under lines 8-9.References: [1] West, R et al (2014). 'Real-world' effectiveness of smoking cessation treatments: a population study. Addiction. 2014 Mar;109(3):491-9. doi: 10.1111/add.12429. Epub 2013 Dec 20. Available at (website).[2] Kotz D, et al (2014). Prospective cohort study of the effectiveness of smoking cessation treatments used in the "Real World". doi:10.1016/j.mayocp.2014.07.004*	Thank you for your comment. The committee agreed that stop smoking services were effective interventions to be used in community pharmacies and therefore recommended them in the advice/education and behavioural support sections (see recommendation 1.4.3 and 1.5.2). However if the community pharmacy cannot support specific needs by offering a stop smoking service then signposting to other local services for this may be necessary (see recommendation 1.6.4).

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Cancer Research UK (CRUK)	Full	43319	19-24, 1-5	*Pharmacies should consider providing guidance on interventions for conditions other than just smoking and alcohol. For example, when issues arise with weight management, diet or sun safety, recommendations can be made on interventions that may be effective. This section could refer to the guidelines referenced in section 1.4, lines 20 – 24, as well as NICE Guidance PH53 on weight management and NG34 on sunlight exposure.*	Thank you for your comment. The health areas covered within this particular section of the guideline (advice and education) are where evidence was found to support effective interventions. The committee agreed that due to the quality of the evidence, reference to other NICE guidance (if available) on the health areas where this evidence showed a positive direction of effect would be appropriate. The committee spent a lot of time deliberating on which guidelines they wanted to cross refer to some of which were not recommended. There were several reasons for this which are as follows: 1) no evidence being found to support specific interventions within that health area (for example advice and education for mental health and wellbeing and preventing drug misuse) 2) no evidence of effect for an intervention within that health area (for example the use of advice and education within lower back pain) or 3) considerable uncertainty in the evidence, either due to a lack of high quality evidence or mixed findings from studies (for example advice/education within diet, exercise participation, asthma and cardiovascular health which they considered too uncertain for them to recommend). Given the lack of evidence across the topic area as a whole the committee took a relatively conservative approach to this and did not wish to overstate the direction the evidence was pointing them in. The overall paucity of evidence in regard to health and wellbeing interventions delivered in community pharmacies for specific health areas of interest led to the development of **research recommendation 2** which aims to determine the effect and cost effect of awareness raising, advice and education or behavioural support interventions by community

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					pharmacy teams to improve health outcomes in underserved groups and the general population.
Cancer Research UK (CRUK)	Full	6	01-Sep	*Smoking cessation advice, behavioural support and referral can be offered in a multitude of circumstances, not just when a customer is purchasing routine non-healthcare purchases or occasional purchases or one-off prescriptions. It would be helpful to make clear that opportunities can be more wide-ranging. This can be achieved by adding a sentence between line 9 and 10 on page 6 clarifying that the above points are examples and that there are other situations where this support applies.*	Thank you for your comment. As this section is about overarching principles of good practice these are only examples of some of the opportunities for making every contact count when an individual visits the pharmacy. For instance by providing information, advice/education or behavioural support. Thus, this is not an exhaustive list of when an opportunity may be identified for providing health and wellbeing support and as you suggest opportunities may be more wide-ranging. In light of your suggestion we have now reworded the recommendation as follows: 1.2.8 Proactively seek opportunities to promote people's physical and mental health and wellbeing. This includes: awareness raising and information provision, advice and education, behavioural support and referral and signposting to other services. Describe the interventions on offer and the benefits. Do this **for example,** when someone:
Cancer Research UK (CRUK)	Full	6	03-Apr	*Information on sunscreen use should always be provided alongside information on the importance of other (more effective) methods of protection (i.e. shade and clothing), as covered in NG34 "Sunlight exposure risks and benefits".*	Thank you for your comment. We agree that as stated in the NG34 guideline "Sunlight exposure risks and benefits", information on sunscreen should always be provided alongside information on the importance of other methods of sun protection. We have now reworded this recommendation to include **'information on effective sun protection'** in light of this comment.
Cancer Research UK (CRUK)	Full	7	3	*If appropriate, Cancer Research UK publications could be recommended, as they are evidence-based resources that apply to the Information Standard (https://publications.cancerresearchuk.org/)*	Thank you for your comment. We agree that Cancer Research UK publications may be useful for individuals using the pharmacy service, however the list of examples here is not intended to be exhaustive. The recommendation includes the following: 'Use existing information from statutory, community and voluntary sector organisations', which may include information from charities such as Cancer Research UK as well as from other third section organisations which may also be useful to pharmacy teams.
Cancer Research UK (CRUK)	Full	7	21-24	*It is important that pharmacists are able to advise on how to take NRT to aid a quit-attempt, as evidence suggests that smoking cessation medication (such as NRT) on*	Thank you for your comment. Although nicotine replacement was used alongside advice in some of the studies within review question 2, the committee agreed that recommendations within

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				prescription with advice from a health professional is 60% more effective than NRT bought without advice [1]. Given this, we would like to see the guidelines explicitly encourage pharmacists to offer advice on using NRT to people who smoke. Reference: [1] Kotz, D., Brown, J., West, R. (2014). 'Real-world' effectiveness of smoking cessation treatments: a population study. Addiction. 2014 Mar;109(3):491-9. doi: 10.1111/add.12429. Epub 2013 Dec 20. Available at (website).	this area were not needed as it is already covered in the updated NICE smoking guidance NG92. We now cross refer to this guidance within the relevant sections of the guideline, for example within the advice and education (1.4) and behavioural support sections (1.5).
Cancer Research UK (CRUK)	Full	7	21-24	*The guidelines should follow the updated PH10 guidance (soon to be published) and encourage pharmacists to give advice on using e-cigarettes as a tool to quit smoking where appropriate. Evidence so far indicates that e-cigarettes are far less harmful than smoking and can be an effective quit-aid, especially when used consecutively with licensed medication such as NRT [1-4].References: [1] Public Health England. E-cigarettes and heated tobacco products: evidence review. 2018. Available at (website)[2] Shahab L, Goniewicz ML, Blount BC, Brown J, McNeill A, Alwis KU, et al. Nicotine, Carcinogen, and Toxin Exposure in Long-Term E-Cigarette and Nicotine Replacement Therapy Users: A Cross-sectional Study. Ann Intern Med. 2017;166:390–400. doi: 10.7326/M16-1107[3] NHS. Statistics on NHS Stop Smoking Services: England, April 2016 to March 2017. August 2017. Available at (website).[4] Brown J, Beard E, Kotz D, Michie S, West R. Real-world effectiveness of e-cigarettes when used to aid smoking cessation: a cross-sectional population study. Addiction (Abingdon, England). 2014;109(9):1531-1540. doi:10.1111/add.12623.*	Thank you for your comment. We agree that the use of e-cigarettes is now covered in the updated PH10 guidance on smoking (NG92). However as we already cross refer to this NG92 guideline where relevant (such as in section 1.4 on advice and education and section 1.5 on behavioural support) the committee agreed that it was not necessary to give any further detail.
Cancer Research UK (CRUK)	Full	7	24	*There is limited evidence to show that photo-ageing software is effective. Perhaps rather than explicitly recommending this particular software, it may be better to state that pharmacies can make use of new stop smoking technologies, such as photo-ageing software or mobile/internet interventions.*	Thank you for your comment. This particular intervention was covered in a cost effectiveness study (review 2) and also included in the additional de novo health economic modelling and thus has relevant sensitivity analysis to improve robustness of the analysis. This is also an approach that is used in mass media campaigns

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					on smoking, which the committee agreed has plausibility in terms of its effect particularly as there is some specific evidence to favour its use in a pharmacy setting. The evidence further indicated that it had a greater impact in some groups (younger/heavier smokers) who they believed were likely to benefit more in the longer term. However due to the lack of high quality evidence the committee agreed to recommend the use of this software only as an example of a way to support advice/education on smoking cessation, if the resources are available. This is reflected in the updated recommendations as follows: **1.4.4 Use support materials and approaches to aid these discussions, if available. (For example advice and education on smoking could be supported by using photo-ageing software, if it is available).**
Cancer Research UK (CRUK)	Full	8	14-17	*Pharmacies should be encouraged to train some staff in effective behavioural change techniques to ensure that the pharmacy has the ability to offer behavioural support to customers where relevant, given this has been proven to be the most effective way for smokers to stop. Within this training, it is important to make clear that addressing smoking through behaviour change should be done in isolation, rather than in conjunction with other risk factors (e.g. weight and alcohol use) [1]. We would like to see this point made explicit in the guidelines.* *References: [1] Meader, Nick et al. Multiple Risk Behaviour Interventions: Meta-analyses of RCTs. American Journal of Preventive Medicine , Volume 53 , Issue 1 , e19 - e30*	Thank you for your comment. We recognise that some staff may need further training in order to implement the recommendations on behavioural support. In light of this we have included recommendation 1.2.3 which includes a link to NICE's recommendations on training in the behaviour change: individual approaches guideline, as follows: 1.2.3 Local providers should ensure interventions are carried out only by staff members with the skills and competencies to do so. For example, follow NICE's recommendations on training in the guidelines on: • **behaviour change: individual approaches** • stop smoking interventions and services. We have also provided an implementation section of the guideline where links to relevant training tools and resources for pharmacy staff are provided. This can be found in the end section of the guideline titled **'finding more information and resources'**. It includes free available training resources for pharmacy staff on effective behaviour change.

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Cancer Research UK (CRUK)	Full	9	10-Nov	*We suggest that some indication is given as to what pharmacies should be seeking to achieve by collaborating with other health and social care organisations. In particular, we would like the guidance to highlight the importance of collaborating with local authorities to ensure pharmacies are aware of what smoking cessation services are available and setting up formal referral pathways. This is essential in ensuring pharmacies can accurately signpost or refer customers.*	Thank you for your comment. The committee agreed with the importance of individual pharmacies collaborating with local health and social care organisations to ensure pharmacies can progress to becoming health and wellbeing hubs that are integrated in to existing care and referral pathways. This will improve and maintain communication across the local care network, ensuring community pharmacies are aware of what referral pathways are available. We have now included an additional recommendation upfront in the guideline under the heading 'Health and wellbeing hubs' as follows: This recommendation is for local authorities, clinical commissioning groups, health and wellbeing boards, community pharmacies and their representatives 1.1.1 Work together to help all community pharmacies gradually integrate into existing care and referral pathways as health and wellbeing hubs. This could include arrangements for inward and outward referrals (see recommendation 1.6.1). The committee agree that on a wider note an integrated approach from all target audiences of the guidance is important and in light of this we have now also included an additional recommendation in the overarching principles of good practise for community pharmacy teams under the heading 'An integrated approach' as follows: 1.2.1 Work with local health and care organisations to ensure community pharmacy interventions are delivered according to local need and as part of wider service pathways in the local area.
Cancer Research UK (CRUK)	Full	9	25	*If specialist smoking cessation services are not available, pharmacists should refer people who want to stop smoking to their GP to look at options for prescribing pharmacotherapy along with behavioural support from the GP. We would like to see this included in the list under line 25.*	Thank you for your comment. Community pharmacy services related to treating disease and acute medical conditions that do not involve promoting health and wellbeing such as: dispensing; other medicine or device services; self-care to improve use of medicines or devices; and urgent care, were out of scope for this guideline.

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					Options for prescribing pharmacotherapy for smoking cessation would be covered in other related NICE guidance, such as the NICE guideline NG92 which we cross refer to. Please see the end section of the guideline titled **'finding more information and resources'** where you will find links to NICE guidance on topics related to this guideline.
Cancer Research UK (CRUK)	Full	General	General	*The consultation refers to NICE guideline PH10 on several instances. This guideline is due to be updated in March 2018, so it is important that the reference links to the latest version of the guideline.*	Thank you for your comment, we have up dated all cross-references to the PH10 guidance and now link to the latest version of this guidance (NICE guideline NG92). We were unable to do that at consultation as it had not yet published.
Carers UK	Full	10	13	*Add 'social services support for carers' to list*	Thank you for your comment. 'Support for carers' has now been added as an example to recommendation 1.6.2 under referrals to local authorities, NHS or community and voluntary sector organisations. We have also added 'support for carers' under recommendation 1.6.5 on signposting from community pharmacy if they cannot provide support for specific needs or offer a formal referral.
Carers UK	Full	10	30	*Add 'local carers organisations or Local Authority' to list*	Thank you for your comment. 'Support for carers' has now been added as an example to recommendation 1.6.2 under referrals to local authorities, NHS or community and voluntary sector organisations. We have also added 'support for carers' under recommendation 1.6.5 on signposting from community pharmacy if they cannot provide support for specific needs or offer a formal referral.
Carers UK	Full	13	7	*We welcome the inclusion of carers in this list*	Thank you for your comment and positive support.
Carers UK	Full	General	General	*Pharmacies have a key role to play in promoting the health and wellbeing of both carers and the people they care for. Pharmacies are often based in the heart of local communities and they are well placed to offer carers an accessible route into primary healthcare. In a survey relating to carer friendly communities from 2015, pharmacies were rated as the most carer friendly service with 67% of carers agreeing that they were carer friendly (Carers week, 2015, Carer friendly communities).* *Community pharmacies can support carers in the community in a number of ways. Firstly, Pharmacies can*	Thank you for your comment. We agree that community pharmacies have a key role to play in promoting the health and wellbeing of both carers and the people they care for. This is reflected in the wording of the overview page of the guideline where we summarise who the guideline is for. As stated, the guideline is relevant to all people who use community pharmacy services including carers. We also agree that pharmacies can support carers in the community in other ways such as by offering advice and information during collection of medication.

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				provide carers with support with their caring role. This could include helping them with medication management, conducting medicine use reviews or arranging home delivery of prescriptions. Pharmacies can also give carers confidence with their role through advice and information, for example by ensuring that they understand the medicines that they are administering. 35% of people caring help out with medication – this is the equivalent to over 2 million people in England (NHS Information Centre, 2010, Survey of Carers in Households (England)). Carers UK's own survey of carers, the majority of whom care for more than 50 hours a week, found that 77% of them provide help with medication for the person/people that care for (Carers UK, 2017, State of Caring). *Furthermore, pharmacies are well placed to provide carers with advice about their own health as they are more accessible than a GP and less formal. Our research from 2017 found that 6 out of 10 carers (61%) said their physical health has worsened as a result of caring, while 7 out of 10 (70%) said they have suffered mental ill health (Carers UK, 2017, State of Caring). Easy to access pharmacy service are invaluable for carers because they may find it difficult to be flexible and many are not able to leave the person they care for without replacement care. One respondent to our State of Caring survey in 2017 stated that 'It's very difficult to arrange health appointments to coincide with very short free windows of time'.* *Pharmacies can be locally commissioned to deliver carers' health checks and free flu vaccinations. These services can act as a further incentive for carers to identify themselves to the local pharmacy, opening them up to the further advice, information and signposting that is available.* *Our research has shown that it can take a long time for people to identify as a carer with negative consequences*	This is reflected in the wording for recommendation 1.3.2 where we encourage the active provision of information as follows: 1.3.2 Tell people what the purpose of the health information is that you want to give them. For example: • when handing out leaflets explain their content and importance • point out the relevance of any posters that are displayed or highlight how people can easily get further information on the topic (for example, using QR codes) • **if distributing leaflets with dispensed medicines, explain to the person collecting them – such as a carer, family member, friend or delivery person – why they are included and how to find out more, so they can pass this information on**. In terms of pharmacies being well placed to provide carers with advice or even other support about their own health, this is recognised in recommendation 1.2.8 where we highlight the importance of proactively seeking opportunities to promote health and wellbeing within the pharmacy. It is stated in the recommendation that this could include when somebody collects a prescription for themselves or somebody they care for. Please see the responses to the below comments on how we have incorporated specific suggestions on where to refer or signpost carers for support.

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				for their health and finances during this period. 54% of carers take over a year to recognise their caring role and 24% take over 5 years (Carers UK, 2016, Missing out – the identification challenge). Pharmacy workers will interact with numerous carers on a regular basis and may identify that someone is a carer before they realise it themselves. For example, Lloyds Pharmacy found that one in five people who visit their pharmacies are caring for someone (Lloyds Pharmacy, 2014, Customer insight data). Once carers have been identified, staff can go on to signpost or refer them to either Carers UK for national advice and information, the Local Authority for a Carers Assessment or to a local Carers Centre. Carers Week and Carers Rights Day provide ideal focal points for pharmacies to reach out to Carers. *Recommendations for the guidelines:* *- Include specific suggestions on where to signpost carers for additional support* *- Include examples of how pharmacies could reach out to carers – for example, campaign days or by offering flu jabs* *- Explicit recognition of the number of visiting accessing community pharmacies, the challenges they face and the opportunities for community pharmacies to support both them and the person they care for better.*	
Community Pharmacy Wales	Full	12	3	*Community Pharmacy Wales would fully support more formal referral procedures being put in place for referrals into community pharmacy and from community pharmacy to other providers.*	Thank you for your comment and positive support.
Community Pharmacy Wales	Full	13	2	*It is important to recognise that infrequent contact between groups such as travellers and injecting drug users with the health service should be made to count and that commissioning barriers should not prevent community pharmacies providing the care that groups of this nature require.*	Thank you for your comment. Decisions about investing to support implementation of recommendations in this guideline that are not already underpinned by national service specifications should be based on an assessment of local area needs and priorities and negotiation with the relevant local service providers. Travellers and injecting drug users are recognised in the list of underserved groups (page 11) and the committee agreed that community pharmacies are well placed to support these groups

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					with their health and wellbeing and thus possibly address health inequalities. Within the Equality Impact Assessment for this guideline we discuss how certain barriers to reaching out to these groups may be overcome and where in the guideline this is reflected. For example we have recommended addressing health inequalities as a key area for further research within community pharmacy settings. This is reflected in **research recommendation 3** as follows: **What are the barriers to and facilitators for increasing access to community pharmacy services by underserved groups? How should health and wellbeing interventions be tailored to increase service uptake in underserved groups?**
Community Pharmacy Wales	Full	4	1.1.4	*It should be made clear in relation to health inequalities that the location of community pharmacies, unlike other healthcare outlets, does not comply with the usual 'Inverse Care Law' in that there is a greater concentration of community pharmacies in areas of deprivation*	Thank you for your advice. The committee agreed that community pharmacies are well placed to potentially address health inequalities as there is a greater concentration of community pharmacies in areas of deprivation, and that reference to the Inverse Care Law is important in order to understand this. This information is referenced in sections of the guideline which discuss context and background or the committee's discussion in the review documents of how they used the evidence. Recommendations are actions that the health community can take to deliver best practice. Amendments to the context section of the guideline and the research recommendations appendix page (see research recommendation 3 - addressing health inequalities within community pharmacies) have been made in light of this comment.
Community Pharmacy Wales	Full	4	1.1.3	*The advice to have the same team member to deliver all of the sessions in an intervention is what should be aimed for however as members of staff have periods of rest days, holidays and illness, then continuity of care is more important than familiarity with a particular pharmacy team member.*	Thank you for your comment. We recognise that there may be issues concerning the practicality of this recommendation. However this is reflected in the wording of the recommendation itself, where we use the phrase 'where possible'. In light of your comment, we have now also strengthened the rationale and impact section in relation to this recommendation to recognise that this action may not always be possible or practical to carry

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					out.
Community Pharmacy Wales	Full	5	7	*There needs to be a nationwide publicity campaign to promote community pharmacy as the first port of call for health and wellbeing support if there is to be meaningful movement of care.*	Thank you for your comment. It is out of NICE's remit to recommend national campaigns. However we recognise that the promotion of community pharmacy services may not be the sole responsibility of individual pharmacies but also up to local commissioners. We have now amended the wording of this recommendation to reflect this, as follows: 1.2.7 Consider promoting community pharmacies. For example: • Local commissioners could make it clear that community pharmacies are an integral part of NHS primary care services and offer people a link into the local health and care network. • Individual pharmacies could publicise the skills and competencies of their staff to increase the public's confidence in the health and wellbeing services on offer.
Community Pharmacy Wales	Full	5	18	*Whereas CPW would fully support the principles of making every contact count, the quality of the intervention and therefore the level of outcome will be higher through a properly commissioned and structured health intervention. This has been demonstrated in Wales where, through nationally scoped and commissioned services, the majority of stop smoking quits now take place in the community pharmacy network and the same is true of the provision of clean syringes and needles to injecting drug addicts.*	Thank you for your comment. Decisions about investing to support implementation of recommendations in this guideline that are not already underpinned by national service specifications should be based on an assessment of local area needs and priorities and negotiation with the relevant local service providers.
Community Pharmacy Wales	Full	5	20	*For community pharmacy teams to signpost to local support services there is a responsibility on primary care organisations to maintain and communicate to the network a list of local groups that are able to take referrals.*	Thank you for your comment. The committee agreed with the importance of individual pharmacies collaborating with local health and social care organisations to ensure pharmacies can progress to becoming health and wellbeing hubs that are integrated in to existing care and referral pathways. This will improve and maintain communication across the local care network, ensuring community pharmacies are aware of what referral pathways are available. We have now included an additional recommendation upfront in the guideline under the heading 'Health and wellbeing hubs' as follows:

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					This recommendation is for local authorities, clinical commissioning groups, health and wellbeing boards, community pharmacies and their representatives 1.1.1 Work together to help all community pharmacies gradually integrate into existing care and referral pathways as health and wellbeing hubs. This could include arrangements for inward and outward referrals (see recommendation 1.6.1). The committee agree that on a wider note an integrated approach from all target audiences of the guidance is important and in light of this we have now also included an additional recommendation in the overarching principles of good practise for community pharmacy teams under the heading 'An integrated approach' as follows: 1.2.1 Work with local health and care organisations to ensure community pharmacy interventions are delivered according to local need and as part of wider service pathways in the local area.
Community Pharmacy Wales	Full	General	General	*The current contractual and commissioning arrangements for the provision of community pharmacy health and wellbeing services are not supportive of wide spread movement in where the public seek support.*	Thank you for your comment. Decisions about investing to support implementation of recommendations in this guideline that are not already underpinned by national service specifications should be based on an assessment of local area needs and priorities and negotiation with the relevant local service providers.
Company Chemists' Association	Full	10	18	*As above there needs to be better digital integration between pharmacy and other health services. Success in formal referrals from other services has been demonstrated in the North East via the Community Pharmacy Referral Service, where NHS 111 calls are forwarded to community pharmacies to help address minor ailments and queries. Similar initiatives could be rolled-out nationwide as part of the local integration agenda to ensure consistency of delivery across pharmacies.*	Thank you for your comment. The committee agreed with the importance of individual pharmacies collaborating with local health and social care organisations to ensure pharmacies can progress to becoming health and wellbeing hubs that are integrated in to existing care and referral pathways. We have now included an additional recommendation upfront in the guideline under the heading 'Health and wellbeing hubs' as follows: This recommendation is for local authorities, clinical commissioning groups, health and wellbeing boards, community pharmacies and their representatives

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					1.1.1 Work together to help all community pharmacies gradually integrate into existing care and referral pathways as health and wellbeing hubs. This could include arrangements for inward and outward referrals (see recommendation 1.6.1). The committee agree that on a wider note an integrated approach from all target audiences of the guidance is important and in light of this we have now also included an additional recommendation in the overarching principles of good practise for community pharmacy teams under the heading 'An integrated approach' as follows: 1.2.1 Work with local health and care organisations to ensure community pharmacy interventions are delivered according to local need and as part of wider service pathways in the local area. Additionally we recognise that the sharing of data between organisations is essential for formal referrals to effectively work. In light if this we have made a recommendation on record keeping, auditing and monitoring as follows: 1.6.6 Consider using minimum data sets and summary care records to encourage record keeping and auditing, particularly when exchanging information through formal referrals in the local care network.
Company Chemists' Association	Full	18		*In general, we believe the recommendations are reasonable, and many elements are already being delivered across the sector. However, as specified above there are a few points in terms of practicality and costs that need to be carefully considered before moving forward with this guideline.In reference to the point made about having consistent delivery of services between pharmacies to manage patient expectations, we believe that community pharmacies will need:· services to be commissioned as part of a national contracting framework (i.e. funded to deliver)· a national awareness campaign for patients· formal referral pathways· better IT infrastructure to support digital interoperabilityThere also needs to be*	Thank you for your comment. The guideline as a whole is targeted at a wide variety of audiences, these include community pharmacies, commissioners of health-promoting interventions (including local authorities), local pharmaceutical committee and pharmacy organisation, local professional networks (hosted by NHS England), health and wellbeing boards, people who use community pharmacies, private and voluntary sector organisation commissioned to provide health-promoting services and people working in related services for example staff working in GP practices and out-of-hours services. To improve clarity we have added further information within

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				clear ownership for responsibilities outlined within the NICE document of organisations such as Clinical Commissioning Groups, Local Authorities, and Health and Wellbeing Boards.	specific recommendations about who is responsible for their delivery. The committee agree that on a wider note an integrated approach from all target audiences of the guidance is important and in light of this we have now included an additional recommendation in the overarching principles of good practise under the heading 'An integrated approach' as follows: 1.2.1 Work with local health and care organisations to ensure community pharmacy interventions are delivered according to local need and as part of wider service pathways in the local area. Additionally we recognise that the sharing of data between organisations is essential for formal referrals to effectively work. In light if this we have made a recommendation on record keeping, auditing and monitoring as follows: 1.6.6 Consider using minimum data sets and summary care records to encourage record keeping and auditing, particularly when exchanging information through formal referrals in the local care network. This guideline has been reviewed for its impact on NHS workforce and resources by the NICE Guideline Resource and Implementation Panel (GRIP). An implementation statement by the GRIP, addressing any significant resource and workforce issues, will be published shortly after the guideline publishes.
Company Chemists' Association	Full	6	15	*Implementing patient awareness campaigns would be less of a challenge if campaign material such as leaflets, posters, cards etc. are to be sent to pharmacies ahead of campaign launch. Whilst we appreciate that many campaigns have resources that can be accessed and printed from the internet, these are often not designed well for black and white printing, which is particularly problematic as many printers in the pharmacy do not print in colour.* *National campaigns as opposed to local campaigns*	Thank you for your response. It is not within NICE's remit to make recommendations on national campaigns, however your comments have been passed to the NICE resource impact assessment team to inform their support activities for this guideline. Public Health England does provide leaflets for campaigns that they lead on. There is a phone number that community pharmacies can call to source the leaflets for use in the pharmacy. We have now made changes to recommendation 1.2.5 in the overarching principles of good practise section in

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				would ensure that there would be a consistent message and outcomes could be more easily measured.	light of this, as follows: 1.2.5 Use information, and resources and support aids available from statutory, community and voluntary sector organisations (for example Healthwatch and Public Health England). Ensure materials used are: • not based solely on commercial interests or incentives • clear and professionally produced This guideline has been reviewed for its impact on NHS workforce and resources by the NICE Guideline Resource and Implementation Panel (GRIP). An implementation statement by the GRIP, addressing any significant resource and workforce issues, will be published shortly after the guideline publishes.
Company Chemists' Association	Full	6	22	*This recommendation will be challenging to implement as placing leaflets inside bags would require Standard Operating Procedure (SOP) changes as this would form part of the assembling and bagging process. It would therefore introduce an extra step in the SOP and increase the risk of error when assembling a prescription. It may not always be possible for a member of the pharmacy team or delivery driver to highlight the inclusion of a leaflet inside the bag, particularly if they are busy.* *Alternative options for this recommendation would be to attach leaflets to the outside of the dispensary bag or to send them a link in a text message (provided we have consent).* *Whilst leaflets are often available online, printing these would be an added cost to our pharmacy businesses and again could only be printed in black and white in the majority of pharmacies.*	Thank you for your comment and advice. We have now made amendments to this recommendation in light of your comment as follows: 1.3.2 Tell people what the purpose of the health information is that you want to give them. For example: • when handing out leaflets explain their content and importance • point out the relevance of any posters that are displayed or highlight how people can easily get further information on the topic (for example, using QR codes) • if distributing leaflets with dispensed medicines, explain to the person collecting them – such as a carer, family member, friend or delivery person – why they are included and how to find out more, so they can pass this information on. Public Health England does provide leaflets for campaigns that they lead on. There is a phone number that community pharmacies can call to source the leaflets for use in the pharmacy. We have now made changes to recommendation 1.2.5 in the overarching principles of good practise section in light of this, as follows: 1.2.5 Use information, resources and support aids available

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					from statutory, community and voluntary sector organisations (for example Healthwatch and Public Health England). Ensure materials used are: • not based solely on commercial interests or incentives • clear and professionally produced This guideline has been reviewed for its impact on NHS workforce and resources by the NICE Guideline Resource and Implementation Panel (GRIP). An implementation statement by the GRIP, addressing any significant resource and workforce issues, will be published shortly after the guideline publishes.
Company Chemists' Association	Full	7	24	*Whilst many pharmacies have invested in computers for consultation rooms, they would require upgrades in order to support photo-ageing software. There are also some pharmacies that do not have a computer in the consultation room presently.To accommodate this recommendation most pharmacies would need to invest in upgrading computers or buy one where they have not got one in place. This, in addition to purchasing photo-ageing software, would introduce significant costs for all pharmacies.*	Thank you for your comment. This particular intervention was covered in a cost effectiveness study (review 2) and also included in the additional de novo health economic modelling and thus has relevant sensitivity analysis to improve robustness of the analysis. This is also an approach that is used in mass media campaigns on smoking, which the committee agreed has plausibility in terms of its effect particularly as there is some specific evidence to favour its use in a pharmacy setting. The evidence further indicated that it had a greater impact in some groups (younger/heavier smokers) who they believed were likely to benefit more in the longer term. However due to the lack of high quality evidence the committee agreed to recommend the use of this software only as an example of a way to support advice/education on smoking cessation, if the resources are available. This is reflected in the updated recommendations as follows: **1.4.4 Use support materials and approaches to aid these discussions, if available. (For example advice and education on smoking could be supported by using photo-ageing software, if it is available).** This guideline has been reviewed for its impact on NHS

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					workforce and resources by the NICE Guideline Resource and Implementation Panel (GRIP). An implementation statement by the GRIP, addressing any significant resource and workforce issues, will be published shortly after the guideline publishes.
Company Chemists' Association	Full	8	14	*Whilst we are confident that our pharmacy teams can offer behavioural support to help people stop smoking. It must be highlighted that over the last three years, almost a fifth of local authorities have decommissioned community pharmacy-led smoking cessation services. Therefore, unless the pharmacy already has a private smoking service in place, it will be difficult to provide support programmes in all pharmacies.* *Another solution would be for this service to be part of a national contracting framework where all pharmacies would be funded to deliver smoking cessation services – as recommended in the Murray Review.*	Thank you for your comment. Decisions about investing to support implementation of recommendations in this guideline that are not already underpinned by national service specifications should be based on an assessment of local area needs and priorities and negotiation with the relevant local service providers.
Company Chemists' Association	Full	8	18	*As above, not all areas provide a locally commissioned weight management service, therefore there will be a huge variance in the delivery of this service nationally. Again, our members would need to invest in private weight management services or this would need to be part of a national contracting framework for this support to be available from all pharmacies.*	Thank you for your comment. Decisions about investing to support implementation of recommendations in this guideline that are not already underpinned by national service specifications should be based on an assessment of local area needs and priorities and negotiation with the relevant local service providers.
Company Chemists' Association	Full	9	13-14	*We absolutely support better integration pathways between community pharmacy and GP services; however, in order to establish formal referral processes, there needs to be better interoperability between pharmacy and GP digital interfaces.*	Thank you for your comment. The committee agreed with the importance of individual pharmacies collaborating with local health and social care organisations to ensure pharmacies can progress to becoming health and wellbeing hubs that are integrated in to existing care and referral pathways. This will improve and maintain communication across the local care network, ensuring community pharmacies are aware of what referral pathways are available We have now included an additional recommendation upfront in the guideline under the heading 'Health and wellbeing hubs' as follows: This recommendation is for local authorities, clinical commissioning groups, health and wellbeing boards, community pharmacies and their representatives

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					1.1.1 Work together to help all community pharmacies gradually integrate into existing care and referral pathways as health and wellbeing hubs. This could include arrangements for inward and outward referrals (see recommendation 1.6.1). The committee agree that on a wider note an integrated approach from all target audiences of the guidance is important and in light of this we have now also included an additional recommendation in the overarching principles of good practise for community pharmacy teams under the heading 'An integrated approach' as follows: 1.2.1 Work with local health and care organisations to ensure community pharmacy interventions are delivered according to local need and as part of wider service pathways in the local area. Additionally we recognise that the sharing of data between organisations is essential for formal referrals to effectively work. In light if this we have made a recommendation on record keeping, auditing and monitoring as follows: 1.6.6 Consider using minimum data sets and summary care records to encourage record keeping and auditing, particularly when exchanging information through formal referrals in the local care network.
Company Chemists' Association	Full	General	General	*It must be noted that many elements of the framework would require additional work for pharmacy teams who are already at capacity. Implementation of this guideline would need to be considered against the significant cost burden the sector is already facing and therefore will not have the capacity to invest in additional staff/time to meet the demands.* *In order to achieve consistent delivery, the services outlined in this guideline will need to be commissioned as part of a national contracting framework, to cover additional costs for pharmacy businesses.*	Thank you for your response. Decisions about investing to support implementation of recommendations in this guideline that are not already underpinned by national service specifications should be based on an assessment of local area needs and priorities and negotiation with the relevant local service providers. Resource impact concerns were considered by the committee throughout the development of the guideline and the recommendations. Where recommendations are expected to have a resource impact, these are based on evidence of effectiveness and cost effectiveness. The **rationale and impact** sections of the

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					guideline give further detail on how the recommendations might affect current practise, including any resource issues considered by the committee. This guideline has been reviewed for its impact on NHS workforce and resources by the NICE Guideline Resource and Implementation Panel (GRIP). An implementation statement by the GRIP, addressing any significant resource and workforce issues, will be published shortly after the guideline publishes.
Company Chemists' Association	Full	General	General	*We absolutely support the need for further research as there needs to be more evidence demonstrating the work of community pharmacies and how they could be best used to enhance service delivery and improve public health and wellbeing.* *We are particularly supportive of the proposed research into:* *1. integrated care networks* *2. health and wellbeing interventions* *3. patient activation measures (PAM)* *We would consider these to be high priority. We would also like to highlight that there is already research on PAM through the work of the Community Pharmacy Future project which explored the level of patient activation, measured by PAM as part of a Pharmacy Care Plan.By creating this personalised approach, patients were helped to improve their own level of activation or their ability to self-manage their health. We believe this research could be built upon to demonstrate the value of this concept and how it can be utilised to improve health outcomes.* *Finally, whilst the other mentioned research areas are also important we believe research into the indicated priority areas above would be conducive to community pharmacies fulfilling their potential in service delivery.*	Thank you for your comment and positive support. The committee considered several research recommendations during the development of the evidence reviews where gaps in the research were highlighted and discussed. The guideline framework allows for 5 research recommendations to be given key priority. The committee therefore considered the following research recommendations to be key priority areas where further evidence was needed: 1 Referral within a formal care pathway, 2. Health and wellbeing interventions, 3. Addressing health inequalities, 4. Characteristics of a person delivering an intervention and 5. Patient activation. We note that there is some evidence on patient activation interventions within community pharmacy settings and agree that research in this area should continue to demonstrate the value of this concept and how it can be utilised to improve health outcomes. We have amended the section on 'why this [research recommendation] is important' to reflect this (see appendix F attached separately).
Department of Health				*I wish to confirm that the Department of Health and Social Care has no substantive comments to make, regarding this consultation.*	Thank you for your comment and positive support.

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Devon Local Pharmaceutical Committee	As above	4	1.1.2	*"Address health inequalities by identifying under-served groups and tailoring health and wellbeing interventions to suit their individual needs".* *The above recommendation in would need the support of the local Authority Public Health office to support the pharmacy with tools to identify the appropriate customers/patients. As this is likely to be part of any commissioning process, this step is most likely to be undertaken, this need should be met.*	Thank you for your comment. Decisions about investing to support implementation of recommendations in this guideline that are not already underpinned by national service specifications should be based on an assessment of local area needs and priorities and negotiation with the relevant local service providers.
Devon Local Pharmaceutical Committee	As above	5	1.1.6	*"Do not provide health and wellbeing interventions based solely on commercial interests or incentives".* *We would recommend that materials should be made available to pharmacies through the Department of Health publications or Public Health England, for example "One You" campaign and materials.*	Thank you for your comment. Public Health England does provide leaflets for campaigns that they lead on. There is a phone number that community pharmacies can call to source the leaflets for use in the pharmacy. We have now made changes to recommendation 1.2.5 in the overarching principles of good practise section in light of this, as follows: Use information, and resources and support aids available from statutory, community and voluntary sector organisations (for example Healthwatch **and Public Health England**). Ensure materials used are: • not based solely on commercial interests or incentives • clear and professionally produced
Devon Local Pharmaceutical Committee	As above	5	1.1.7	*"Identify every opportunity to promote health and wellbeing in the Pharmacy"* *Currently community pharmacy is required under its current contract to complete up to six public health promotions per year; until a specific health promotion service is commissioned in pharmacy nationally pharmacies will not be able to back this laudable activity with the resources it needs to make a difference to the local communities.*	Thank you for your comment. Decisions about investing to support implementation of recommendations in this guideline that are not already underpinned by national service specifications should be based on an assessment of local area needs and priorities and negotiation with the relevant local service providers. Resource impact concerns were considered by the committee throughout the development of the guideline and the recommendations. Recommendations that are expected to have a resource impact, have been underpinned by evidence effectiveness and cost effectiveness. The **rationale and impact** sections of the guideline give further detail on how the recommendations might affect current practise, including any resource issues considered by the committee.

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Devon Local Pharmaceutical Committee	As above	7	1.3.2	*"When someone uses pharmacy services to manage a long-term condition"* *Currently 400 patients per year who use a community pharmacy regularly who have diabetes, asthma, take high risk medicines or take 4 medicines for cardiovascular disease can access a Medicines Use Review (MUR). As part of this MUR each patient will be advised on lifestyle advice to improve their condition. Patients who start taking a new medicine can access advice on public health and treatment advice through the New Medicines Service. Both these services are valuable services to provide the opportunity for providing public health advice.*	Thank you for your comment. This is encouraging, however the effectiveness of screening, checks and testing was not included in the scope of this guideline so would not have been uncovered within the evidence reviewed. This includes the effectiveness of: • blood glucose checks • blood pressure checks • cardiovascular risk assessments • cholesterol checks (including point of care tests) • medicine use reviews • mole checking services • NHS Health Checks
Devon Local Pharmaceutical Committee	As above	8	1.4.2	*"Help people to stop smoking by offering behavioural support programmes"* *Most pharmacies will have a locally commissioned service where they can offer stop smoking services in line with this guidance, however some areas do not commission this as a service and without a commissioned service pharmacies are unlikely to be able to resource the time needed to provide this valuable intervention.*	Thank you for your comment. Decisions about investing to support implementation of recommendations in this guideline that are not already underpinned by national service specifications should be based on an assessment of local area needs and priorities and negotiation with the relevant local service providers.
Devon Local Pharmaceutical Committee	As above	9	1.4.3	*"Help people to manage their weight by offering behavioural support programmes in line with NICE's guidelines on:"* *Weight management services are not commonly commissioned in community pharmacies by local authorities due to the recent cuts in the local authority and public health budgets. Without a commissioned service pharmacies are unlikely to be able to resource the time needed to provide this valuable intervention.*	Thank you for your comment. Decisions about investing to support implementation of recommendations in this guideline that are not already underpinned by national service specifications should be based on an assessment of local area needs and priorities and negotiation with the relevant local service providers.
Devon Local Pharmaceutical Committee	As above	9	1.5	*"Ensure community pharmacies become health and wellbeing hubs within existing care and referral pathways"* *This is an absolutely necessary step. Commonly community pharmacy is not part of any formalised patient pathways, and for community pharmacy to act efficiently and safely in patients best interests it needs to be part of the patient pathways in which it has a significant role to play. For example with medicines and public health behavioural change.*	Thank you for your comment and positive support.
Devon Local	Community	4 -	1.1.2	*"Local providers should ensure interventions are carried out*	Thank you for your comment and advice.

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Pharmaceutical Committee	pharmacies: promoting health and wellbeingNICE guideline			*only by staff members with the skills and competencies to do so".The above recommendation in practice is likely to be achieved through the training requirements stipulated by the respective public health commissioned services that target these general health needs.*	
Dorset Local Pharmaceutical Committee		General	General	*3. What would help users overcome any challenges? (For example, existing practical resources or national initiatives, or examples of good practice.)* *From a training perspective the use of national initiatives such as Royal Society for Public Health (RSPH) Level 2 Health Champion training and Make Every Contact Count (MECC) would enable all members of the pharmacy team to be trained to the same, nationally recognised qualification. This will build confidence in the public and other healthcare professionals that there will be a consistency of service. It also gives staff transferable skills that can easily be moved between pharmacy settings. Funding needs to cover the cost of the training course as well as backfill so staff can have protected learning time, as happens in other parts of the NHS.* *Training needs to be available on an on-going basis so new members of staff can be skilled up quickly. This could be through a wellbeing hub delivered at the level of the local NHS team or via the county council. The use of an online platform for training might help with this.* *Support materials that are non-promotional need to be produced either at a national or local NHS level and distributed to community pharmacies to ensure consistent messaging.* *Funding for any changes needs to come from money outside the current contractual framework. It is acknowledged in this NICE document that interventions at the community pharmacy can make savings elsewhere in the health and social care system so there needs to be a redistribution of those funds to allow pharmacies to effectively implement and sustain these changes to current working practice.* *Commissioning needs to be more consistent with key services given a national service specification and Local*	Thank you for your comment and advice. We agree that the use of national initiatives such as the RSPH level 2 training and the MECC would enable all members of the pharmacy team to be trained the same and will build confidence in the public and other health care professionals that there is a consistency of service. We have referenced these training initiatives throughout the guideline for example within the '**rationale and impact sections'** and in the section at the end of the guideline titled '**Finding more information and resources'**. The committee agreed that it may be a requirement for commissioners to appropriately fund services that they decide to commission within pharmacies, including ensuring that the services they commission are delivered by those who are appropriately trained. To ensure the delivery of consistent, high quality services within community pharmacies, recommendation 1.2.3 has been formulated as follows: Local providers should ensure interventions are carried out only by staff members with the skills and competencies to do so. For example, follow NICE's recommendations on training in: • behaviour change: individual approaches • stop smoking interventions and services. However there is a distinct move away from commissioner led training due to the wide variety of resources available. Overall, the committee agreed that general training requirements for community pharmacy staff may be sufficient for effectively delivering information, advice and education, particularly in areas that are already provided in some community pharmacies (such as stop smoking services).

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				Authorities and Clinical Commissioning Groups (CCGs) mandated to commission more services and for the commissioning process to be simplified. *In terms of remuneration there are already mechanisms such as the Quality Payments system that can be utilised as an existing payment structure although again it must be emphasised that for these proposals to work at scale there must be new funding (this can be generated by redistribution from elsewhere in the health and social care system).*	There may be some additional training required for the delivery of weight management and behavioural support services but the anticipated resource impact would be low as it would be treated as continuing professional development (CPD). There are also a range of courses available to staff, either company provided or HEE funded. Links to these training tools and resources are highlighted in the end section of the guideline titled **'Finding more information and resources'**. Resource impact concerns were considered by the committee throughout the development of the guideline and the recommendations. Recommendations that are expected to have a resource impact, have been underpinned by evidence effectiveness and cost effectiveness The **rationale and impact** sections of the guideline give further detail on how the recommendations might affect current practise, including any resource issues considered by the committee. This guideline has been reviewed for its impact on NHS workforce and resources by the NICE Guideline Resource and Implementation Panel (GRIP). An implementation statement by the GRIP, addressing any significant resource and workforce issues, will be published shortly after the guideline publishes.
Dorset Local Pharmaceutical Committee		General	General	*The document creates a lightweight impression of existing pharmacy staff skills and contributions. Pharmacy professionals are highly trained in heath and wellbeing and often have specialisations beyond their basic training. Having said that, there is a need to build greater awareness across the pharmacy network and (equally importantly) to build greater awareness, communications and mutual trust across other health and wellbeing professionals.* *It is appropriate and refreshing for NICE to publish draft guidance on how community pharmacies can promote health and wellbeing in their local community. The creation of a health and wellbeing hub is to be welcomed.*	Thank you for your comment and positive support. The committee agreed that there is a need to build greater awareness across the pharmacy network and (equally importantly) to build greater awareness, communications and mutual trust across other health and wellbeing professionals. In light of this we have now also included additional recommendations in the overarching principles of good practise for community pharmacy teams under the headings 'Health and wellbeing hubs, 'Use an integrated approach' and 'Promote community pharmacies' as follows: This recommendation is for local authorities, clinical commissioning groups, health and wellbeing boards, community

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				Community pharmacy is well placed to deliver this in a world of integrated health and social care processes and will require FOUR things to move this from the current ad-hoc informal process to something that works at scale: training, resources, commissioning and integration, all underpinned with appropriate remuneration/funding..	pharmacies and their representatives. 1.1.1 Work together to help all community pharmacies gradually integrate into existing care and referral pathways as health and wellbeing hubs. This could include arrangements for inward and outward referrals (see recommendation 1.6.1). 1.2.1 Work with local health and care organisations to ensure community pharmacy interventions are delivered according to local need and as part of wider service pathways in the local area. 1.2.7 Consider promoting community pharmacy. For example: • Local commissioners could make it clear that community pharmacies are an integral part of NHS primary care services, offer people a link into the local health and care network and provide interventions or services that they commission. • Individual pharmacies could publicise the skills and competencies of their staff to increase the public's knowledge of and confidence in the health and wellbeing services on offer. The committee agreed that it may be a requirement for commissioners to appropriately fund services that they decide to commission within pharmacies, including ensuring that the services they commission are delivered by those who are appropriately trained. To ensure the delivery of consistent, high quality services within community pharmacies, recommendation 1.2.3 has been formulated as follows: Local providers should ensure interventions are carried out only by staff members with the skills and competencies to do so. For example, follow NICE's recommendations on training in: • behaviour change: individual approaches • stop smoking interventions and services. However there is a distinct move away from commissioner led training due to the wide variety of resources available. Therefore NICE have worked with Public Health England to develop this guideline and in particular to highlight tools and

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					resources that will help put the guideline in to practise. For example, links to a list of training tools and resources which may help when training staff to implement this guideline can be found in the section of the guideline titled **'Finding more information and resources'**. Resource impact concerns were considered by the committee throughout the development of the guideline and the recommendations. Recommendations that are expected to have a resource impact, have been underpinned by evidence effectiveness and cost effectiveness. The **rationale and impact** sections of the guideline give further detail on how the recommendations might affect current practise, including any resource issues considered by the committee. This guideline has been reviewed for its impact on NHS workforce and resources by the NICE Guideline Resource and Implementation Panel (GRIP). An implementation statement by the GRIP, addressing any significant resource and workforce issues, will be published shortly after the guideline publishes.
Dorset Local Pharmaceutical Committee	Full	1	4	*Add an additional bullet point to the first paragraph about accessible healthcare that reads "Pharmacy staff are trained to deal with a broad range of health issues, to advise on healthy lifestyle choices, and to recognise "red flag" symptoms requiring urgent care"*	Thank you for your comment. Amendments have been made to the overview page to fit with the new guideline template structure. The introduction paragraph on the overview page now reads as follows: "This guideline covers how community pharmacies can help maintain and improve people's physical and mental health and wellbeing, including people with a long-term condition. It aims to encourage more people to use community pharmacies by integrating them within existing health and care pathways and ensuring they offer standard services and a consistent approach. It requires a collaborative approach from individual pharmacies and their representatives, local authorities and other commissioners."
Dorset Local Pharmaceutical Committee	Full	14	05-Sep	*Strongly agree with the notion that community pharmacies must be integrated within the care pathway*	Thank you for your comment and positive support.

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Dorset Local Pharmaceutical Committee	Full	14	23	*A question to be addressed is what kind of follow up by pharmacy teams after an initial intervention is best?*	Thank you for your comment. The committee agreed that the follow up time needed to measure an interventions effectiveness would vary depending on the characteristics of the intervention. This is reflected in Appendix L where further information is included on why the research recommendations were included and how further research should be conducted to address the specific gaps in the evidence base.
Dorset Local Pharmaceutical Committee	Full	15	17	*Agree that community pharmacy can play a big role to reach people not routinely seen by other healthcare providers. Need to develop a better understanding of whom these people are and what their health needs might be*	Thank you for your comment and positive support.
Dorset Local Pharmaceutical Committee	Full	16	16	*Typo – last three words should read Health Living Pharmacies*	Thank you for your comment. We have now amended this in the guideline.
Dorset Local Pharmaceutical Committee	Full	16	17 - 21	*It would be helpful to understand if any research has been done in other healthcare settings e.g. the various job roles in a GP surgery and their impact on outcomes. This could then help to inform what materials/resources/techniques or training contribute best to staff effectiveness and allow everyone to work at the top end of their job role*	Thank you for your comment. As discussed within the guideline scope and review protocols, studies provided outside of a community pharmacy premises were only included if the intervention was delivered by community pharmacy staff. This was a specific choice discussed and agreed with the committee at the very outset of the guideline as they wanted to focus on which interventions have shown to work in this specific setting as opposed to extrapolating from any primary care setting to community pharmacy. This was also a factor when considering potential harms, as the committee did not want effective services delivered elsewhere de-commissioned, and replaced with services in a pharmacy where they had no evidence of that transferability (they believed this was a risk given the resources available for such services). As a result they focused on interventions showing some evidence of effect/promise based on the evidence, with a clear eye on ensuring they were delivered in line with current NICE guidance and encouraging research to fill the gaps.
Dorset Local Pharmaceutical Committee	Full	16 & 17	22 - 30 1 - 7	*Patient activation levels – is there anything we can learn from other areas on how to activate patients? It is important that when programmes are introduced to support this we start with focussing on the research on what a good cost effective intervention looks like*	Thank you for your comment. Although some research has been undertaken on the effectiveness of patient activation interventions within community pharmacies, this evidence is still very much limited. Recommending this as an area where further research is

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					needed is key to answering questions such as what a good cost effective intervention looks like. Recommending this research for community pharmacy settings will ensure these questions are answered as directly as possible.
Dorset Local Pharmaceutical Committee	Full	17	Sep-22	*In order to determine if social prescribing works it is imperative that a properly funded service is implemented in community pharmacy*	Thank you for your comment. It is not within the remit of NICE to suggest the funding of specific activities. Your comment has also been passed on to the NICE resource impact team to inform their support activities for this guideline.
Dorset Local Pharmaceutical Committee	Full	18	5	*This sentence would be better phrased as "unless staff are skilled and adequate resources are available"*	Thank you for your comment. This section of the guideline focuses on why the committee made the recommendations 1.1.1 to 1.1.4 and therefore the context here needs to link directly to these recommendations.
Dorset Local Pharmaceutical Committee	Full	18	23	*Development and co-ordination of such resources at a local level for use in pharmacy will require significant funding*	Thank you for your comment. It is not within the remit of NICE to suggest who would fund specific activities. The committee agreed that it may be a requirement for commissioners to appropriately fund services that they decide to commission within pharmacies. Decisions about investing to support implementation of recommendations in this guideline that are not already underpinned by national service specifications should be based on an assessment of local area needs and priorities and negotiation with the relevant local service providers. This guideline has been reviewed for its impact on NHS workforce and resources by the NICE Guideline Resource and Implementation Panel (GRIP). An implementation statement by the GRIP, addressing any significant resource and workforce issues, will be published shortly after the guideline publishes.
Dorset Local Pharmaceutical Committee	Full	18	25	*Community pharmacy teams can make these types of interventions and to do so there will need to be resources provided so that there are sufficient trained staff to deliver brief and very brief interventions. The recent funding cuts to community pharmacy are counter-intuitive to this idea.*	Thank you for your comment. The committee agreed that it may be a requirement for commissioners to ensure services are delivered according to best practise, including ensuring that the services they commission are delivered by those who are appropriately trained. To ensure the delivery of consistent, high quality services within community pharmacies, recommendation 1.2.3 has been formulated as follows: 1.2.3 Local providers should ensure interventions are carried out only by staff members with the skills and competencies to do so. For example, follow NICE's recommendations on training in:

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					• behaviour change: individual approaches • stop smoking interventions and services. However there is a distinct move away from commissioner led training due to the wide variety of resources available. Overall, the committee agreed that general training requirements for community pharmacy staff may be sufficient for effectively delivering information, advice and education, particularly in areas that are already provided in some community pharmacies (such as stop smoking services). There may be some additional training required for the delivery of weight management and behavioural support services but the anticipated resource impact would be low as it would be treated as continuing professional development (CPD). There are also a range of courses available to staff, either company provided or HEE funded. Links to these training tools and resources are highlighted in the end section of the guideline titled **'Finding more information and resources'**. Resource impact concerns were considered by the committee throughout the development of the guideline and the recommendations. Recommendations that are expected to have a resource impact, have been underpinned by evidence effectiveness and cost effectiveness The **rationale and impact sections** of the guideline give further detail on how the recommendations might affect current practise, including any resource issues considered by the committee. This guideline has been reviewed for its impact on NHS workforce and resources by the NICE Guideline Resource and Implementation Panel (GRIP). An implementation statement by the GRIP, addressing any significant resource and workforce issues, will be published shortly after the guideline publishes.
Dorset Local Pharmaceutical Committee	Full	19	17	*Agree that it is a KEY issue that information MUST be part of a discussion*	Thank you for your comment and positive support.
Dorset Local	Full	19	19 - 23	*Agree this is an important opportunity, however we must*	Thank you for your comment. We are aware that a delivery

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Pharmaceutical Committee				*acknowledge that a delivery service is not part of the core contract nor is it a service commissioned by the NHS. For this to be realised the service would need to be commissioned and there will be cost implications to achieve additional training for delivery drivers, ideally to the level of health champion*	service is not part of the core community pharmacy contract nor is it a service commissioned by the NHS, however this particular recommendation applies to anyone who is having medicines delivered to them either by a family member, friend, carer or delivery person. The rationale for the recommendation is more about ensuring that the intended recipient receives health and wellbeing information with their medicine (for example in an active way) rather than the delivery procedure itself. We have made clearer in the 'why the committee made the recommendations' section that this delivery may be via a friend, family member, carer or delivery person.
Dorset Local Pharmaceutical Committee	Full	20	20	*Would change this to "may be because of a lack of understanding of what works and significant variation in commissioning across the UK"*	Thank you for your comment we have now amended this phrase in light of your suggestion as follows: "Community pharmacies are well placed to offer health and wellbeing advice and education to everyone in a local community, whether they have a long-term health condition or need help to adopt a healthier lifestyle. However, there is significant variation in what is offered."
Dorset Local Pharmaceutical Committee	Full	21	13	*There is a resource issue here that extends beyond that of training current staff. In light of the recent funding cuts to community pharmacy there is not capacity in the system to squeeze more from the current workforce so there are implications for needing additional resource to deliver this ambition consistently and at scale. Consideration will also need to be given to IT requirements, referrals and how information can be received in a format that meets General Data Protection Regulation (GDPR) and good working practice*	Thank you for your comment. The committee agreed that it may be a requirement for commissioners to appropriately fund services that they decide to commission within pharmacies, including ensuring that the services they commission are delivered by those who are appropriately trained. To ensure the delivery of consistent, high quality services within community pharmacies, recommendation 1.2.3 has been formulated as follows: 1.2.3 Local providers should ensure interventions are carried out only by staff members with the skills and competencies to do so. For example, follow NICE's recommendations on training in: • behaviour change: individual approaches • stop smoking interventions and services. Resource impact concerns were considered by the committee throughout the development of the guideline and the

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					recommendations. Recommendations that are expected to have a resource impact have been underpinned by evidence effectiveness and cost effectiveness. The **rationale and impact** sections of the guideline give further detail on how the recommendations might affect current practise, including any resource issues considered by the committee. This guideline has been reviewed for its impact on NHS workforce and resources by the NICE Guideline Resource and Implementation Panel (GRIP). An implementation statement by the GRIP, addressing any significant resource and workforce issues, will be published shortly after the guideline publishes.
Dorset Local Pharmaceutical Committee	Full	23	1	*Strongly agree that links are key*	Thank you for your comment and positive support.
Dorset Local Pharmaceutical Committee	Full	23	22 - 23	*Strongly agree that formal referral works better*	Thank you for your comment and positive support.
Dorset Local Pharmaceutical Committee	Full	25	23	*Would add an additional point of "identify things that are best developed in a co-ordinated local fashion"*	Thank you for your comment. The committee agreed with the importance of individual pharmacies collaborating with local health and social care organisations to ensure pharmacies can progress to becoming health and wellbeing hubs that are integrated in to existing care and referral pathways. We have now included an additional recommendation upfront in the guideline under the heading 'Health and wellbeing hubs' as follows: This recommendation is for local authorities, clinical commissioning groups, health and wellbeing boards, community pharmacies and their representatives. 1.1.1 Work together to help all community pharmacies gradually integrate into existing care and referral pathways as health and wellbeing hubs. This could include arrangements for inward and outward referrals (see recommendation 1.6.1). The committee agree that on a wider note an integrated approach from all target audiences of the guidance is important

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					and in light of this we have now also included an additional recommendation in the overarching principles of good practise for community pharmacy teams under the heading 'An integrated approach' as follows: 1.2.1 Work with local health and care organisations to ensure community pharmacy interventions are delivered according to local need and as part of wider service pathways in the local area.
Dorset Local Pharmaceutical Committee	Full	5	6	*Add a further bullet point – "make use of professional training and any specialisations e.g. smoking cessation, cardiovascular healthchecks, diet, Healthy Living Pharmacy (HLP) champions"*	Thank you for your comment. In principal, the fact that people might already have completed training and have existing skills is addressed in the way that we have referred to requiring competence, rather than requiring people to undertake training. This is reflected in recommendation 1.2.3 as follows: Local providers should ensure interventions are carried out only by staff members with the skills and competencies to do so. For example, follow NICE's recommendations on training in: • behaviour change: individual approaches • stop smoking interventions and services NICE have worked with Public Health England to develop this guideline and in particular to highlight tools and resources that will help put the guideline in to practise. For example, links to a list of educational resources and programmes which may help when training staff to implement this guideline can be found in the end section of the guideline titled **'Finding more information and resources'**
Dorset Local Pharmaceutical Committee	Full	5	11	*Agree this is an important objective – it will take time, investment and consistent approaches to build trust and awareness for the public and other health professionals*	Thank you for your comment and positive support.
Dorset Local Pharmaceutical Committee	Full	5	19	*Should also mention brief interventions*	Thank you for your comment, brief or very brief interventions were considered within the 'advice and education' section of the guideline (1.4) as they were interventions included in the protocol for this particular review. Where mentioned (in recommendation 1.4.1, 1.4.3), we have provide a link to the NICE glossary which gives a definition of this term.
Dorset Local Pharmaceutical Committee	Full	5	20	*Offering "behavioural support" outside of a commissioned service has the potential to drain available resources very quickly. Proper on-going behavioural support as seen in*	Thank you for your response. Decisions about investing to support implementation of recommendations in this guideline that are not already underpinned by national service

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				smoking cessation programmes etc. are covered in the fees. Pharmacy has a track record of being able to support patients on funded programmes. Having the expectation to be able to support numerous individuals on this type of service is unsustainable if unfunded	specifications should be based on an assessment of local area needs and priorities and negotiation with the relevant local service providers. Resource impact concerns were considered by the committee throughout the development of the guideline and the recommendations. Recommendations that are expected to have a resource impact, have been underpinned by evidence effectiveness and cost effectiveness. The **rationale and impact** sections of the guideline give further detail on how the recommendations might affect current practise, including any resource issues considered by the committee. This guideline has been reviewed for its impact on NHS workforce and resources by the NICE Guideline Resource and Implementation Panel (GRIP). An implementation statement by the GRIP, addressing any significant resource and workforce issues, will be published shortly after the guideline publishes.
Dorset Local Pharmaceutical Committee	Full	6	9	*Could add a new bullet "is caring for a person with dementia and would benefit from support and signposting to deal the special challenges this brings to being a carer"*	Thank you for your comment, although the committee recognise that Dementia support may be given within community pharmacies, this was a health area which was not in the scope of this guidance as NICE has previous guidance which covers preventing, diagnosing, assessing and managing dementia in health and social care including support and interventions for the carers of people with dementia (See NICE Clinical Guideline CG42).
Dorset Local Pharmaceutical Committee	Full	6	15	*Section 1.2.2 – this whole section does not convey the important concept of personalised interventions given by suitably qualified staff. Use of support materials and information should be tailored to the person's individual needs and in conjunction with an appropriate intervention. Information needs to be actionable and therefore accurate in terms of local care pathways, resources etc. This often boils down to collating such information at the individual pharmacy level which can be a challenge for consistency of messaging*	Thank you for your comment. The committee discussed the important concept of personalised interventions given by suitably qualified staff along with the importance of tailoring interventions to a person's individual needs. However the committee felt that these principles would not only apply to section 1.3.2 on raising awareness and providing information but also during delivery of other interventions such as advice/education, behavioural support and within formal referrals or signposting.

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					Thus, the committee agreed to apply these as overarching principles of good practise for community pharmacies. Please see section 1.2, in particular recommendations: 1.2.2 Use a tailored approach when providing community pharmacy health and wellbeing interventions to maximise their impact and effect. 1.2.3 Local providers should ensure interventions are carried out only by staff members with the skills and competencies to do so. For example, follow NICE's recommendations on training in the guidelines on: • behaviour change: individual approaches • stop smoking interventions and services. 1.2.6 Address health inequalities by working with other agencies to identify under-served groups. Tailor health and wellbeing interventions to suit their individual needs and preferences. Recommendations within this section also reference the importance of using every opportunity to promote health and wellbeing in the pharmacy (see recommendation 1.2.8 'Proactively seek opportunities') which gives examples of how appropriate interventions can be delivered in conjunction with an individuals need for using the pharmacy service.
Dorset Local Pharmaceutical Committee	Full	9	9	*Section 1.5.1 – This requires a centralised co-ordinated approach across appropriate areas/localities to ensure that pharmacy teams have high quality, accurate and tailored information to hand e.g. CCGs produce plenty of guides for GPs and other health professionals, rarely for pharmacies*	Thank you for your comment. The committee agreed with the importance of individual pharmacies collaborating with local health and social care organisations to ensure pharmacies can progress to becoming health and wellbeing hubs that are integrated in to existing care and referral pathways. We have now included an additional recommendation upfront in the guideline under the heading 'Health and wellbeing hubs' as follows: This recommendation is for local authorities, clinical commissioning groups, health and wellbeing boards, community pharmacies and their representatives

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					1.1.1 Work together to help all community pharmacies gradually integrate into existing care and referral pathways as health and wellbeing hubs. This could include arrangements for inward and outward referrals (see recommendation 1.6.1). The committee agree that on a wider note an integrated approach from all target audiences of the guidance is important and in light of this we have now also included an additional recommendation in the overarching principles of good practise for community pharmacy teams under the heading 'An integrated approach' as follows: 1.2.1 Work with local health and care organisations to ensure community pharmacy interventions are delivered according to local need and as part of wider service pathways in the local area.
Dorset Local Pharmaceutical Committee	Full	General	General	*1. Which areas will have the biggest impact on practice and be challenging to implement? Please say for whom and why.* *The biggest impact on practice will be to have sufficient staff, adequately trained to deliver brief or longer interventions as a part of 'business as usual' so that pharmacies can fulfil the desire of this document to have continuity with the same member of staff for customer interactions. This is far in excess of the current workload required to deliver the Community Pharmacy Contractual Framework (CPCF). There also needs to be clear guidelines on what training is considered suitable.*	Thank you for your comment. The committee agreed that it may be a requirement for commissioners to ensure services are delivered according to best practise, including ensuring that the services they commission are delivered by those who are appropriately trained. To ensure the delivery of consistent, high quality services within community pharmacies, recommendation 1.2.3 has been formulated as follows: Local providers should ensure interventions are carried out only by staff members with the skills and competencies to do so. For example, follow NICE's recommendations on training in: • behaviour change: individual approaches • stop smoking interventions and services. However there is a distinct move away from commissioner led training due to the wide variety of resources available. Overall, the committee agreed that general training requirements for community pharmacy staff may be sufficient for effectively delivering information, advice and education, particularly in areas that are already provided in some community pharmacies (such as stop smoking services). There may be some additional training required for the delivery

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					of weight management and behavioural support services but the anticipated resource impact would be low as it would be treated as continuing professional development (CPD). There are also a range of courses available to staff, either company provided or HEE funded. Links to these training tools and resources are highlighted in the end section of the guideline titled **'Finding more information and resources'**. Resource impact concerns were considered by the committee throughout the development of the guideline and the recommendations. Recommendations that are expected to have a resource impact, have been underpinned by evidence effectiveness and cost effectiveness The **rationale and impact sections** of the guideline give further detail on how the recommendations might affect current practise, including any resource issues considered by the committee. This guideline has been reviewed for its impact on NHS workforce and resources by the NICE Guideline Resource and Implementation Panel (GRIP). An implementation statement by the GRIP, addressing any significant resource and workforce issues, will be published shortly after the guideline publishes.
Dorset Local Pharmaceutical Committee	Full	General	General	*2. Would implementation of any of the draft recommendations have significant cost implications?* *Nearly all of the recommendations would have significant cost implications including but not limited to: training time for current staff, the need to employ more patient facing staff to have adequate coverage for this level of service, changes to IT infrastructure to facilitate integration, printing costs for leaflets.*	Thank you for your response. Resource impact concerns were considered by the committee throughout the development of the guideline and the recommendations. Recommendations that are expected to have a resource impact have been underpinned by evidence of effectiveness and cost effectiveness. The **rationale and impact** sections of the guideline give further detail on how the recommendations might affect current practise, including any resource issues considered by the committee. This guideline has been reviewed for its impact on NHS workforce and resources by the NICE Guideline Resource and Implementation Panel (GRIP). An implementation statement by the GRIP, addressing any significant resource and workforce issues, will be published shortly after the guideline publishes.
Greater		4	6	*There needs to be more clarity about who would fund this*	Thank you for your response. The committee agreed that it may

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Manchester Local Pharmaceutical Committee (GMLPC)				*type of training (including backfill), recognising that community pharmacies are independent contractors, many are under severe financial pressure, and savings generated through behaviour change as a result of health and wellbeing interventions would be felt by the wider health system rather than individual pharmacies.*	be a requirement for commissioners to appropriately fund services that they decide to commission within pharmacies, including ensuring that the services they commission are delivered by those who are appropriately trained. However there is a distinct move away from commissioner led training due to the wide variety of resources available. Overall, the committee agreed that general training requirements for community pharmacy staff may be sufficient for effectively delivering information, advice and education, particularly in areas that are already provided in some community pharmacies (such as stop smoking services). There may be some additional training required for the delivery of weight management and behavioural support services but the anticipated resource impact would be low as it would be treated as continuing professional development (CPD). There are also a range of courses available to staff, either company provided or HEE funded. Links to these training tools and resources are highlighted in the end section of the guideline titled **'Finding more information and resources'**. Resource impact concerns were considered by the committee throughout the development of the guideline and the recommendations. Recommendations that are expected to have a resource impact, have been underpinned by evidence effectiveness and cost effectiveness The **rationale and impact** sections of the guideline give further detail on how the recommendations might affect current practise, including any resource issues considered by the committee. This guideline has been reviewed for its impact on NHS workforce and resources by the NICE Guideline Resource and Implementation Panel (GRIP). An implementation statement by the GRIP, addressing any significant resource and workforce issues, will be published shortly after the guideline publishes.
Greater Manchester	Full	1	4	*We fully support the recognition of the role community pharmacies can play as accessible, trusted sources of*	Thank you for your comment and positive support.

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Local Pharmaceutical Committee (GMLPC)				*advice (including to under-served groups), and the focus on ensuring they are integrated within local systems.*	
Greater Manchester Local Pharmaceutical Committee (GMLPC)	Full	10	Jan-30	*We fully support this but in practice pharmacies can have difficulty accessing information about referral pathways and other services they can signpost to. Some areas have good systems in place (e.g. websites that can easily be searched) but many do not. We would welcome the insertion of a recommendation that local commissioners and/or system managers have effective processes in place for providing this information to pharmacies.*	Thank you for your comment. The committee agreed with the importance of individual pharmacies collaborating with local health and social care organisations to ensure pharmacies can progress to becoming health and wellbeing hubs that are integrated in to existing care and referral pathways. We have now included an additional recommendation upfront in the guideline under the heading 'Health and wellbeing hubs' as follows: This recommendation is for local authorities, clinical commissioning groups, health and wellbeing boards, community pharmacies and their representatives. 1.1.1 Work together to help all community pharmacies gradually integrate into existing care and referral pathways as health and wellbeing hubs. This could include arrangements for inward and outward referrals (see recommendation 1.6.1). The committee agree that on a wider note an integrated approach from all target audiences of the guidance is important and in light of this we have now also included an additional recommendation in the overarching principles of good practise for community pharmacy teams under the heading 'An integrated approach' as follows: 1.2.1 Work with local health and care organisations to ensure community pharmacy interventions are delivered according to local need and as part of wider service pathways in the local area. Additionally we recognise that the sharing of data between organisations is essential for formal referrals to effectively work. In light if this we have made a recommendation on record keeping, auditing and monitoring as follows:

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					1.6.6 Consider using minimum data sets and summary care records to encourage record keeping and auditing, particularly when exchanging information through formal referrals in the local care network.
Greater Manchester Local Pharmaceutical Committee (GMLPC)	Full	14	13	*We welcome the recognition that referral, rather than signposting, imposes additional costs on pharmacies. This cost is not funded within current pharmacy contracts.*	Thank you for your comment. It is not within the remit of NICE to suggest who would fund specific activities. We have passed on your comment to the NICE resource impact team to inform their support activities for this guideline.
Greater Manchester Local Pharmaceutical Committee (GMLPC)	Full	4	11	*We note the wording "when possible". Continuity of care can be challenging as patients/customers may choose to visit at a time convenient to them, rather than when a particular staff member is working.*	Thank you for your comment. We recognise and agree that this recommendation may be challenging and/or impractical to deliver in all instances. We have amended the phrasing of this recommendation to make clear that this action is only implementable 'when possible'. The recommendation is now as follows: 1.2.4 When possible, the same member of staff should deliver all sessions of an intervention (if multiple sessions are needed) to promote continuity of care.
Greater Manchester Local Pharmaceutical Committee (GMLPC)	Full	4	14	*The community pharmacy sector will need to be fully involved in local population health plans/strategies and integrated care systems for the full potential of this aim to be realised.*	Thank you for your comment. The committee agreed with the importance of individual pharmacies collaborating with local health and social care organisations to ensure pharmacies can progress to becoming health and wellbeing hubs that are integrated in to existing care and referral pathways. We have now included an additional recommendation upfront in the guideline under the heading 'Health and wellbeing hubs' as follows: This recommendation is for local authorities, clinical commissioning groups, health and wellbeing boards, community pharmacies and their representatives. 1.1.1 Work together to help all community pharmacies gradually integrate into existing care and referral pathways as health and wellbeing hubs. This could include arrangements for inward and outward referrals (see recommendation 1.6.1).

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					The committee agree that on a wider note an integrated approach from all target audiences of the guidance is important and in light of this we have now also included an additional recommendation in the overarching principles of good practise for community pharmacy teams under the heading 'An integrated approach' as follows: 1.2.1 Work with local health and care organisations to ensure community pharmacy interventions are delivered according to local need and as part of wider service pathways in the local area.
Greater Manchester Local Pharmaceutica l Committee (GMLPC)	Full	43256	23-Jun	*There could be significant training needs in some pharmacies to enable pharmacy staff to deliver this advice. How would this be funded?*	Thank you for your response. The committee agreed that it may be a requirement for commissioners to appropriately fund services that they decide to commission within pharmacies, including ensuring that the services they commission are delivered by those who are appropriately trained. However there is a distinct move away from commissioner led training due to the wide variety of resources available. Overall, the committee agreed that general training requirements for community pharmacy staff may be sufficient for effectively delivering information, advice and education, particularly in areas that are already provided in some community pharmacies (such as stop smoking services). There may be some additional training required for the delivery of weight management and behavioural support services but the anticipated resource impact would be low as it would be treated as continuing professional development (CPD). There are also a range of courses available to staff, either company provided or HEE funded. Links to these training tools and resources are highlighted in end the section of the guideline titled **'Finding more information and resources'**. Resource impact concerns were considered by the committee throughout the development of the guideline and the recommendations. Recommendations that are expected to have a resource impact, have been underpinned by evidence effectiveness and cost effectiveness

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					The **rationale and impact** sections of the guideline give further detail on how the recommendations might affect current practise, including any resource issues considered by the committee. This guideline has been reviewed for its impact on NHS workforce and resources by the NICE Guideline Resource and Implementation Panel (GRIP). An implementation statement by the GRIP, addressing any significant resource and workforce issues, will be published shortly after the guideline publishes.
Greater Manchester Local Pharmaceutical Committee (GMLPC)	Full	5	8	*This needs to be coordinated across a system, not left to individual pharmacies. Promotional campaigns of this kind are far more effective and far more cost-effective when delivered at scale and in a coordinated way across the system.*	Thank you for your comment. The guideline as a whole is targeted at a wide variety of audiences, these include community pharmacies, commissioners of health-promoting interventions (including local authorities), local pharmaceutical committee and pharmacy organisation, local professional networks (hosted by NHS England), health and wellbeing boards, people who use community pharmacies, private and voluntary sector organisation commissioned to provide health-promoting services and people working in related services for example staff working in GP practices and out-of-hours services. To improve clarity we have added further information within specific recommendations about who is responsible for their delivery. The committee agree that on a wider note an integrated approach from all target audiences of the guidance is important and in light of this we have now included an additional recommendation in the overarching principles of good practise under the heading 'An integrated approach' as follows: 1.2.1 Work with local health and care organisations to ensure community pharmacy interventions are delivered according to local need and as part of wider service pathways in the local area.
Greater Manchester Local Pharmaceutical Committee (GMLPC)	Full	5	18	*While we support the principle of aiming to identify every opportunity to promote health and wellbeing, this will be difficult to deliver in practice: it could apply to almost every patient/customer visit in some pharmacies. The additional time it would take to deliver these interventions – which may be on issues that are very sensitive/personal for the patient/customer – is not*	Thank you for your comment. As this section is about overarching principles of good practise these are only examples of some of the opportunities for making every contact count when an individual visits the pharmacy. For instance by providing information, advice/education or behavioural support. Thus, this is not an exhaustive list of when an opportunity may be identified for providing health and wellbeing support.

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				feasible within current funding levels and the existing pharmacy contract.	We recognise that there may be additional time needed to carry out this action and that it may not be practical in every instance. In light of your comment we have now reworded the recommendation as follows: 1.2.8 Proactively seek opportunities to promote people's physical and mental health and wellbeing. This includes: awareness raising and information provision, advice and education, behavioural support and referral and signposting to other services. Describe the interventions on offer and the benefits. Do this **for example,** when someone… We have also strengthened the corresponding rationale and impact section to highlight that this action may not always be practical or possible to carry out. This guideline has been reviewed for its impact on NHS workforce and resources by the NICE Guideline Resource and Implementation Panel (GRIP). An implementation statement by the GRIP, addressing any significant resource and workforce issues, will be published shortly after the guideline publishes.
Greater Manchester Local Pharmaceutical Committee (GMLPC)	Full	6	11	*Individual pharmacies do not generally develop this material themselves and it would be unrealistic to expect them to do so. The resources they use are generally provided by agencies such as Public Health England or trusted organisations such as Macmillan, CRUK, British Lung Foundation etc. They will trust that materials provided by these organisations comply with NICE guidelines.*	Thank you for your comment. We recognise and agree that individual pharmacies may not develop awareness raising or campaign material themselves and that this material is usually sourced from other organisations. However, for clarity, we are not recommending that individual pharmacies produce this material themselves and instead the recommendation is to ensure that information that is used and given out to members of the public is in line with previous NICE guidance. We have now made changes to the recommendations to make this clearer and added an overarching principle of good practise recommendation as follows: 1.2.5 Use information, resources and support aids available from statutory, community and voluntary sector organisations (for example Healthwatch and Public Health England). Ensure materials used are:

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					• not based solely on commercial interests or incentives • clear and professionally produced
Greater Manchester Local Pharmaceutical Committee (GMLPC)	Full	7	10	*Pharmacies are keen to support people with long-term conditions but the draft guideline does not recognise the additional workload involved and potentially additional training requirements for non-pharmacist members of the team. Interventions of this kind take time. This ambition is not fully deliverable within current capacity. The community pharmacy sector has faced severe funding cuts and additional pressures (e.g. drug supplies).*	Thank you for your response. The committee agreed that it may be a requirement for commissioners to appropriately fund services that they decide to commission within pharmacies, including ensuring that the services they commission are delivered by those who are appropriately trained. However there is a distinct move away from commissioner led training due to the wide variety of resources available. Overall, the committee agreed that general training requirements for community pharmacy staff may be sufficient for effectively delivering information, advice and education, particularly in areas that are already provided in some community pharmacies (such as stop smoking services). There may be some additional training required for the delivery of weight management and behavioural support services but the anticipated resource impact would be low as it would be treated as continuing professional development (CPD). There are also a range of courses available to staff, either company provided or HEE funded. Links to these training tools and resources are highlighted in the end section of the guideline titled **'Finding more information and resources'**. Resource impact concerns were considered by the committee throughout the development of the guideline and the recommendations. Recommendations that are expected to have a resource impact, have been underpinned by evidence effectiveness and cost effectiveness The **rationale and impact** sections of the guideline give further detail on how the recommendations might affect current practise, including any resource issues considered by the committee. This guideline has been reviewed for its impact on NHS workforce and resources by the NICE Guideline Resource and Implementation Panel (GRIP). An implementation statement by

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					the GRIP, addressing any significant resource and workforce issues, will be published shortly after the guideline publishes.
Greater Manchester Local Pharmaceutical Committee (GMLPC)	Full	7	10	*We do believe, however, there is a strong case to support the commissioning of new services offering pharmacy-based support for people with long-term conditions. This could be expanded beyond the recommendations in this guideline. We would welcome the insertion of recommendations for commissioners to consider such services.*	Thank you for your comment. Decisions about investing to support implementation of recommendations in this guideline that are not already underpinned by national service specifications should be based on an assessment of local area needs and priorities and negotiation with the relevant local service providers.
Greater Manchester Local Pharmaceutical Committee (GMLPC)	Full	7	21	*Investment in photo-ageing software is not a realistic option for most pharmacies within current contracts. The guidelines suggest investment is cost-effective due to future savings when people quit smoking (page 21, lines 5-6). However, these savings would benefit the wider health system not community pharmacies. Pharmacies would need to be compensated by commissioners for investment in this technology.*	Thank you for your comment. This particular intervention was covered in a cost effectiveness study (review 2) and also included in the additional de novo health economic modelling and thus has relevant sensitivity analysis to improve robustness of the analysis. This is also an approach that is used in mass media campaigns on smoking, which the committee agreed has plausibility in terms of its effect particularly as there is some specific evidence to favour its use in a pharmacy setting. The evidence further indicated that it had a greater impact in some groups (younger/heavier smokers) who they believed were likely to benefit more in the longer term. However due to the lack of high quality evidence the committee agreed to recommend the use of this software only as an example of a way to support advice/education on smoking cessation, if the resources are available. This is reflected in the updated recommendations as follows: **1.4.4 Use support materials and approaches to aid these discussions, if available. (For example advice and education on smoking could be supported by using photo-ageing software, if it is available).** This guideline has been reviewed for its impact on NHS workforce and resources by the NICE Guideline Resource and Implementation Panel (GRIP). An implementation statement by the GRIP, addressing any significant resource and workforce

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					issues, will be published shortly after the guideline publishes.
Greater Manchester Local Pharmaceutical Committee (GMLPC)	Full	8	9, 14, 18	*There is currently huge variation in the availability of pharmacy-based support with smoking cessation and weight management, depending on local commissioning. It is not feasible to expect pharmacies to deliver this level of support within their current capacity and funding, given the significant time and additional workload involved. However, we would fully support greater standardisation of the community pharmacy offer through expanded commissioning. We would welcome the insertion of a recommendation for commissioners to consider commissioning pharmacy-based support of this kind, with training to enable pharmacies to deliver high-quality interventions.*	Thank you for your comment. Decisions about investing to support implementation of recommendations in this guideline that are not already underpinned by national service specifications should be based on an assessment of local area needs and priorities and negotiation with the relevant local service providers.
Greater Manchester Local Pharmaceutical Committee (GMLPC)	Full	9	9	*It is unclear who this is aimed at. Is it aimed at LPCs, commissioners, individual pharmacies? It is unrealistic to expect individual pharmacies to do this. We would suggest responsibility needs to be shared between LPCs, commissioners, and health and wellbeing boards.*	Thank you for your comment. The guideline as a whole is targeted at a wide variety of audiences, these include community pharmacies, commissioners of health-promoting interventions (including local authorities), local pharmaceutical committee and pharmacy organisation, local professional networks (hosted by NHS England), health and wellbeing boards, people who use community pharmacies, private and voluntary sector organisation commissioned to provide health-promoting services and people working in related services for example staff working in GP practices and out-of-hours services. To improve clarity we have added further information within specific recommendations about who is responsible for their delivery. The committee agree that on a wider note an integrated approach from all target audiences of the guidance is important and in light of this we have now included an additional recommendation in the overarching principles of good practise under the heading 'An integrated approach' as follows: 1.2.1 Work with local health and care organisations to ensure community pharmacy interventions are delivered according to local need and as part of wider service pathways in the local area.
Greater Manchester	Full	9	13	*Again, it is unclear who would be responsible for this. We would suggest this needs to clearly identify that*	Thank you for your comment. The guideline as a whole is targeted at a wide variety of audiences, these include

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Local Pharmaceutical Committee (GMLPC)				*commissioners are responsible, with LPCs and providers fully involved.*	community pharmacies, commissioners of health-promoting interventions (including local authorities), local pharmaceutical committee and pharmacy organisation, local professional networks (hosted by NHS England), health and wellbeing boards, people who use community pharmacies, private and voluntary sector organisation commissioned to provide health-promoting services and people working in related services for example staff working in GP practices and out-of-hours services. To improve clarity we have added further information within specific recommendations about who is responsible for their delivery. The committee agree that on a wider note an integrated approach from all target audiences of the guidance is important and in light of this we have now included an additional recommendation in the overarching principles of good practise under the heading 'An integrated approach' as follows: 1.2.1 Work with local health and care organisations to ensure community pharmacy interventions are delivered according to local need and as part of wider service pathways in the local area.
Greater Manchester Local Pharmaceutical Committee (GMLPC)	Full	General	General	*We welcome the draft guidelines and the recognition of the valuable role community pharmacies can play in promoting health and wellbeing. The principles are very positive and we fully support the aim of standardising the community pharmacy offer and ensuring high-quality services. Many pharmacies already benefit patients/customers (and the wider health system) in this way through the Healthy Living Pharmacy scheme*	Thank you for your comment and positive support.
Greater Manchester Local Pharmaceutical Committee (GMLPC)	Full	General	General	*However, we have concerns about the lack of detail around the resources required to enable delivery, given the significant amount of extra work and investment this could involve for community pharmacies. For example, the additional staff training requirements (and backfill) noted on page 21, lines 12-14, and page 22, line 8.*	Thank you for your response. The committee agreed that it may be a requirement for commissioners to appropriately fund services that they decide to commission within pharmacies, including ensuring that the services they commission are delivered by those who are appropriately trained. To ensure the delivery of consistent, high quality services within community pharmacies, recommendation 1.2.3 has been formulated as follows: Local providers should ensure interventions are carried out only

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					by staff members with the skills and competencies to do so. For example, follow NICE's recommendations on training in: • behaviour change: individual approaches • stop smoking interventions and services. However there is a distinct move away from commissioner led training due to the wide variety of resources available. Overall, the committee agreed that general training requirements for community pharmacy staff may be sufficient for effectively delivering information, advice and education, particularly in areas that are already provided in some community pharmacies (such as stop smoking services). There may be some additional training required for the delivery of weight management and behavioural support services but the anticipated resource impact would be low as it would be treated as continuing professional development (CPD). There are also a range of courses available to staff, either company provided or HEE funded. Links to these training tools and resources are highlighted in the end section of the guideline titled **'Finding more information and resources'**. Resource impact concerns were considered by the committee throughout the development of the guideline and the recommendations. Recommendations that are expected to have a resource impact, have been underpinned by evidence effectiveness and cost effectiveness The **rationale and impact** sections of the guideline give further detail on how the recommendations might affect current practise, including any resource issues considered by the committee. This guideline has been reviewed for its impact on NHS workforce and resources by the NICE Guideline Resource and Implementation Panel (GRIP). An implementation statement by the GRIP, addressing any significant resource and workforce issues, will be published shortly after the guideline publishes.
Greater	Full	General	General	*We also have some concerns about the lack of clarity on who*	Thank you for your comment. The guideline as a whole is

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Manchester Local Pharmaceutical Committee (GMLPC)				*would be responsible for delivery of the recommendations – for example, it is unclear whether specific recommendations are aimed at individual pharmacies, commissioners, LPCs, or national bodies.*	targeted at a wide variety of audiences, these include community pharmacies, commissioners of health-promoting interventions (including local authorities), local pharmaceutical committee and pharmacy organisation, local professional networks (hosted by NHS England), health and wellbeing boards, people who use community pharmacies, private and voluntary sector organisation commissioned to provide health-promoting services and people working in related services for example staff working in GP practices and out-of-hours services. To improve clarity we have added further information within specific recommendations about who is responsible for their delivery. The committee agree that on a wider note an integrated approach from all target audiences of the guidance is important and in light of this we have now included an additional recommendation in the overarching principles of good practise under the heading 'An integrated approach' as follows: 1.2.1 Work with local health and care organisations to ensure community pharmacy interventions are delivered according to local need and as part of wider service pathways in the local area. The guideline will also be followed by a Quality Standard which may give further detail about audiences for specific quality statements.
Greater Manchester Local Pharmaceutical Committee (GMLPC)	Full	General	General	*The draft guidelines do not recognise the full potential of community pharmacy to promote important health and wellbeing support and interventions. Community pharmacies are ideally placed to carry out screening, for example, and appropriate forms of treatment – particularly for those groups who are more likely to access community pharmacies than other forms of healthcare (as identified on page 13, lines 2-15). We would welcome the insertion of recommendations that commissioners should consider piloting or commissioning additional services of this kind.*	Thank you for your comment. NICE is unable to make recommendations on screening as these are provided by the National Screening Committee. Decisions about investing to support implementation of recommendations in this guideline that are not already underpinned by national service specifications should be based on an assessment of local area needs and priorities and negotiation with the relevant local service providers.
Greater Manchester	Full	General	General	*The interventions recommended in this document range from 30-second conversations to 30-minute consultations on*	Thank you for your response. Implementation of recommendations in this guideline that are not already

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Local Pharmaceutical Committee (GMLPC)				*topics that may be very sensitive/personal for the patient/customer. The draft guidelines need to recognise the additional workload involved with each intervention and the fact that much of this work would fall on 'health champions' or staff in similar roles and would require them to take on additional responsibilities and expertise above their current job level. The guidelines therefore need to note the need for additional resources (e.g. through the commissioning of new services) to be provided to help pharmacies deliver these recommendations.*	underpinned by national service specifications should be based on an assessment of local area needs and priorities and negotiation with the relevant local service providers. Resource impact concerns were considered by the committee throughout the development of the guideline and the recommendations. Recommendations that are expected to have a resource impact, have been underpinned by evidence effectiveness and cost effectiveness. The **rationale and impact** sections of the guideline give further detail on how the recommendations might affect current practise, including any resource issues considered by the committee. Overall, the committee agreed that general training requirements for community pharmacy staff may be sufficient for effectively delivering information, advice and education, particularly in areas that are already provided in some community pharmacies (such as stop smoking services). There may be some additional training required for the delivery of weight management and behavioural support services but the anticipated resource impact would be low as it would be treated as continuing professional development (CPD). There are also a range of courses available to staff, either company provided or HEE funded. Links to these training tools and resources are highlighted in the end section of the guideline titled **'Finding more information and resources**' This guideline has been reviewed for its impact on NHS workforce and resources by the NICE Guideline Resource and Implementation Panel (GRIP). An implementation statement by the GRIP, addressing any significant resource and workforce issues, will be published shortly after the guideline publishes.
Healthwatch County Durham	Full	General	General	*Following a work plan request by the County Durham & Darlington Local Pharmaceutical Committee (LPC) and County Durham Public Health Team it was agreed that Healthwatch County Durham would carry out a consultation exercise from July to September 2017, capturing the views and experiences of individuals*	Thank you for your comment. Findings from the consultation exercise carried out by Healthwatch County Durham seem interesting and potentially relevant for the development of community pharmacy. However there were limits in regards to the types of evidence we could include during the systematic review development for this guideline. For instance, cross

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				accessing pharmacy and dispensing doctor services across County Durham. We wanted to collect views about the following: *· The public's knowledge of services that pharmacies can offer* *· If there is an appetite across the County to access such services* *· What other services they would like to see* *Overall we collected the views and experiences of 397 individuals, 252 of these were from our on-line survey; 37 from attendees at our Annual Event, 8 from two community groups and 100 through consultations carried out by volunteers at 7 pharmacies across the county.* *The comments made by the public are relevant to this consultation as they provide evidence of how people use pharmacies and their understanding of what services they offer. Although the public's response was a very positive one, there were areas for improvement, which if taken on board, could impact positively on the pharmacies' effectiveness to promote health and wellbeing.* *What People Told Us* *54% access pharmacy services at least monthly* *52% always visit the same pharmacy service* *94% can easily access pharmacy services* *62% normally get to their pharmacy by car or taxi* *36% use a high street pharmacy with 26% using a GP practice dispensary* *Respondents stated that the top 3 things that pharmacies do well are providing good customer care with friendly, caring staff; making sure prescriptions are available in a timely manner; providing good advice and information* *Other services that respondents would like to access from pharmacies include extended opening hours; disposal of Sharps boxes; blood pressure monitoring* *Respondents said that pharmacy services could be improved by extended opening hours including pharmacists being available at lunchtimes and Saturdays; bigger waiting areas; dispensing more quickly* *Respondents' awareness of the services that pharmacies*	sectional survey data was only included in the evidence reviews if it had relevant (that is, data which matched the specified review protocols) **open ended** information from participants. The committee agreed that the public should be made aware of services pharmacies offer, which may increase the uptake of certain services and thus potentially reduce pressure on other parts of the health care system. In light of this the committee made recommendation 1.2.7 'Promote community pharmacies' as follows: 1.2.7 Consider promoting community pharmacies. For example: • Local commissioners could make it clear that community pharmacies are an integral part of NHS primary care services and offer people a link into the local health and care network. • Individual pharmacies could publicise the skills and competencies of their staff to increase the public's knowledge of and confidence in the health and wellbeing services on offer. The committee agreed that consideration should be given to providing better access for disabled customers in community pharmacies and in light of this made recommendation 1.2.6 as follows: 1.2.6 Address health inequalities by working with other agencies to identify underserved groups. Tailor health and wellbeing interventions to suit their individual needs and preferences and maximise their impact. For example: • use knowledge of the local community (particularly from staff who live in the community where they work) to take into account the context in which people live and work (their physical, economic and social environment) • make use of the skills staff members already have (for example, if they speak languages commonly used in the area) **• take into account other personal factors such as gender, identity, ethnicity, faith, culture or any disability that may affect the approach taken (for example, provide information**

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				provide range from dispensing medicines (93%) to sexual health testing (38%) *Respondents' use of services range from the dispensing medicines service (78%) to sexual health testing (1.28%)* *78% feel comfortable about getting advice from and talking to a pharmacist about health problems* *56% are able to talk in the pharmacy without being overheard* *75% have new medication explained to them by a pharmacist* *80% said that the pharmacy usually has their prescribed medication in stock* *94% said that the pharmacy staff are polite and helpful* *In response we made several recommendations, all of which are listed below:* *Facilities to enable customers to talk to the pharmacist without being overheard should be made available and clearly advertised. This may mean the provision of a 'consultation booth', better signage of existing facilities or verbally informing the customer that a private space is available when it becomes clear that the advice being sought is of a personal/confidential nature.* *Although the public are very aware of some services pharmacies offer, others with a lower profile should be more clearly displayed as this could reduce pressure on other parts of the health care system. Similarly, consideration should be given to increase the uptake of certain services specifically medicine reviews, minor ailments scheme, adult flu vaccination, dispensing appliances, smoking cessation, emergency contraceptive service, alcohol consumption advice and sexual health testing. These service are used by less than 30% of the respondents.* *The LPC should lead on developing a strategy that encourages younger users to access pharmacy services. This could increase the uptake of particular services e.g. emergency contraceptive services and sexual health testing. As customers of the future, this could also*	**in an appropriate format for people who may have difficulty reading).** The effectiveness of screening, checks and testing were not assessed within the evidence reviews as it was out of scope for this guideline.

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				prevent younger people turning to online pharmacy services in the future - virtually all adults surveyed aged 16 to 34 years were recent internet users (99%), in contrast with 41% of adults aged 75 years and over.(Office for National Statistics, May 2017) *When explaining new medication to customers, pharmacists should make it clear that this is what they are doing as currently only 75% of respondents were aware of this happening.* *One of the things that pharmacies were identified as doing well was making sure prescriptions were available in a timely manner. However one of the areas identified that pharmacies could improve was dispensing more quickly. We would suggest that this is looked into further to identify where the problem lies in relation to slow dispensing e.g. is the patient aware of the prescribing/dispensing process?* *Specific issues were raised by blind and partially sighted customers. To address these issues respondents said that brail dots covering print on bottle labels and boxes would enable them to access their own medication. Changes to the packaging should be pointed out to these customers.* *Consideration should be given to providing better access for disabled customers, including the provision of a space for wheelchair users.* *More continuity in relation to the pharmacist on duty could support an increase in people using pharmacy services as people prefer to talk to someone familiar about their health problems.* *Lunch time, later and weekend opening hours would enable more people to access the pharmacy service. In addition respondents requested that pharmacy opening times should be the same as the GP surgery opening*	

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				hours. Consideration should be given to offer some, if not all, of the following additional services - disposal of needles, sharps boxes, Healthchecks e.g. blood pressure measured, hearing aid batteries, holiday jabs, increased stock levels to ensure more medication is available for more of the time, a card payment system. If you would like to access the full report please click on the following link: http://www.healthwatchcountydurham.co.uk/sites/default/files/final_pharmacy_report_oct_2017.pdf	
NHS England	full	10	18	*Community pharmacies receiving formal referrals requires considerable resource and a systematic approach. Again the infrastructure would be a challenge to receiving electronic referrals. There would also need to be account of the capacity of the community pharmacy to undertake the activity defined by the referral as well as continuing other activities. There may also be education and training implications for staff. Contractors would expect appropriate reimbursement in order to provide a service from a referral. The financial impact of this is unclear without defining the scope of the types of interventions referred and whether these referrals are locally or nationally commissioned. Viability would need to be considered – how is the service already being delivered in the health and social care network? Would it be cost effective to create a new referral pathway to community pharmacy? This is likely to require support from national arm-length bodies in order to implement.*	Thank you for your comment. The committee agreed that decisions about investing to support implementation of recommendations in this guideline that are not already underpinned by national service specifications should be based on an assessment of local area needs and priorities and negotiation with the relevant local service providers. Resource impact concerns were considered by the committee throughout the development of the guideline and the recommendations. Recommendations that are expected to have a resource impact, have been underpinned by evidence effectiveness and cost effectiveness. The **rationale and impact** sections of the guideline give further detail on how the recommendations might affect current practise, including any resource issues considered by the committee**.** In terms of training, the committee agreed that it may be a requirement for commissioners to ensure services are delivered according to best practise, including ensuring that the services they commission are delivered by those who are appropriately trained. To ensure the delivery of consistent, high quality services within community pharmacies, recommendation 1.2.3 has been formulated as follows: Local providers should ensure interventions are carried out only

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					by staff members with the skills and competencies to do so. For example, follow NICE's recommendations on training in: • behaviour change: individual approaches • stop smoking interventions and services. Overall, the committee agreed that general training requirements for community pharmacy staff may be sufficient for effectively delivering information, advice and education, particularly in areas that are already provided in some community pharmacies (such as stop smoking services). There may be some additional training required for the delivery of weight management and behavioural support services but the anticipated resource impact would be low as it would be treated as continuing professional development (CPD). There are also a range of courses available to staff, either company provided or HEE funded. Links to these training tools and resources are highlighted in the end section of the guideline titled **'Finding more information and resources**'. We recognise that evidence on the effectiveness and cost effectiveness of formal referrals in and out of community pharmacies is limited. In light of this we have recommended it as an area where more research is needed and thus it is only a recommendation that community pharmacy teams may ***consider***. Please see **research recommendation 1** 'Referral within a formal care network'. The committee agreed with the importance of individual pharmacies collaborating with local health and social care organisations to ensure pharmacies can progress to becoming health and wellbeing hubs that are integrated in to existing care and referral pathways, so that they are aware of what services are offered locally in order for formal referrals to be effectively implemented. We have now included an additional recommendation upfront in the guideline under the heading 'Health and wellbeing hubs' as follows:

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					This recommendation is for local authorities, clinical commissioning groups, health and wellbeing boards, community pharmacies and their representatives. 1.1.1 Work together to help all community pharmacies gradually integrate into existing care and referral pathways as health and wellbeing hubs. This could include arrangements for inward and outward referrals (see recommendation 1.6.1). This guideline has been reviewed for its impact on NHS workforce and resources by the NICE Guideline Resource and Implementation Panel (GRIP). An implementation statement by the GRIP, addressing any significant resource and workforce issues, will be published shortly after the guideline publishes.
NHS England	full	21	21)	*The guidance may be interpreted that the recommendation is to commission smoking cessation services from all community pharmacies. The evidence presented suggests smoking cessation services in community pharmacy are a cost-effective intervention but commissioned services may not be necessary in every pharmacy instead according to the needs of the local population.*	Thank you for your comment. The committee agreed that decisions about investing to support implementation of recommendations in this guideline that are not already underpinned by national service specifications should be based on an assessment of local area needs and priorities and negotiation with the relevant local service providers. In light of this, recommendation 1.2.1 was added as an **overarching principle of good practise for community pharmacy teams**, as follows: 1.2.1 Work with local health and social care organisations to ensure community pharmacy interventions are delivered according to local need and as part of wider services in the local area
NHS England	full	21	21	*The guidance may be interpreted that the recommendation is to commission weight management services from all community pharmacies. The evidence presented suggests weight management services in community pharmacy are a cost-effective intervention but commissioned services may not be necessary in every pharmacy instead according to the needs of the local population.*	Thank you for your comment. The committee agreed that decisions about investing to support implementation of recommendations in this guideline that are not already underpinned by national service specifications should be based on an assessment of local area needs and priorities and negotiation with the relevant local service providers. In light of this recommendation 1.2.1 was added as an **overarching principle of good practise for community pharmacy teams**, as follows:

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					1.2.1 Work with local health and social care organisations to ensure community pharmacy interventions are delivered according to local need and as part of wider services in the local area
NHS England	Full	22	24	*We believe the reasons that formal referrals are not widespread is more complex than "community pharmacy services are not formally included in local health and care pathways". There are a number of issues that impact on establishing formal referral processes, and the above comment appears to be opinionated rather than factual.*	Thank you for your comment we have now amended this phrase in light of your comment as follows: "Formal referrals, involving an agreed process with another provider, may be more effective than signposting (giving people information on other organisations that can help). **But often** community pharmacy services are not part of a formalised care pathway."
NHS England	Full	22	26	*Most community pharmacies now have an up to date record of their Declaration of Service which details the services they offer following the Quality Payment Scheme incentive. This would be the central resource for identifying pharmacy services.*	Thank you for your comment. We have now incorporated this information in to the guideline within the **context** section under the heading titled '**policy and commissioning**'.
NHS England	Full	23	25-26	*It is not clear what this means: "Integrating community pharmacy interventions into health and care pathways is in line with the NHS STPs and the Five Year Forward View". Reword this to: To support the transformation outlined in the NHS Five Year Forward View, the Pharmacy Integration Fund was established to support clinical pharmacy integration within the NHS and the community demonstrating improvements in health outcomes for patients and the public in primary care and in the community.*	Thank you for your comment, we have now altered this sentence in light of your suggestion as follows: "The NHS sustainability and transformation partnerships (STPs) and the Five Year Forward View both aim to improve the integration of healthcare services in the UK. The committee agreed that, as part of this, community pharmacies need to gradually become part of existing health and care pathways. This would mean they could act as health and wellbeing hubs, with inward and outward referrals established and consistently managed."
NHS England	full	5	8	*We are concerned that there is little evidence base to support the recommendation that promoting community pharmacy improves public health and wellbeing. The evidence review reports very low quality evidence on the provision of condition specific information changing health outcomes, but not specifically the impact of promoting the role of pharmacy to the public. The phrase "promotional material" suggests printed media. There are already national initiatives in place to address the public perceptions, for example the "Stay Well" campaign. Additionally most pharmacies have an up to date Declaration of Service on the NHS Choices website,*	Thank you for your comment. The qualitative acceptability evidence in review 2 revealed that there is some lack of understanding of the skills and competencies of pharmacy staff [Evidence statement 2.31] as well as the free local health and wellbeing services they offer. The committee agreed that this can be remedied by individual pharmacies publicising the skills of pharmacy staff and local commissioners promoting community pharmacy as in integral part of the primary care offer. This now reflected in the updated recommendation wording as follows:

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				detailing all of the services they offer.	1.2.7 Consider promoting community pharmacies. For example: • Local commissioners could make it clear that community pharmacies are an integral part of NHS primary care services and offer people a link into the local health and care network. • Individual pharmacies could publicise the skills and competencies of their staff to increase the public's knowledge of and confidence in the health and wellbeing services on offer.
NHS England	Full	5	14,15	*Suggest reword: Health and well-being interventions should be based on the best evidence available that shows effectiveness and value for taxpayer money.*	Thank you for your comment. This recommendation (now 1.2.5) was based on qualitative evidence found in review question 2 where mixed sentiments were documented around the role of community pharmacies providing information services for public health promotion. Some respondents disagreed with pharmacists promoting their services as they felt it could lead to the commercialisation of health. Additionally it was vital that the motivations of the pharmacists were genuinely altruistic and information provided was free from any commercial links, thus the committee agreed that health and wellbeing interventions delivered within pharmacies should not be based solely on commercial interests or incentives. Altering the wording of this recommendation would remove the link this recommendation has to the evidence reviewed. In light of your comment the evidence discussion for the general principles recommendations (attached as an appendix) has been amended to better highlight the evidential justification for this recommendation.
NHS England	Full	6	15	*This is an important recommendation for community pharmacies as verbal reinforcement of visual information will encourage open dialogue with the patient/representative. It is noted that the committee considered the burden on staff time this might create and agree this may be offset by costs elsewhere in the system. However, community pharmacies would need to have adequate staff resources in order to deliver this consistently, so contractors would need to consider current resources. It should also be considered how this recommendation could be met by online services. Could SMS be mentioned as a potential route of information provision, is there is good evidence of this?*	Thank you for your comment and positive support. The potential resource implications (such as the additional workload required by pharmacy staff to implement the recommendations) were considered by the committee throughout the development of the guideline and the recommendations. Recommendations that are expected to have a resource impact, have been underpinned by evidence effectiveness and cost effectiveness. The **rationale and impact** sections of the guideline give further detail on how the recommendations might affect current practise, including any resource implications considered by the committee.

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					Community pharmacy interventions delivered by online services were out of scope for this guideline and therefore not included within the evidence reviews. For review question 1 (effectiveness of awareness raising and information provision) any intervention delivered by community pharmacy staff that provided information on health and wellbeing was included such as posters, leaflets, self-help booklets, TV or computer screens, counter cards, SMS messaging, verbal information given by staff, product displays and any other intervention that provides information or awareness raising to users of community pharmacy services. However no evidence on the effectiveness of SMS messaging was found within the review. This guideline has been reviewed for its impact on NHS workforce and resources by the NICE Guideline Resource and Implementation Panel (GRIP). An implementation statement by the GRIP, addressing any significant resource and workforce issues, will be published shortly after the guideline publishes.
NHS England	Full	7	24	*Will NICE smoking cessation guidance be changed in line with this recommendation?*	Thank you for your comment. The NICE smoking guidance will not be changed in line with this recommendation as NG92 on smoking interventions and services has already published.
NHS England	full	9	13	*Referral mechanisms have begun to be addressed though the national Quality Payment Scheme, with community pharmacies referring potentially uncontrolled asthmatics for an asthma review. The recommendation doesn't make clear whether referral processes should be nationally or locally derived and the scope of patients/conditions to be referred. The intention would have quite different implications depending whether a national or local approach is taken.*	Thank you for your comment. The committee agreed with the importance of individual pharmacies collaborating with local health and social care organisations to ensure pharmacies can progress to becoming health and wellbeing hubs that are integrated in to existing care and referral pathways so that they are aware of what services are offered locally in order for formal referrals to be effective. We have now included an additional recommendation upfront in the guideline under the heading 'Health and wellbeing hubs' as follows: This recommendation is for local authorities, clinical commissioning groups, health and wellbeing boards, community pharmacies and their representatives. 1.1.1 Work together to help all community pharmacies gradually integrate into existing care and referral pathways as health and wellbeing hubs. This could include arrangements for inward and

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					outward referrals (see recommendation 1.6.1). A recommendation has also been made for local commissioners and community pharmacies to consider establishing a formal referral process with other services, as follows: 1.6.1 Local commissioners and pharmacies could consider establishing a formal referral process with other pharmacies and services. This includes GP services and those offered by local authorities and organisations in the community and voluntary sectors. Specifically: • Consider basing pharmacy assessments, triage activities and referrals on agreed tools that support continuing treatment. • Consider designing triage activities to reduce multiple assessments and waiting times after people are referred. For example, after identifying harmful or dependent alcohol consumption, consider providing access to alcohol services that does not require re-assessment and a return to the start of the treatment pathway. (Harmful and dependent alcohol consumption could be identified using the AUDIT tool or another threshold used locally.)
NHS England	full	9	22	*Formal referral processes require robust governance and a consistent approach. Once defined, all patients meeting referral criteria must be consistently referred. It should be considered the impact on time this would create for community pharmacy staff and possible governance/regulatory issues if a referral were "missed". Referral into multiple different services in a local area would be a challenge due to infrastructure. This could be possible technically, but do all current IT systems in use support the referral between services? This may require modifications by system suppliers which would need to be resolved between the contractor (customer) and the system supplier themselves.*	Thank you for your comment. The committee agreed with the importance of individual pharmacies collaborating with local health and social care organisations to ensure pharmacies can progress to becoming health and wellbeing hubs that are integrated in to existing care and referral pathways so that they are aware of what services are offered locally in order for formal referrals to be effective. We have now included an additional recommendation upfront in the guideline under the heading 'Health and wellbeing hubs' as follows: This recommendation is for local authorities, clinical commissioning groups, health and wellbeing boards, community pharmacies and their representatives.

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					1.1.1 Work together to help all community pharmacies gradually integrate into existing care and referral pathways as health and wellbeing hubs. This could include arrangements for inward and outward referrals (see recommendation 1.6.1). We recognise that referral into multiple different services in a local area may be a challenge due to infrastructure such as current IT systems. The committee noted however that decisions about investing to support implementation of recommendations in this guideline that are not already underpinned by national service specifications should be based on an assessment of local area needs and priorities and negotiation with the relevant local service providers. The committee agreed to add an additional recommendation on record keeping, auditing and monitoring to support the referral between services and ensure a consistent approach during formal referrals as follows: 1.6.6 Consider using minimum data sets and summary care records to encourage record keeping and auditing, particularly when exchanging information through formal referrals in the local care network This guideline has been reviewed for its impact on NHS workforce and resources by the NICE Guideline Resource and Implementation Panel (GRIP). An implementation statement by the GRIP, addressing any significant resource and workforce issues, will be published shortly after the guideline publishes.
NHS England	full	general	general	*We recognise that the guidance is focused particularly to "bricks and mortar" pharmacies. Many pharmacies maintain an online presence and some "distance-selling" pharmacies now interact with communities exclusively via the online methods and it must be considered that this may continue to grow over time due to the online presence of our communities. It would be remiss to not mention online pharmacies when discussing health and wellbeing and it should be considered in the guidance*	Thank you for your comment. Distance selling' pharmacies for example online pharmacy services were a setting which were outside of the scope of our guidance and therefore not included in the evidence reviews.

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				how services and interventions may also be delivered by this route.	
NHS England	full	Section 1.5	Whole section	*Transfer of information is not considered in this section. If community pharmacies are undertaking health and wellbeing interventions such as flu vaccination or smoking cessation, there should be a consistent approach to sharing this information with the GP or other appropriate services and preventing duplication in processes. There is now widespread availability of Summary Care Records in Community pharmacy which allow staff to read the medication record from the GP practice. Could community pharmacy have the ability to write this information onto the summary care record as a route of communication?*	Thank you for your comment. This was discussed with the committee and in light of your comment we have now added recommendation 1.6.6 as follows: 1.6.6 Consider using minimum data sets and summary care records to encourage record keeping and auditing, particularly when exchanging information through formal referrals in the local care network.
NHS England	Guideline	10	16	*Formal referral arrangements could be improved by recommending minimum data sets that should be included in the referral in order to ensure continuity of care and information. This could be challenging in practice given current data sharing offers and the additional workload and impact this could have on community pharmacy colleagues.*	Thank you for your comment. This was discussed with the committee and in light of your comment we have now added recommendation 1.6.6 as follows: 1.6.6 Consider using minimum data sets and summary care records to encourage record keeping and auditing, particularly when exchanging information through formal referrals in the local care network.
NHS England	Guideline	14	16	*We recommend that guidelines take in to account the importance of documentation of encounters and sharing of such information with relevant services in order to ensure that messages provided remain consistent, allow a patient's story to be 'told once' and then opportunistically reinforced.*	Thank you for your comment. This was discussed with the committee and in light of your comment we have now added recommendation 1.6.6 as follows: 1.6.6 Consider using minimum data sets and summary care records to encourage record keeping and auditing, particularly when exchanging information through formal referrals in the local care network.
NHS England	Guideline	23	7	*We recommend that guidelines take in to account the importance of documentation of encounters and sharing of such information with relevant services in order to ensure that messages provided remain consistent, allow a patient's story to be 'told once' and then opportunistically reinforced.*	Thank you for your comment. This was discussed with the committee and in light of your comment we have now added recommendation 1.6.6 as follows: 1.6.6 Consider using minimum data sets and summary care records to encourage record keeping and auditing, particularly when exchanging information through formal referrals in the local care network.
NHS England	Guideline	4	11	*Continuity of care can also be improved by adding that where possible interventions should be integrated/considered as*	Thank you for your comment. The committee agreed with the importance of individual pharmacies collaborating with local

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				part of the other services provided in the local area, using referral pathways already in place e.g. weight management.	health and social care organisations to ensure pharmacies can progress to becoming health and wellbeing hubs that are integrated in to existing care and referral pathways so that they are aware of what services are offered locally in order for formal referrals to be effective. We have now included an additional recommendation upfront in the guideline under the heading 'Health and wellbeing hubs' as follows: This recommendation is for local authorities, clinical commissioning groups, health and wellbeing boards, community pharmacies and their representatives. 1.1.1 Work together to help all community pharmacies gradually integrate into existing care and referral pathways as health and wellbeing hubs. This could include arrangements for inward and outward referrals (see recommendation 1.6.1). A recommendation has also been made for local commissioners and community pharmacies to consider establishing a formal referral process with other services, as follows: 1.6.1 Local commissioners and pharmacies could consider establishing a formal referral process with other pharmacies and services. This includes GP services and those offered by local authorities and organisations in the community and voluntary sectors. Specifically: • Consider basing pharmacy assessments, triage activities and referrals on agreed tools that support continuing treatment. • Consider designing triage activities to reduce multiple assessments and waiting times after people are referred. For example, after identifying harmful or dependent alcohol consumption, consider providing access to alcohol services that does not require re-assessment and a return to the start of the treatment pathway. (Harmful and dependent alcohol consumption could be identified using the AUDIT tool or another threshold used locally.)

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NHS England	Guideline	5	17	*Recommendations should also consider safeguarding of vulnerable individuals e.g. those at risk of social isolation and/or vulnerable to abuse.*	Thank you for your comment. The committee agreed that safeguarding was not required within the guideline as it is part of the GPhC inspection process and within the NHS contract. Thus, it is considered normal professional practise and all pharmacy team members are expected to be aware/trained in this. Many services specifications also have explicit reference to safeguarding training requirements. This information has been added the Equality Impact Assessment for this guideline. NICE also has several guidelines which consider safeguarding (such as the PH50 guideline on Domestic violence and abuse: multi-agency working) and thus it was not necessary for recommendations to consider this.
NHS England	Guideline	General	General	*The guidelines highlight – but could reinforce – the need to ensure that training requirements for pharmacy staff involved in health promotion are standardised and similar to the ones required for other staff involved in similar activities.*	Thank you for your comment. The committee discussed the importance of delivery of consistent, high quality services across community pharmacies, including ensuring that interventions are carried out only by staff members with the skills and competencies to do so. This is now reflected in the updated overarching principles of good practise recommendations as follows: **Ensure consistent, high quality services**: 1.2.3 Local providers should ensure interventions are carried out only by staff members with the skills and competencies to do so. For example, follow NICE's recommendations on training in: • behaviour change: individual approaches • stop smoking interventions and services.
NHS England	Guideline	general	General	*We are concerned that the draft guidelines do not clearly consider possible implications of additional workload (in community pharmacy) and the risk of duplication of messages/ messages conflicting with information provided by other services.*	Thank you for your comment. The potential resource implications (such as the additional workload required by pharmacy staff to implement the recommendations) were considered by the committee throughout the development of the guideline and the recommendations. Recommendations that are expected to have a resource impact, have been underpinned by evidence effectiveness and cost effectiveness The **rationale and impact** sections of the guideline give further detail on how the recommendations might affect current

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					practise, including any resource implications considered by the committee. The risk of duplication within the care pathway was also considered by the committee and reflected in the recommendations on referrals and signposting as follows: 1.6.1 Local commissioners and pharmacies could consider establishing a formal referral process with other pharmacies and service providers. This includes GP services and those offered by local authorities and organisations in the community and voluntary sectors. Specifically: • Consider basing pharmacy assessments, triage activities and referrals on agreed tools that support continuing treatment. • Consider designing triage activities **to reduce multiple assessments** and waiting times after people are referred. For example, after identifying harmful or dependent alcohol consumption, consider providing access to alcohol services **that does not require re-assessment and a return to the start of the treatment pathway**. (Harmful and dependent alcohol consumption could be identified using the AUDIT tool or another threshold used locally.) 1.6.4 When the pharmacy accepts a formal referral from another service: • ensure all relevant information has been provided so that care can start at the first opportunity **so that re-assessment is not needed.** • offer care as a walk-in service or, if this is not available or suitable, agree an appointment time and date with the person and give them the name of the staff member they will see. This guideline has been reviewed for its impact on NHS workforce and resources by the NICE Guideline Resource and Implementation Panel (GRIP). An implementation statement by the GRIP, addressing any significant resource and workforce issues, will be published shortly after the guideline publishes.
Obesity Group of the British	Draft	21	24-26	*We would like to request that the statement as written is referenced (Evidence showed that certain behavioural*	Thank you for your comment. The rationale and impact sections of the recommendations are written in the NICE style guide

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Dietetic Association				*interventions, specifically interventions to help people stop smoking or manage their weight, are effective and cost effective when provided by community pharmacies). Jolly et al (2011) showed that pharmacy provision for weight management was ineffective.*	where we do not provide any evidence references. These are designed to be short summaries highlighting in brief how the committee came to their decision for recommending. Within the **evidence reviews** and in particular the discussion sections embedded in these, you will find a more detailed summary of the review findings including the specific studies included, their synthesis and quality appraisal. Jolly et al 2011 was a study we included in evidence review 3 (behavioural support), however a total of 10 studies were included within this review which investigated the effectiveness of behavioural support within community pharmacy settings. The committee noted that very low quality evidence from these individual studies suggested that behavioural support increased the number of participants losing 5% or more of their body weight at 3, 6, 9 and 12 months and relative weight at 3 and 6 months. Very low to moderate quality pooled data from meta-analyses suggested that behavioural support may also reduce absolute weight, BMI and waist circumference, although not all findings were clinically important. Furthermore, the new economic evaluation indicated that behavioural support within this area was cost effective and there was no suggestion that these interventions would cause any harm or disadvantages for participants. The committee therefore agreed that behavioural support for weight loss should be implemented within community pharmacies and delivered in line with relevant NICE guidance which is based on strong recommendations.
Obesity Group of the British Dietetic Association	Draft	4	7	*We agree that interventions should be carried out by staff with skills and competencies to do so. We note that guidance on training for behaviour change and smoking cessation are included. However we would like weight management training to be added too; eating and activity are complex behaviours and it is essential that staff have appropriate the skills and competencies to work in this area.*	Thank you for your comment. The committee spent time deliberating on which resources and training tools would be useful for community pharmacy staff to help implement the recommendations. These tools have been highlighted in the implementation section which you can find a link to within the end section of the guideline titled **'Finding more information and resources'**. This section includes a link to a guide for delivering and commissioning tier 2 weight management services for adults, in

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					partnership with Public Health England and NICE to support the effective provision of services at a local level, which takes a deeper look at the effective components of weight management services, and how they should be delivered.
Obesity Group of the British Dietetic Association	Draft	5	14	*We note the guidance that health and wellbeing interventions should not be provided based solely on commercial interests or incentives. We recognise that community pharmacies are commercial concerns and that in many areas of practice commercial interests are appropriate and relevant. However in relation to weight management we have concerns. Many commercial products aimed at weight loss are available for purchase in pharmacies without clinical evidence of effectiveness based on trials of appropriate rigour and size. This represents a potential conflict of interest for a pharmacist who is simultaneously promoting evidence-based approaches to weight management which needs to be addressed in our view.*	Thank you for your comment. We recognise that community pharmacies are commercial concerns and that in many areas of practise commercial interests are appropriate or relevant, however the evidence revealed that members of public who engaged with pharmacy services deemed it vital that the motivations of pharmacy staff were genuinely altruistic and that services shouldn't be promoted in a commercial way (evidence review 2). We have now made alterations to this recommendation in light of this comment as follows: 1.2.5 Use information, resources and support aids available from statutory, community and voluntary sector organisations (for example Healthwatch and Public Health England). Ensure materials used are: • not based **solely** on commercial interests or incentives • clear and professionally produced
Obesity Group of the British Dietetic Association	Draft	5	28-31	*We agree that opportunistic approaches to health promotion are potentially very useful, However they rely on clearly communicated appropriate information being given. We are concerned about the potential for misinformation about diet if training on diet and nutrition is not adequate or varies across the country. This training, especially if related to weight management, should be given by a registered dietitian experienced in this area of work.*	Thank you for your comment. The committee spent time deliberating on which resourceful training tools would be useful for community pharmacy staff. These tools have been highlighted in the implementation section which you can find a link to within the end section of the guideline titled **'Finding more information and resources**'. This section includes a link to a guide for delivering and commissioning tier 2 weight management services for adults, in partnership with Public Health England and NICE to support the effective provision of services at a local level, which takes a deeper look at the effective components of weight management services, and how they should be delivered.
Obesity Group of the British Dietetic Association	Draft	6	06-Sep	*We agree that promotion of health and wellbeing is important and that taking every appropriate opportunity to do so makes sense. To the example of women planning a pregnancy or becoming pregnant we would like to see*	Thank you for your comment. The committee recognise that community pharmacy teams may also promote a healthy weight in women who are pregnant or those planning on becoming pregnant. However the recommendations covered within the

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				promotion of a healthy weight added. This is an ideal time when women may be receptive to messages about health (as suggested by Butland et al 2007). Promoting the benefits of a healthy weight prior to pregnancy and appropriate weight gain during pregnancy is an important health promotion activity, albeit a conversation that needs to be handled in a sensitive manner. This is also a good opportunity to signpost women to appropriate local services as needed,	guideline are based on where evidence was found to support **effective** interventions within specific health areas of interest. There were several reasons for not recommending interventions for particular health areas, which were as follows: 1) no evidence being found to support specific interventions within that health area 2) no evidence of effect for an intervention within that health area or 3) considerable uncertainty in the evidence, either due to a lack of high quality evidence or mixed findings from studies. Given the lack of evidence across the topic area as a whole the committee took a relatively conservative approach to this and did not wish to overstate the direction the evidence was pointing them in. The overall paucity of evidence in regard to health and wellbeing interventions delivered in community pharmacies for specific health areas of interest led to the development of research recommendation 2 which aims to determine the effect and cost effect of awareness raising, advice and education or behavioural support interventions by community pharmacy teams to improve health outcomes in underserved groups and the general populations.
Obesity Group of the British Dietetic Association	Draft	8	18-24	*We are concerned about the practicalities of this unless behavioural support programmes for weight management are to be commissioned. Pharmacists, while highly trained healthcare professionals, are not experts in weight management and we are concerned about the potential for unintended negative consequences if programmes are offered by individuals who are not appropriately trained or skilled.*	Thank you for your comment. Decisions about investing to support implementation of recommendations in this guideline that are not already underpinned by national service specifications should be based on an assessment of local area needs and priorities and negotiation with the relevant local service providers. The committee agreed that it may be a requirement for commissioners to ensure services are delivered according to best practise, including ensuring that the services they commission are delivered by those who are appropriately trained. To ensure the delivery of consistent, high quality

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					services within community pharmacies, recommendation 1.2.3 has been formulated as follows: 1.2.3 Local providers should ensure interventions are carried out only by staff members with the skills and competencies to do so. For example, follow NICE's recommendations on training in: • behaviour change: individual approaches • stop smoking interventions and services. However there is a distinct move away from commissioner led training due to the wide variety of training resources available for community pharmacy staff. Therefore NICE have worked with Public Health England to develop this guideline and in particular to highlight tools and resources that will help put the guideline in to practise. Links to a list of training tools and resources which may help when training staff to implement this guideline can be found in the end section of the guideline titled **'Finding more information and resources'**. This section includes a link to a guide for delivering and commissioning tier 2 weight management services for adults, which takes a deeper look at the effective components of weight management services, and how they should be delivered. Recommendations within this guideline have been made based on the best available evidence of effect and cost effect along with committee expertise. There was evidence found within review question 3 that indicated the effectiveness of behavioural support interventions for weight management delivered in community pharmacies by pharmacy staff. Health economic modelling work also revealed the cost effectiveness of such interventions. We found no disadvantages or unintended harms/consequences of delivering behavioural support interventions for weight management within community pharmacy settings from the included evidence.
Obesity Group	Draft	9	01-Mar	*We agree that leaflets and support aids may be very helpful*	Thank you for your comment, in light of this have now added an

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of the British Dietetic Association				*alongside behavioural support. However we would like this statement to be aligned with statement 1.2.3. (page 7 lines 1-3) i.e. that information and resources used should be from statutory, community and voluntary sector organisations. This would avoid commercial bias in this sensitive area.*	overarching principle of good practise as follows: 1.2.5 Use information, resources and support aids available from statutory, community and voluntary sector organisations (for example Healthwatch and Public Health England). Ensure materials used are: • not based solely on commercial interests or incentives • clear and professionally produced
Parkinson's UK	Draft guideline	10	12	*For the reasons outlined in comment 4 we recommend that 'condition specific information and support' is included here.*	Thank you for your comment. We recognise that many community pharmacy teams may provide condition specific information and support. However the recommendations covered within the guideline are based on where evidence was found to support effective interventions within specific health areas of interest. There were several reasons for not recommending interventions for particular health areas, which were as follows: 1) no evidence being found to support specific interventions within that health area (for example advice/education or behavioural change interventions for improving sexual health) 2) no evidence of effect for an intervention within that health area or 3) considerable uncertainty in the evidence, either due to a lack of high quality evidence or mixed findings from studies. Given the lack of evidence across the topic area as a whole the committee took a relatively conservative approach to this and did not wish to overstate the direction the evidence was pointing them in. The overall paucity of evidence in regard to health and wellbeing interventions delivered in community pharmacies for specific health areas of interest end to the development of **research recommendation 2** which aims to determine the effect and cost effect of awareness raising, advice and education or behavioural support interventions by community

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					pharmacy teams to improve health outcomes in underserved groups and the general populations.
Parkinson's UK	Draft guideline	4	8	*We welcome this recommendation and suggest that it goes further by noting that additional training and resources are available through the charity sector. For example, pharmacy teams can take advantage of the free resources available from Parkinson's UK which are tailored specifically to provide advice for pharmacists on how Parkinson's presents, the side effects of common treatments and the role of pharmacists in providing patient care. For example our 'Key Information for Community Pharmacists Booklet' and 'Chemist and Druggist Podcast: Everything you need to know about Parkinson's' are available to download for free. Other tools include our 'Optimal Parkinson's Medication Guideline and Conversion Calculator' which has been created to help non-specialist clinicians maintain control of Parkinson's symptoms when patients cannot take oral medications until support is available from local specialists. We believe that promoting the resources available from charity and voluntary organisations would enrich pharmacy teams with invaluable knowledge about long-term conditions such as Parkinson's without costing anything.*	Thank you for your comment, in light of this have now added an overarching principle of good practise as follows: 1.2.5 Use information, resources and support aids available from statutory, community and voluntary sector organisations (for example Healthwatch and Public Health England). Ensure materials used are: • not based solely on commercial interests or incentives • clear and professionally produced
Parkinson's UK	Draft guideline	6	15	*Parkinson's UK agree that it is important to take people's preferences into account when it comes to providing information. Many people with Parkinson's may choose, or be unable (due to a lack of fine finger movements or cognitive issues) to use a computer while others rely on new technology to manage the condition. We would therefore recommend that this section specify community pharmacists discuss the patient's preferences about what format information is received in.*	Thank you for your comment. We agree that it is important to take people's preferences in to account when providing information to ensure that this is tailored to individual needs. The committee discussed this principle but agreed that this should be an overarching principle for good practise across the whole guideline and apply to any health and wellbeing intervention delivered within community pharmacies and not just within information provision (for example this may also apply to advice/education or behavioural support interventions). This is reflected in recommendation 1.2.2 as follows: 1.2.2 Use a tailored approach when providing community pharmacy health and wellbeing interventions to maximise their impact and effect

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					And recommendation 1.2.6 as follows: 1.2.6 Address health inequalities by working with other agencies to identify underserved groups. **Tailor health and wellbeing interventions to suit their individual needs and preferences** and maximise their impact. For example: • use knowledge of the local community (particularly from staff who live in the community where they work) to take into account the context in which people live and work (their physical, economic and social environment) • make use of the skills staff members already have (for example, if they speak languages commonly used in the area) • take into account other personal factors such as gender, identity, ethnicity, faith, culture or any disability that may affect the approach taken (for example, provide information in an appropriate format for people who may have difficulty reading). In light of your comment we have now added the term 'preferences' to highlight that this may be applicable to both needs and preferences.
Parkinson's UK	Draft guideline	7	12	*We welcome this recommendation. It is essential that community pharmacists coach people on how to manage their condition and medication and in the case of Parkinson's they should refer to the Parkinson's Quality Standard. Quality Statements 2 and 4 detail that pharmacists provide oral and written information about the risk of developing impulse control disorders when starting dopaminergic therapy; and also that patients take levodopa within 30 minutes of their individually prescribed administration time. We recommend that this is strengthened to encourage pharmacists to discuss self-management with the patient. For example, when someone with Parkinson's doesn't get their medication at the time prescribed for them, their symptoms can become uncontrolled. Community pharmacists are well placed to discuss this with patients and support maintenance of prescribed medication routines. This is especially important where individuals may have a planned hospital admission- whether it is related to the*	Thank you for your comment. Community pharmacy services related to treating disease and acute medical conditions that do not involve promoting health and wellbeing such as: dispensing; other medicine or device services; self-care to improve use of medicines or devices; and urgent care, were out of scope for this guideline.

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				condition or not- community pharmacists could assist by helping patients prepare. Just over 50% of patients told us that they didn't get their medication on time every time during their hospital stay (Parkinson's UK Audit 2015). It is therefore important that community pharmacists empower patients to take control of their medication management in the first instance. However, they could also direct people with Parkinson's to the free 'Get It On Time' resources provided by Parkinson's UK and alert them to the 'Medicines Optimisation Consensus Statement' which outlines the key issues that may face people with Parkinson's who are admitted to hospital, including the need to get their medication on time. It also highlights ways to manage these effectively which can help individuals alert healthcare providers to the importance of medicines management.	
Parkinson's UK	Draft guideline	9	12	*Parkinson's UK welcome this recommendation to ensure that community pharmacies become health and wellbeing hubs. However, we recommend that this section should include 'charities and voluntary organisations' to maximise this opportunity. This would encourage pharmacy teams to tap into the wealth of resource which is available to patients from the charity sector. Patient signposting and referral is an invaluable service which pharmacy teams are well placed to deliver. We know from a survey that more than 50% of people said they weren't offered enough information about Parkinson's at the point of diagnosis (Parkinson's UK, Your Life Your Services, 2016). Pharmacy teams therefore have a golden opportunity to direct patients to condition specific information and support that is available from charities.*	Thank you for your comment, community and voluntary sector organisations are not part of strategic planning, and thus not a relevant target audience for this recommendation.
Pharmacy2U	Full	General	General	*I am writing to you from Pharmacy2U, the UK's largest NHS approved online pharmacy, in relation to the development of the Community pharmacy to promote health and wellbeing guideline, currently out for consultation.*	Thank you for your comment.
Pharmacy2U	Full	General	General	*We welcome the development of the guideline: the capability of community pharmacy to support improvements in health and wellbeing has been untapped for too long, and the credibility and impact that*	Thank you for your comment and positive support.

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				this guideline from NICE will have will help ensure this resource is increasingly utilised in the future.	
Pharmacy2U	Full	General	General	*Our reason for writing, as well as to offer our support for the guideline, is to note our concern that the potential contribution that digital and online pharmacy services can also make to supporting health and wellbeing is absent from the draft guideline. The guideline as it currently stands focuses solely on 'bricks and mortar' community pharmacy, without factoring in innovative digital and technology services.*	Thank you for your comment. Interventions delivered by distance selling' pharmacies for example online pharmacy services were outside of the scope of our guidance and therefore not included.
Pharmacy2U	Full	General	General	*Online pharmacies are an increasingly important part of the NHS pharmacy sector, and like 'bricks and mortar' pharmacies we are also able to offer medicines use reviews, advice on staying healthy and consultations with clinical pharmacists – as well as dispensing services. We believe that fully integrating these kinds of services with other remote NHS services – such as 111 – will help to increase the accessibility of the NHS to patients, and the effectiveness of the support the NHS offers.*	Thank you for your comment. Interventions delivered by distance selling' pharmacies for example online pharmacy services were outside of the scope of our guidance and therefore not included.
Pharmacy2U	Full	General	General	*Online pharmacies are also typically able to offer services more cost-‐effectively than bricks and mortar pharmacies: for example, in the case of dispensing, we have conducted research which shows that the average cost of a prescription dispensed through a 'bricks and mortar' pharmacy is 16% higher than the cost of a prescription dispensed through an online pharmacy.i The widespread benefits of online repeat prescription services to patients, healthcare professionals and the NHS were recently set out in The Repeat Prescription Report, a research paper independently commissioned by Pharmacy2U.ii*	Thank you for your comment. Interventions delivered by distance selling' pharmacies for example online pharmacy services were outside of the scope of our guidance and therefore not included.
Pharmacy2U	Full	General	General	*We strongly believe that the draft guideline should be updated to reflect the contribution that online and digital pharmacy services can make to supporting health and wellbeing through pharmacy. Although this letter does not offer detailed comments on the draft guideline, we would warmly welcome the opportunity to meet with you to discuss how we might be able to help inform the next stage of the*	Thank you for your comment. Interventions delivered by distance selling' pharmacies for example online pharmacy services were outside of the scope of our guidance and therefore not included.

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				guideline's development. Please do contact my colleague Zain.Hassan@incisivehealth.com should you be interested in arranging a meeting.	
Public Health England	Full	10	24-30	*This section should include signposting to local physical activity opportunities, as per NICE guidance PH44.*	Thank you for your comment. However the recommendations covered within the guideline are based on where evidence was found to support effective interventions (including effective referrals). There were several reasons for not recommending interventions in this area, which were as follows: 1) no evidence being found to support specific interventions 2) no evidence of effect for an intervention within a health area or 3) considerable uncertainty in the evidence, either due to a lack of high quality evidence or mixed findings from studies. Given the lack of evidence across the topic area as a whole the committee took a relatively conservative approach to this and did not wish to overstate the direction the evidence was pointing them in. The paucity of evidence in regard to health and wellbeing interventions delivered in community pharmacies led to the recommendations of further research within this area overall.
Public Health England	Full	10	1.5.3	*PHE suggest additional text be included to raise awareness of the NHS Health Check, who is eligible and where to get one in the local area - Referral to an NHS Health Check appointment for the eligible populations (40-74 years that have not already attended an NHS Health Check in the last years and do not have a pre-existing condition).*	Thank you for your comment. The effectiveness of screening, checks and testing was out of scope for this guideline. This includes the effectiveness of: • blood glucose checks • blood pressure checks • cardiovascular risk assessments • cholesterol checks (including point of care tests) • medicine use reviews • mole checking services • NHS Health Checks
Public Health England	Full	10	1	*PHE recommend rewording the line as follows:* *"An intrauterine device service if they have asked for*	Thank you for your comment. The committee recognise that many community pharmacy

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				emergency hormonal contraception " *"The provision of emergency contraception should ensure onward offer and referral to emergency intrauterine device (IUD) insertion as the most effective contraceptive"*	teams provide oral emergency contraception methods and that this may be the suited or preferred option for some individuals despite guidance advising that an IUD may be more effective. In light of this the committee agreed to amend this recommendation as follows: 1.6.2 Consider referring people to other services and triage within the agreed local care or referral pathway to give fast access to an appointment if needed. For example refer to: • GPs or other healthcare providers for: - ongoing contraception
Public Health England	Full	10	5	*Referrals and signposting:We recommend the inclusion of 'Local Stop Smoking Services' here as the evidence supports that uptake of services is higher from active referral when compared to signposting to services. Also to recognise the need for referral of smokers to specialist support where specific populations would benefit from more tailored support (e.g. pregnant women who smoke).*	Thank you for your comment which applies to the 'terms used in this guideline' section. This area of the guidance is designed to give a clear explanation of any particular terms which specifically relate to the guideline topic and thus the information given under 'referral and signposting' is an overall 'definition' of what we mean by this within the context of the guidance. Specific examples of the types of services community pharmacy teams may refer or signpost to are given in the recommendations for referrals and signposting in section 1.5. We have now removed the definition of 'referrals and signposting' from the terms used in this guideline section as these definitions are covered in the Health and Social Care Jargon Buster. This is a plain English guide to the most commonly used health and social care words and phrases and what they mean. A link to the Jargon Buster is provided where these phrases are use in the guideline.
Public Health England	Full	10	6	*We suggest a change from "drug misuse services" to "treatment for drug misuse and dependence".*	Thank you for your comment we have changed the wording of this sentence in light of your suggestion.
Public Health England	Full	10	12	*We suggest a change from "drug misuse recovery support" to "specialist treatment and recovery support for drug misuse and dependence".*	Thank you for your comment we have changed the wording of this sentence in light of your suggestion.
Public Health England	Full	10	19-20	*"ensure the pharmacy has been given all relevant information so that care can start at the first opportunity"* *We note that continuation and recovery of data systems within a disaster event can provide the relevant information to pharmacy teams in order for the correct care to be given. This should form part of the community pharmacy disaster plan. It is also recommended that the*	Thank you for your comment. Community pharmacy services **that do not involve promoting health and wellbeing** such as: dispensing; other medicine or device services; self-care to improve use of medicines or devices; and urgent care, were out of scope for this guideline. Disaster risk management and planning was not covered within the scope of this guideline.

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				community pharmacy disaster management plan includes a list of information sources to obtain knowledge of the emergency/disaster (International Pharmaceutical Federation (FIP), 2016; Noe & Smith, 2013) *References* *International Pharmaceutical Federation (FIP). (2016). Responding to Disasters: Guidelines for Pharmacy 2016. The Hague: International Pharmaceutical Federation.* *Noe, B., & Smith, A. (2013). Development of a community pharmacy disaster preparedness manual. Journal of the American Pharmacists Association: JAPhA, 53(4).*	
Public Health England	Full	11	1.5.6	*Include signposting the dementia training tools to support with light touch risk reduction messaging.*	Thank you for your comment. Dementia was a health area that was not included within the scope of this guidance
Public Health England	Full	11	7	*Ensure that where brief interventions that will seek to tackle CVD are taking place, the individual feels they have been provided with an appropriate level of information and signposting onto interventions such as the NHS Health Check. It is important to ensure that the setting this is provided in does not impact the level of information given or understood by the individual receiving it.*	Thank you for your comment. The effectiveness of screening, checks and testing was out of scope for this guideline. This includes the effectiveness of: • blood glucose checks • blood pressure checks • cardiovascular risk assessments • cholesterol checks (including point of care tests) • medicine use reviews • mole checking services • NHS Health Checks
Public Health England	Full	13	23	*Very brief intervention:* *We recommend the change of 'directed' to 'referred'. As noted above, the evidence supports that uptake of services is higher from active referral when compared to signposting to services.* *This section may also be referred to as "Very Brief Advice", to be consistent with the evidence base and other text within this section (p13 line 21).*	Thank you for your comment and advice. We have now removed the definition of 'very brief advice' from the terms used in this guideline section as a definition of this is already included in the NICE glossary. We have made reference to 'very brief advice' within the advice and education section of the guideline (1.4). For example, recommendation 1.4.1 encourages the delivery of advice and education in line with NICE's recommendations on delivery very brief, brief and extended brief advice in the behaviour change: individual approaches guideline (PH49).
Public Health England	Full	15	01-Feb	*PHE suggest adding oral health to the list as the pharmacy may be first place parents/patients go to for advice on dental pain relief, so in a good position to provide oral health advise as well as part of MECC.*	Thank you for your comment, oral care was out of scope for this guideline

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Public Health England	Full	20	24	*If it is to be included, we recommend issuing further clarity on the contextual application of ageing software and the fundamental elements of a software package which is evidence based.*	Thank you for your comment. This particular intervention was covered in a cost effectiveness study (review 2) and also included in the additional de novo health economic modelling and thus has relevant sensitivity analysis to improve robustness of the analysis. This is also an approach that is used in mass media campaigns on smoking, which the committee agreed has plausibility in terms of its effect particularly as there is some specific evidence to favour its use in a pharmacy setting. The evidence further indicated that it had a greater impact in some groups (younger/heavier smokers) who they believed were likely to benefit more in the longer term. However due to the lack of high quality evidence the committee agreed to recommend the use of this software only as an example of a way to support advice/education on smoking cessation, if the resources are available. This is reflected in the updated recommendations as follows: **1.4.4 Use support materials and approaches to aid these discussions, if available. (For example advice and education on smoking could be supported by using photo-ageing software, if it is available).** This guideline has been reviewed for its impact on NHS workforce and resources by the NICE Guideline Resource and Implementation Panel (GRIP). An implementation statement by the GRIP, addressing any significant resource and workforce issues, will be published shortly after the guideline publishes.
Public Health England	Full	21	7	*We suggest the guidance states that those pharmacists delivering the NHS Health Check, should meet the Competence Framework standards as well as using the Programme standards and Best Practice Guidance for delivery.*	Thank you for your comment. The effectiveness of screening, checks and testing was out of scope for this guideline. This includes the effectiveness of: • blood glucose checks • blood pressure checks • cardiovascular risk assessments • cholesterol checks (including point of care tests) • medicine use reviews

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					• mole checking services • NHS Health Checks
Public Health England	Full	23		*We welcome the recognition of how pharmacy teams play a vital role in linking in other health and care providers from the community. This is essential in targeting the eligible population who may not access existing services such as GPs.*	Thank you for your positive support.
Public Health England	Full	24	14	*NHS Health Checks competence framework and Dementia risk reduction messaging training to be included.*	Thank you for your comment. Dementia was a health area that was not included within the scope of this guidance. The effectiveness of screening, checks and testing was also out of scope for this guideline. This includes the effectiveness of: • blood glucose checks • blood pressure checks • cardiovascular risk assessments • cholesterol checks (including point of care tests) • medicine use reviews • mole checking services • NHS Health Checks
Public Health England	Full	4	Line 4, Rec 1.1.1	*Use a personalised approach when providing community pharmacy health and wellbeing interventions to maximise their impact and effect We suggest replacing 'personalised' with a clearer term for action, such as: Use a tailored approach to the needs of an individual, when providing community pharmacy.....*	Thank you for your comment we have now altered this recommendation as follows: 1.2.2 Use a tailored approach when providing community pharmacy health and wellbeing interventions to maximise their impact and effect
Public Health England	Full	4	09-Oct	*This is also relevant to Recommendation 5 on 'Information and training' in PH44, Physical activity: brief advice for adults in primary care.*	Thank you for your comment. The recommendations covered within the guideline are based on where evidence was found to support effective interventions within specific health areas of interest. There were several reasons for not recommending interventions for particular health areas, which were as follows: 1) no evidence being found to support specific interventions within that health area 2) no evidence of effect for an intervention within that health area or 3) considerable uncertainty in the evidence, either due to a lack of high quality evidence or mixed findings from studies.

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					Given the lack of evidence across the topic area as a whole the committee took a relatively conservative approach to this and did not wish to overstate the direction the evidence was pointing them in.
Public Health England	Full	4	1.1.2	*It is positive to see the behaviour change: individual approaches and smoking highlighted here, however it is important not to isolate these risk factors as when delivering overarching interventions to tackle cardiovascular disease (CVD) such as the NHS Health Check, it is important that staff are competent at risk communication and behaviour change across a wide range of risk factors including; weight management (PH53); physical activity (PH44); alcohol (PH24); diabetes and dementia. Therefore we recommend including all relevant NICE Public Health Guidance. For more information on CVD prevention it would be helpful to include the CVD Prevention Guidance [PH25]. Furthermore, for the overarching approach to this, Section 7 of the NHS Health Checks programme standards link to key risk communication messaging. The NHS Health Check Competence Framework link to also be added.*	Thank you for your comment. The effectiveness of screening, checks and testing was out of scope for this guideline. This includes the effectiveness of: • blood glucose checks • blood pressure checks • cardiovascular risk assessments • cholesterol checks (including point of care tests) • medicine use reviews • mole checking services • NHS Health Checks
Public Health England	Full	4	10	*Stop smoking interventions and services:* *The hyperlink embedded in 'stop smoking interventions and services.' directs to NICE PH10. This should be updated as a result of the new NICE for stop smoking interventions (due March 2018).* *The current PH10 document links to 'Standard for training in smoking cessation treatments' lands on a legacy page for the Health Development Agency. We recommend hyperlinking directly to http://www.ncsct.co.uk/pub_training.php for all smoking cessation training (as stated on page 24 line 16).*	Thank you for your comment, we have up dated all cross-references to the PH10 guidance and now link to the latest version of this guidance (NICE guideline NG92). We were unable to do that at consultation as it had not yet published.
Public Health England	Full	4	lines 11-13	*"1.1.3 Promote continuity of care"* *We suggest that a reference is included to the role of community pharmacists in promoting continuity of care for patients with chronic diseases during and in the*	Thank you for your comment. Community pharmacy services related to treating disease and acute medical conditions that do not involve promoting health and wellbeing such as: dispensing; other medicine or device services; self-care to improve use of

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				aftermath of disasters and emergencies. *Evidence from qualitative studies in Canada and Australia (Austin, Martin, & Gregory, 2007; Mak & Singleton, 2017) and a study using survey questionnaire with pharmacy services in Blount County, Tennessee, USA (Ford, Trent, & Wickizer, 2017) illustrate the role of pharmacies in diagnosing and triaging minor to moderate ailments, ensuring patients with life-threatening chronic diseases (e.g. cancer, kidney dialysis; insulin dependent diabetes and hypertension) continue their medications by prescribing emergency supplies. This role is particularly important during and in the aftermath of disasters and emergencies when other parts of the healthcare infrastructure unable potentially to cope with increased demand or may not be accessible.* *Evidence from settings in which pharmacists, including community pharmacies, have a role in disaster risk management suggests that their biggest contribution in the event of emergencies and disasters is ensuring that the needs of low-acuity patients and/or those with chronic diseases are not neglected due to limited resources and increase in numbers of higher-acuity patients (Chan, 2017). Patients with long term chronic conditions are at increased risk of developing exacerbations during disasters and without their medications they can rapidly develop into high acuity cases (Chan, 2017). A systematic review exploring the extent and implications of medication loss following extreme weather events and other natural disasters found that a considerable number of patients lose their medication during evacuation and many do not bring prescriptions with them when evacuated (Ochi et al., 2014). People who are not prepared can have worse outcomes and many risk significant worsening of illnesses and of dying when their medication is not available. Overcrowding of emergency departments for chronic disease medication refills in a disaster is a significant additional drain on healthcare resources (Hogue, Hogue, Lander, Avent, & Fleenor, 2009). Additionally, in the event of foreign disaster*	medicines or devices; and urgent care, were out of scope for this guideline. Disaster risk management and planning was not covered within the scope of this guideline. NICE have a guideline currently in development on acute medical emergencies in adults and young people. The qualitative studies mentioned would be outside of the scope of this guideline for the reasons above and therefore would have not been included in the evidence reviews.

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				medical assistance teams (DMATs) being requested and available, the pharmaceutical stock held by the DMATs does not cater for chronic diseases but for acute traumas, relying on community pharmacies to support the relief efforts (Jhung et al., 2007). *References* *Austin, Z., Martin, J. C., & Gregory, P. A. (2007). Pharmacy practice in times of civil crisis: The experience of SARs and "the blackout" in Ontario, Canada. Research in Social and Administrative Pharmacy, 3(3), 320-335.* *Chan, E. Y. Y. (2017). Public health humanitarian responses to natural disasters: Taylor & Francis.* *Ford, H., Trent, S., & Wickizer, S. (2017). Pharmacy services after a tank car derailment and toxic chemical release in Blount County, Tennessee. Journal of the American Pharmacists Association, 57(1), 56-61.e52. doi:10.1016/j.japh.2016.08.007* *Hogue, M. D., Hogue, H. B., Lander, R. D., Avent, K., & Fleenor, M. (2009). The nontraditional role of pharmacists after Hurricane Katrina: process description and lessons learned. Public health reports, 217-223.* *Jhung, M. A., Shehab, N., Rohr-Allegrini, C., Pollock, D. A., Sanchez, R., Guerra, F., & Jernigan, D. B. (2007). Chronic Disease and Disasters. Medication Demands of Hurricane Katrina Evacuees. American journal of preventive medicine, 33(3), 207-210. doi:10.1016/j.amepre.2007.04.030* *Mak, P. W., & Singleton, J. (2017). Burning questions: Exploring the impact of natural disasters on community pharmacies. Research in Social and Administrative Pharmacy, 13(1), 162-171. doi:10.1016/j.sapharm.2015.12.015* *Ochi S, H. S., Landeg O, Mayner L, Murray V. (2014). Disaster-Driven Evacuation and Medication Loss: a Systematic Literature Review. PLOS Currents Disasters. doi:10.1371/currents.dis.fa417630b566a0c7dfdbf945910edd96*	
Public Health England	Full	4-5	1.1.4 (4)	*The guidance should include "age" in these personal characteristics – evidence has shown that older adults*	Thank you for your comment. The effectiveness of screening, checks and testing was out of scope for this guideline. This

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				are likely to visit community settings. It is also important to ensure that the environment where the intervention takes place in does not exacerbate any barriers to attendance to programmes such as the NHS Health Check.	includes the effectiveness of: • blood glucose checks • blood pressure checks • cardiovascular risk assessments • cholesterol checks (including point of care tests) • medicine use reviews • mole checking services • NHS Health Checks
Public Health England	Full	5	Line 17 Rec 1.1.7	*Use every opportunity: This recommendation is welcomed, in light of the number of interactions and the population reach of community pharmacies within their local communities. We suggest a reference to the MECC approach is included here to help clarify the links with the MECC approach and programme, and the type of action that can be taken. For example: This includes: awareness raising and information provision, advice (for example via the Making Every Contact Count (MECC) approach) and education…*	Thank you for your comment. We have highlighted and linked to the MECC programme in the implementation section which can be found within the end section of the guideline titled **'Finding more information and resources**'
Public Health England	Full	5	18	*PHE recommend making a clear link to Making Every Contact Count (MECC).*	Thank you for your comment. We have highlighted and linked to the MECC programme in the implementation section which can be found within the end section of the guideline titled **'Finding more information and resources'**
Public Health England	Full	5	1.1.5 (11)	*The NHS Health Check Competence Framework training resources should be made available to pharmacy teams to display competency to deliver the NHS Health Check. It is important to highlight in the guidance that those not meeting these minimum standards are increasing inequality of the programme, to assure that pharmacy teams are competent to deliver the NHS Health Check to the minimum standard or to the same standards as other providers, to ensure a uniform approach nationally.*	Thank you for your comment. The effectiveness of screening, checks and testing was out of scope for this guideline. This includes the effectiveness of: • blood glucose checks • blood pressure checks • cardiovascular risk assessments • cholesterol checks (including point of care tests) • medicine use reviews • mole checking services • NHS Health Checks
Public Health England	Full	5	1.1.7	*There is an opportunity to use pharmacy visits to identify the NHS Health Check eligible population and ask whether they have attended their NHS Health Check and if not, book them in to attend at the pharmacy provided the NHS Health is offered through the pharmacy. This would target those that do not typically engage with their general practitioner (GP) and therefore may not be registered and targeted there.*	Thank you for your comment. The effectiveness of screening, checks and testing was out of scope for this guideline. This includes the effectiveness of: • blood glucose checks • blood pressure checks • cardiovascular risk assessments • cholesterol checks (including point of care tests) • medicine use reviews

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					• mole checking services • NHS Health Checks
Public Health England	Full	5	23-26	*PHE recommends that pharmacies advise parents to purchase sugar free medicines, where possible as advised in Delivering better oral health: an evidence based toolkit for prevention. View at: https://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention*	Thank you for your comment. Community pharmacy services related to treating disease and acute medical conditions that do not involve promoting health and wellbeing such as: dispensing; other medicine or device services; self-care to improve use of medicines or devices; and urgent care, were out of scope for this guideline.
Public Health England	Full	5	20	*Use every opportunity:* *We recommend that, amongst the opportunities to promote health and wellbeing, this should reference the opportunity to enhance national campaigns with localised promotional materials (e.g. Stoptober)*	Thank you for your comment. As this section is about overarching principles of good practise these are only examples of some of the opportunities for making every contact count when an individual visits the pharmacy. For instance by providing information, advice/education or behavioural support. Thus, this is not an exhaustive list of when an opportunity may be identified for providing health and wellbeing support and as you suggest opportunities may be more wide-ranging. NICE are also unable to make recommendations on National Campaigns. We have now reworded the recommendation as follows: 1.2.8 Proactively seek opportunities to promote people's physical and mental health and wellbeing. This includes: awareness raising and information provision, advice and education, behavioural support and referral and signposting to other services. Describe the interventions on offer and the benefits. Do this **for example,** when someone…
Public Health England	Full	6	3	*We recommend the guideline raises awareness of the MECC training available to support staff in making every contact count in every opportunity. If blood pressure monitors are available in pharmacies and funded through local commissioning, there is an opportunity to ensure that pharmacy professionals play a critical role in helping the public understand their blood pressure numbers.*	Thank you for your comment. The committee agreed to link to the MEE programme and the suite of practical resources to help with implementing it (such as an e-learning module and the MECC implementation guide) within the end section of the guideline titled **'Finding more information and resources'**. Decisions about investing to support implementation of recommendations in this guideline that are not already underpinned by national service specifications should be based on an assessment of local area needs and priorities and negotiation with the relevant local service providers
Public Health	Full	6	1.2.21.3.	*Include links to information on relevant websites and mobile*	Thank you for your comment. The list of examples for resources

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England			31.4.4(could be included in all of these sections)	*applications that would benefit the individual, as well as providing them with information leaflets. These include;- One You- Active 10- Heart Age Tool- Drinks tracker- Smoke free app*	and tools that may be of use for pharmacy teams is not intended to be exhaustive. We have included in the recommendation to use existing information and resources available from statutory, community and voluntary sector organisations, which may include these various applications.
Public Health England	Full	6	06-Sep	*PHE recommends that pharmacy teams advise pregnant women and those planning a pregnancy, when appropriate, for example if they ask about dental care, that women are entitled to free National Health Service (NHS) dental treatment during pregnancy and any treatment commenced before their child's first birthday, as many pregnant women are not aware they are entitled to free dental care. Also important as hormonal changes during pregnancy can make gums more vulnerable to plaque, leading to inflammation and bleeding. This is also called pregnancy gingivitis or gum disease.*	Thank you for your comment, however oral care was out of scope for this guideline
Public Health England	Full	6	7	*Pregnant women:* *We recommend highlighting the opportunity to identify smokers early in pregnancy (or pre conception) and refer to specialist interventions to quit*	Thank you for your comment. As this section is about overarching principles of good practise these are only examples of some of the opportunities for making every contact count when an individual visits the pharmacy. For instance by providing information, advice/education or behavioural support. Thus, this is not an exhaustive list of when an opportunity may be identified for providing health and wellbeing support and as you suggest opportunities may be more wide-ranging. Recommendations for stop smoking interventions and referrals are highlighted in the latter sections of the guideline. We have now reworded the recommendation as follows: 1.2.8 Proactively seek opportunities to promote people's physical and mental health and wellbeing. This includes: awareness raising and information provision, advice and education, behavioural support and referral and signposting to other services. Describe the interventions on offer and the benefits. Do this **for example,** when someone:
Public Health England	Full	7	Line 6 Rec 1.3.1	*Advice and education We suggest a reference is included here to the opportunity for actively engaging individuals in a brief intervention that will increase their psychological*	Thank you for your comment. We have highlighted and linked to the MECC programme in the implementation section which can be found within the end section of the guideline titled **'Finding**

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				capability for behaviour change. It is key to recognise the distinction between these brief interventions and advice giving, which may involve a more passive role for the recipient of the advice. These brief or very brief interventions are delivered opportunistically (i.e. as a single intervention), and can be delivered in just a few minutes. *A MECC brief intervention aims to enable positive change in an individual by increasing their psychological capability to undertake a behaviour change. This may be through increasing their knowledge of the risks for a particular behaviour, such as for smoking. Or by helping increase an individual's motivation to initiate a behaviour change, for example by raising their level of understanding of the positive actions they can take, such as with stopping smoking.* *A brief intervention can help communicate to an individual that by them taking positive action, they can reduce their risks for many conditions. A brief intervention can deliver a persuasive message; helping raise an individual's awareness of their risk factors, while contributing to their motivation to take action. We would suggest that this is reflected in this recommendation, for example by:* *Offer advice, motivation opportunities through a MECC brief or very brief intervention, and education as the opportunity arises to encourage people to change behaviours in line with guidelines on.....*	**more information and resources'** Brief interventions have been mentioned in recommendations 1.4.1 and 1.4.3 in the advice and education section of the guideline as follows: 1.4.1 Offer advice and education as the opportunity arises in line with NICE's guidelines on: behaviour change: individual approaches (see the recommendations on delivering very brief, brief and extended brief advice). 1.4.3 Offer brief advice and education as the opportunity arises, on stopping smoking and reducing alcohol consumption: • For smoking cessation, follow NICE's guideline on stop smoking interventions and services (in particular see recommendation 1.3.9 and the sections on commissioning and providing stop smoking interventions and services to meet local needs, monitoring stop smoking services, engaging with people who smoke, and advice on e cigarettes). • For alcohol issues, follow the recommendations on brief advice in NICE's guideline on alcohol-use disorders. In particular see recommendation 5 on resources for screening and brief interventions and recommendation 10 on brief advice for adults. Within these recommendations we link to the NICE glossary for the definition of this term.
Public Health England	Full	7	19	*This section (1.3.3) should include a paragraph on physical activity and have a specific link to PH44,Physical activity: brief advice for adults in primary care. Thomas et al. (2012)showed that community pharmacists can be trained to carry out behaviour change counselling to increase physical activity and PH44 specifically mentioned pharmacists as a key audience for the guidance.*	Thank you for your comment. The health areas covered within this particular section of the guideline (advice and education) are where evidence was found to support effective interventions. The committee agreed that due to the quality of the evidence, reference to other NICE guidance (if available) on the health areas where this evidence showed a positive direction of effect would be appropriate. The committee spent a lot of time deliberating on which guidelines they wanted to cross refer to some of which were not recommended. There were several reasons for this which are

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					as follows: 1) no evidence being found to support specific interventions within that health area (for example advice and education for mental health and wellbeing and preventing drug misuse) 2) no evidence of effect for an intervention within that health area (for example the use of advice and education within lower back pain) or 3) considerable uncertainty in the evidence, either due to a significant lack of high quality evidence or mixed findings from studies (for example advice/education within diet, exercise participation, asthma and cardiovascular health which they considered too uncertain for them to recommend). Given the lack of evidence across the topic area as a whole the committee took a relatively conservative approach to this and did not wish to overstate the direction the evidence was pointing them in. Research recommendations were also made to address specific gaps in the evidence related to interventions and health areas where no evidence was found (see research recommendation 2). We have tried to locate the Thomas et al. 2012 study, however due to the lack of information here we are unable to correctly identify it and therefore discuss it further.
Public Health England	Full	7	21	*Links to NICE guidance PH1 and PH10 to be updated in line with publication of new NICE guideline on stop smoking interventions (due March 2018).*	Thank you for your comment, we have up dated all cross-references to the PH10 guidance and now link to the latest version of this guidance (NICE guideline NG92). We were unable to do that at consultation as it had not yet published.
Public Health England	Full	7	24	*Photo ageing software:* *PHE does not support the inclusion of this recommendation. It is not a core part of any other practice or policy guidance associated with supporting cessation and unlikely to be commonly used in pharmacy.* *There may be considerable cost implications for local pharmacies in implementing, maintaining and updating*	Thank you for your comment. This particular intervention was covered in a cost effectiveness study (review 2) and also included in the additional de novo health economic modelling and thus has relevant sensitivity analysis to improve robustness of the analysis. This is also an approach that is used in mass media campaigns on smoking, which the committee agreed has plausibility in terms of its effect particularly as there is some specific evidence

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				this software. In addition, there are likely to be many manufacturers of software on the market with varying degrees of quality. Therefore, we suggest that this is not included as a recommendation in this section of the guidance. *It is unclear whether the draft guidance suggestion is used as part of brief advice to increase motivation to quit or uptake of behavioural support. Both options would be a significant change to current NICE recommended practice.*	to favour its use in a pharmacy setting. The evidence further indicated that it had a greater impact in some groups (younger/heavier smokers) who they believed were likely to benefit more in the longer term. However due to the lack of high quality evidence the committee agreed to recommend the use of this software only as an example of a way to support advice/education on smoking cessation, if the resources are available. This is reflected in the updated recommendations as follows: **1.4.4 Use support materials and approaches to aid these discussions, if available. (For example advice and education on smoking could be supported by using photo-ageing software, if it is available).** This guideline has been reviewed for its impact on NHS workforce and resources by the NICE Guideline Resource and Implementation Panel (GRIP). An implementation statement by the GRIP, addressing any significant resource and workforce issues, will be published shortly after the guideline publishes.
Public Health England	Full	7	24	*Photo ageing software:* *If this is to be included, we recommend further information is provided on how, when and why to use it. Consideration should be given to the context of delivery and the minimum requirements of any such software package.*	Thank you for your comment. This particular intervention was covered in a cost effectiveness study (review 2) and also included in the additional de novo health economic modelling and thus has relevant sensitivity analysis to improve robustness of the analysis. This is also an approach that is used in mass media campaigns on smoking, which the committee agreed has plausibility in terms of its effect particularly as there is some specific evidence to favour its use in a pharmacy setting. The evidence further indicated that it had a greater impact in some groups (younger/heavier smokers) who they believed were likely to benefit more in the longer term. However due to the lack of high quality evidence the committee agreed to recommend the use of this software only as an example of a way to support advice/education on smoking

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					cessation, if the resources are available. This is reflected in the updated recommendations as follows: **1.4.4 Use support materials and approaches to aid these discussions, if available. (For example advice and education on smoking could be supported by using photo-ageing software, if it is available).** This guideline has been reviewed for its impact on NHS workforce and resources by the NICE Guideline Resource and Implementation Panel (GRIP). An implementation statement by the GRIP, addressing any significant resource and workforce issues, will be published shortly after the guideline publishes.
Public Health England	Full	7	10-Dec	*"1.3.2 When someone uses pharmacy services to manage a long-term condition, use this as an opportunity to advise them on how to improve their general health and wellbeing"* *We note that integrating disaster risk management into primary care, especially at a local level, is one of the priority areas of the Sendai Framework for disaster risk reduction. In order to do so, the Sendai Framework recommends building the capacity of health workers in understanding disaster risk and applying and implementing disaster risk reduction approaches in health work. Hence, providing pharmacy teams with the core skills and competencies to provide advice, education and/ or behavioural support services to community pharmacy users in a disaster situation is important. Also there is evidence that community pharmacists play an important role as a source of information about disasters and providing Mental Health First Aid (Austin, Martin, & Gregory, 2007; Ford, Trent, & Wickizer, 2017; Mak & Singleton, 2017).* *References* *Austin, Z., Martin, J. C., & Gregory, P. A. (2007). Pharmacy practice in times of civil crisis: The experience of SARs and "the blackout" in Ontario, Canada. Research*	Thank you for your comment. Community pharmacy services related to treating disease and acute medical conditions that do not involve promoting health and wellbeing such as: dispensing; other medicine or device services; self-care to improve use of medicines or devices; and urgent care, were out of scope for this guideline. Disaster risk management and planning was not covered within the scope of this guideline. NICE have a guideline currently in development on acute medical emergencies in adults and young people.

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				in Social and Administrative Pharmacy, 3(3), 320-335. *Ford, H., Trent, S., & Wickizer, S. (2017). Pharmacy services after a tank car derailment and toxic chemical release in Blount County, Tennessee. Journal of the American Pharmacists Association, 57(1), 56-61.e52. doi:10.1016/j.japh.2016.08.007* *Mak, P. W., & Singleton, J. (2017). Burning questions: Exploring the impact of natural disasters on community pharmacies. Research in Social and Administrative Pharmacy, 13(1), 162-171. doi:10.1016/j.sapharm.2015.12.015* *United Nations (2016). Sendai Framework for Disaster Risk Reduction. 2015-2030 https://www.preventionweb.net/files/43291_sendaiframeworkfordrren.pdf (accessed 22 January 2018)*	
Public Health England	Full	8	20	*It is noted that for smoking cessation reference to brief advice is included. To supplement the reference to weight management you might want to consider referring to PHE's evidence based, guide for health practitioners around brief advice and how to raise the issue of weight with adults - https://www.gov.uk/government/publications/adult-weight-management-a-guide-to-brief-interventions*	Thank you for your comment. We have now referenced 'brief advice' in the recommendations on advice and education for stopping smoking and alcohol consumption, as follows: 1.4.3 Offer brief advice and education as the opportunity arises, on stopping smoking and reducing alcohol consumption: • For smoking cessation, follow NICE's guideline on stop smoking interventions and services (in particular see recommendation 1.3.9 and the sections on commissioning and providing stop smoking interventions and services to meet local needs, monitoring stop smoking services, engaging with people who smoke, and advice on e-cigarettes). • For alcohol issues, follow the recommendations on brief advice in NICE's guideline on alcohol-use disorders. In particular see recommendation 5 on resources for screening and brief interventions and recommendation 10 on brief advice for adults. The committee agreed to highlight and link to PHE's evidence based, guide for health practitioners around brief advice in the end section of the guideline titled **'Finding more information and resources'**, where a list of useful tools and resources are provided which may help pharmacy staff with the

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					implementation of the recommendations
Public Health England	Full	9	22	*This section should include referral and signposting to physical activity opportunities, as per NICE guidance PH44.*	Thank you for your comment. However the recommendations covered within the guideline are based on where evidence was found to support effective interventions (including effective referrals). There were several reasons for not recommending interventions in this area, which were as follows: 1) no evidence being found to support specific interventions 2) no evidence of effect for an intervention within a health area or 3) considerable uncertainty in the evidence, either due to a lack of high quality evidence or mixed findings from studies. Given the lack of evidence across the topic area as a whole the committee took a relatively conservative approach to this and did not wish to overstate the direction the evidence was pointing them in. The paucity of evidence in regard to health and wellbeing interventions delivered in community pharmacies led to the recommendations of further research within this area overall.
Public Health England	Full	General	General	*In the guidance, only one example of where pharmacy can contribute to improving sexual health is cited (Page 10, line 1). This underestimates the contribution that pharmacy teams make to improving sexual health. Pharmacy teams play a key role in the delivery of low threshold sexual health services and a vital intervention for improving the population's sexual health. Pharmacy is a major provider of free sexual health interventions such as condom distribution schemes, emergency contraception and chlamydia testing, and this is aside their extensive retail activities in these areas. The provision of these services offers a number of opportunities to address risky behaviours through awareness raising, advice and education, behavioural support and onward referral and signposting. There exists extensive NICE guidance to improve sexual health*	Thank you for your comment. We recognise that many community pharmacy teams may provide sexual health services which promote health and wellbeing. However the recommendations covered within the guideline are based on where evidence was found to support effective interventions within specific health areas of interest. There were several reasons for not recommending interventions for particular health areas, which were as follows: 1) no evidence being found to support specific interventions within that health area (for example advice/education or behavioural change interventions for improving sexual health) 2) no evidence of effect for an intervention within that health area or

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				which are not cited here including condom distribution schemes, provision of contraception and the delivery of brief interventions.	3) considerable uncertainty in the evidence, either due to a lack of high quality evidence or mixed findings from studies. Given the lack of evidence across the topic area as a whole the committee took a relatively conservative approach to this and did not wish to overstate the direction the evidence was pointing them in. The overall paucity of evidence in regard to health and wellbeing interventions delivered in community pharmacies for specific health areas of interest such as sexual health led to the development of research recommendation 2 which aims to determine the effect and cost effect of awareness raising, advice and education or behavioural support interventions by community pharmacy teams to improve health outcomes in underserved groups and the general populations.
Public Health England	Full	General	General	*Which areas will have the biggest impact on practice and be challenging to implement? Please say for whom and why The recommendation to use anti-ageing software as part of a stop smoking intervention will be most challenging for pharmacy staff to implement, due to the time required to conduct this, the availability of the equipment, and the training of staff in its use. Also, the cost of purchasing, maintaining and updating the software will limit implementation. The logistics of conducting this could distract from the core, evidence-based approaches which could be implemented systematically with significantly less impact on time and resources.*	Thank you for your comment. This particular intervention was covered in a cost effectiveness study (review 2) and also included in the additional de novo health economic modelling and thus has relevant sensitivity analysis to improve robustness of the analysis. This is also an approach that is used in mass media campaigns on smoking, which the committee agreed has plausibility in terms of its effect particularly as there is some specific evidence to favour its use in a pharmacy setting. The evidence further indicated that it had a greater impact in some groups (younger/heavier smokers) who they believed were likely to benefit more in the longer term. However due to the lack of high quality evidence the committee agreed to recommend the use of this software only as an example of a way to support advice/education on smoking cessation, if the resources are available. This is reflected in the updated recommendations as follows: **1.4.4 Use support materials and approaches to aid these**

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					discussions, if available. (For example advice and education on smoking could be supported by using photo-ageing software, if it is available). This guideline has been reviewed for its impact on NHS workforce and resources by the NICE Guideline Resource and Implementation Panel (GRIP). An implementation statement by the GRIP, addressing any significant resource and workforce issues, will be published shortly after the guideline publishes.
Public Health England	Full	General	General	*Would implementation of any of the draft recommendations have significant cost implications?* *The anti-ageing software would have cost implications. While NICE state that this is a cost-effective intervention for the NHS as a whole, the up-front investment for pharmacies in such equipment could be difficult to find and may not be cost-effective for them. There are also implications for staff time that would be an additional cost.*	Thank you for your comment. This particular intervention was covered in a cost effectiveness study (review 2) and also included in the additional de novo health economic modelling and thus has relevant sensitivity analysis to improve robustness of the analysis. This is also an approach that is used in mass media campaigns on smoking, which the committee agreed has plausibility in terms of its effect particularly as there is some specific evidence to favour its use in a pharmacy setting. The evidence further indicated that it had a greater impact in some groups (younger/heavier smokers) who they believed were likely to benefit more in the longer term. However due to the lack of high quality evidence the committee agreed to recommend the use of this software only as an example of a way to support advice/education on smoking cessation, if the resources are available. This is reflected in the updated recommendations as follows: **1.4.4 Use support materials and approaches to aid these discussions, if available. (For example advice and education on smoking could be supported by using photo-ageing software, if it is available).** This guideline has been reviewed for its impact on NHS workforce and resources by the NICE Guideline Resource and Implementation Panel (GRIP). An implementation statement by the GRIP, addressing any significant resource and workforce

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					issues, will be published shortly after the guideline publishes.
Public Health England	Full	General	General	*What would help users overcome any challenges? (For example, existing practical resources or national initiatives, or examples of good practice).* *Links to the online National Centre for Smoking Cessation and Training (NCSCT) training modules for both very brief advice and stop smoking behavioural support are key in helping to upskill pharmacy staff to deliver interventions on smoking. Case studies of effective healthy living pharmacy examples may be beneficial in helping others to understand the challenges and the opportunities of more systematically promoting health lifestyles.*	Thank you for your comment and advice. We have referenced the NCSCT training in the end section of the guideline titled '**finding more information and resources**'. Within this section we provide links to various training tools and resources that may be useful to pharmacy staff and help with the implementation of the recommendations. In light of your comment we have now added to this reference that the training includes support modules on brief advice and behavioural support for smoking cessation.
Public Health England	Full	General	General	*A recent randomised control trial of brief interventions for alcohol issues in pharmacy settings found little empirical support for the effectiveness of identification and brief advice for reducing hazardous or harmful alcohol consumption in community pharmacies (1). This has also been confirmed in a previous literature review (2).(1) Dhital R, Norman I, Whittlesea C, Murrells T, McCambridge J. The effectiveness of brief alcohol interventions delivered by community pharmacists: randomized controlled trial. Addict Abingdon Engl. 2015 Oct;110(10):1586–94.(2) Watson MC, Blenkinsopp A. The feasibility of providing community pharmacy-based services for alcohol misuse: a literature review. Int J Pharm Pract. 2009 Aug;17(4):199– 205.*	Thank you for your comment. The Watson MC, Blenkinsopp A. 2009 review was **not included** within the evidence reviews as the review did not directly answer the review question set out in the protocol. The Dhital et al 2015 study aimed to evaluate the effectiveness of a brief intervention delivered by community pharmacists to reduce hazardous or harmful drinking. However as behaviour change elements were included in the intervention such as the use of motivational interviewing, the study was included in the behavioural support evidence review. The behavioural intervention was **not found to be effective** for reducing hazardous or harmful alcohol consumption and thus was not recommended as a behavioural support intervention to be used in pharmacies.
Public Health England	Full	General	General	*PHE suggest that the recommendations in the NICE's draft guidelines "Community pharmacies: promoting health and wellbeing" include references to the role of community pharmacists in disaster risk reduction and management.* *The role of community pharmacy at all stages of an emergency or disaster (i.e. prevention; preparation; response and recovery) has been acknowledged and promoted in recent guidance published by the (International Pharmaceutical Federation (FIP), 2016 as well as in other earlier published guidance or statements issues by pharmacy organisations in the United States of*	Thank you for your comment. Community pharmacy services related to treating disease and acute medical conditions that do not involve promoting health and wellbeing such as: dispensing; other medicine or device services; self-care to improve use of medicines or devices; and urgent care, were out of scope for this guideline. Disaster risk management and planning was not covered within the scope of this guideline. NICE have a guideline currently in development on acute medical emergencies in adults and young people.

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				America (USA) (National Association of Boards of Pharmacy, 2006) and Canada (National Association of Pharmacy Regulatory Authorities, 2011). The FIP guidance advises that each community pharmacy should have an up-to-date disaster plan detailing how the business and staff are to operate during an emergency, what procedures to follow and what areas to include. The disaster plan should coordinate with regional and national organisations. *References* *International Pharmaceutical Federation (FIP). (2016). Responding to Disasters: Guidelines for Pharmacy 2016. The Hague: International Pharmaceutical Federation.* *National Association of Boards of Pharmacy. Emergency and Disaster Preparedness and Response Planning: A Guide for Boards of Pharmacy. https://nabp.pharmacy/wp-content/uploads/2016/07/06Emergency_Preparedness_Guide.pdf (accessed 22 January 2018)* *National Association of Pharmacy Regulatory Authorities (2011). Model Standard of Practice for Canadian Pharmacy Technicians. http://www.saskpharm.ca/document/2472/Model_Standards_of_Prac_for_Cdn_PharmTechs_Nov11.pdf (accessed 22 January 2018)*	
Royal Pharmaceutical Society	Full	10	19	*In order for information to be exchanged efficiently and safely, pharmacist must have read and write access to the electronic patient health record.*	Thank you for your comment. The importance of information being exchanged efficiently and safely was discussed with the committee and we have now added recommendation 1.6.6 as follows: 1.6.6 Consider using minimum data sets and summary care records to encourage record keeping and auditing, particularly when exchanging information through formal referrals in the local care network.
Royal Pharmaceutical Society	Full	13	25	*Improving antimicrobial stewardship is an important public health imperative. There is currently insufficient evidence relating to the impact of community pharmacists performing simple diagnostic tests to identify bacterial infection, the use of clinical scores and pathways in a*	Thank you for your comment. Community pharmacy services related to treating disease and acute medical conditions that do not involve promoting health and wellbeing such as: dispensing; other medicine or device services; self-care to improve use of medicines or devices; and urgent care, were out of scope for

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				community pharmacy setting, and its effects on appropriate antibiotic prescribing rates. This should be included as a recommendation for research.	this guideline.
Royal Pharmaceutical Society	Full	14	1	*Recommendations for research number 6 could be incorporated within recommendation 1*	Thank you for your comment. The committee formulated the research recommendations during the development of the guideline, including during assessment and analysis of the evidence base. The committee agree that the research recommendations are configured and presented to effectively address the current gaps in the evidence base.
Royal Pharmaceutical Society	Full	29	9	*The Community Pharmacy Contractual Framework includes specific mention of services to promote health and wellbeing such as:* *· Better care for people with dementia – as part of the drive to ensure 80 per cent of all pharmacy staff working in patient-facing roles take part in the Alzheimer's Society's Dementia Friends scheme.* *Increased support for healthy living – so there is a Royal Society of Public Health trained health champion in every community pharmacy, and ensuring each community pharmacy obtains the Healthy Living Pharmacy Level 1 status. An advanced service to administer the influenza vaccine to eligible patients These should be mentioned within this section, as per page 29, lines 11 – 14*	Thank you for your comment, we have now added these to the 'Commissioning' section of the guideline where context is discussed.
Royal Pharmaceutical Society	Full	4	3	*This recommendation will be challenging to implement unless this is included as part of the national contracting framework*	Thank you for your comment, however commissioning arrangements for the Community Pharmacy Contractual Framework were out of scope for this guideline.
Royal Pharmaceutical Society	Full	5	8	*This recommendation will be challenging to implement unless there are national awareness campaigns for patients*	Thank you for your comment. Recommending national campaigns is out of the remit of NICE.
Royal Pharmaceutical Society	Full	7	14	*This recommendation should also include advice on improving medicines adherence (Medicines Adherence NICE CG76) as up to 50% of patients with LTCs are not taking their medication as prescribed. This is an important determinant of health and wellbeing, which community pharmacy has a key role in supporting.*	Thank you for your comment. Community pharmacy services related to treating disease and acute medical conditions that do not involve promoting health and wellbeing such as: dispensing; other medicine or device services; self-care to improve use of medicines or devices; and urgent care, were out of scope for this guideline.
Royal Pharmaceutical Society	Full	7	14	*This recommendation should also include using patient decision aids and the use of self-management plans (Recommendations within Medicines Optimisation NICE NG5)*	Thank you for your comment. Community pharmacy services related to treating disease and acute medical conditions that do not involve promoting health and wellbeing such as: dispensing; other medicine or device services; self-care to improve use of medicines or devices; and urgent care, were out of scope for

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					this guideline.
Royal Pharmaceutical Society	Full	7	5	*We are concerned that this recommendation may imply that pharmacists can only support 3 of the 7 national public health priorities, when all 7 can be supported by community pharmacies promoting health and wellbeing in line with the health needs of the individual and the local population, as set out within the Pharmaceutical Needs Assessment (PNA) and Joint Strategic Needs Assessment (JSNA).*	Thank you for your comment. The health areas covered within this particular section of the guideline (advice and education) are where evidence was found to support effective interventions. The committee agreed that due to the quality of the evidence, reference to other NICE guidance (if available) on the health areas where this evidence showed a positive direction of effect would be appropriate. The committee spent a lot of time deliberating on which guidelines they wanted to cross refer to some of which were not recommended. There were several reasons for this which are as follows: 1) no evidence being found to support specific interventions within that health area (for example advice and education for mental health and wellbeing and preventing drug misuse) 2) no evidence of effect for an intervention within that health area (for example the use of advice and education within lower back pain) or 3) considerable uncertainty in the evidence, either due to a significant lack of high quality evidence or mixed findings from studies (for example advice/education within diet, exercise participation, asthma and cardiovascular health which they considered too uncertain for them to recommend). Given the lack of evidence across the topic area as a whole the committee took a relatively conservative approach to this and did not wish to overstate the direction the evidence was pointing them in.
Royal Pharmaceutical Society	Full	7	5	*Add: When someone uses pharmacy services for infectious diseases or with a prescription for antibiotics, use this as an opportunity to advise them on antimicrobial stewardship (AMS) (Antimicrobial stewardship NICE NG63 recommendations 1.2.1 and 1.5.6).* *Community Pharmacies also offer influenza vaccination as a public health intervention, an important component of AMS. Community pharmacists also provide*	Thank you for your comment. Community pharmacy services related to treating disease and acute medical conditions that do not involve promoting health and wellbeing such as: dispensing; other medicine or device services; self-care to improve use of medicines or devices; and urgent care, were out of scope for this guideline. Studies of vaccinations were also not included in the evidence

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				preventative advice, particularly for individuals who suffer from recurring infections, e.g. urinary tract infections and upper respiratory infections.	reviews as recommendations on vaccinations are provided by other NICE guidelines, such as Flu vaccination – increasing uptake (in development) and Immunisations: reducing differences in uptake in under 19s (PH21).
Royal Pharmaceutica l Society	Full	7	5	*All community pharmacists are encouraged to become dementia friends within the community pharmacy contractual framework.Better care for people with dementia – as part of the drive to ensure 80 per cent of all pharmacy staff working in patient-facing roles take part in the Alzheimer's Society's Dementia Friends scheme.https://www.england.nhs.uk/commissioning/primary-care/pharmacy/framework-1618/pqp/. There are examples in Bolton and Manchester where community pharmacists are actively involved within a dementia public health framework http://www.gmhsc.org.uk/news/committed-to-creating-dementia-friendly-pharmacies-in-gm/*	Thank you for your comment. However the recommendations covered within the guideline are based where evidence was found to support effective interventions within specific health areas of interest. There were several reasons for not recommending interventions for particular health areas, which were as follows: 1) no evidence being found to support specific interventions within that health area 2) no evidence of effect for an intervention within that health area or 3) considerable uncertainty in the evidence, either due to a lack of high quality evidence or mixed findings from studies. Given the lack of evidence across the topic area as a whole the committee took a relatively conservative approach to this and did not wish to overstate the direction the evidence was pointing them in. The paucity of evidence in regard to health and wellbeing interventions delivered in community pharmacies for specific health areas of interest such as sexual health led to the development of research recommendation 2 which aims to determine the effect and cost effect of awareness raising, advice and education or behavioural support interventions by community pharmacy teams to improve health outcomes in underserved groups and the general populations.
Royal Pharmaceutica l Society	Full	8	7	*This recommendation should also include behavioural support to improve medicines adherence (Medicines Adherence NICE CG76) as up to 50% of patients with LTCs are not taking their medication as prescribed. This is an important determinant of health and wellbeing, which community pharmacy has a key role in supporting.*	Thank you for your comment. Community pharmacy services related to treating disease and acute medical conditions that do not involve promoting health and wellbeing such as: dispensing; other medicine or device services; self-care to improve use of medicines or devices; and urgent care, were out of scope for this guideline.
Royal	Full	9	11	*Add 'and new models of care, including STPs and Primary*	Thank you for your comment. References to STP's has been

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Pharmaceutical Society				*Care Homes'*	given in the rationale and impact sections of the guideline.
Slimming World	Draft	10	25-27	*We welcome the suggestion that if formal referral routes for commissioned services are not available then the pharmacy role should be for signposting to services. We would suggest that weight management is added here as an example and that pharmacists should be aware of local options for their community and sign post to lifestyle weight management services as specified in recommendation 5 within the NICE Public Health guidance 53 'Weight management ; lifestyle services for overweight or obese adults'.*	Thank you for your comment. The committee agree that if formal referrals routes to weight management services are not available within a pharmacy then signposting may be important. However this list is only examples of where community pharmacy teams may signpost to and is not intended to be exhaustive.
Slimming World	Draft	4	06-Oct	*We agree that interventions should only be carried out by staff with relevant skills and competencies and welcome the inclusion of training on behaviour change in the document. We would also suggest though that training is given relevant to weight management to include skills and confidence in the ability to be able to sensitively raise the issue of weight with people visiting the pharmacy. It's vital that any conversations around weight are supportive and compassionate and avoid any feeling of judgement or stigma around weight. This is an area which many health care professionals struggle with* and often leads to any discussion being avoided and should be addressed in training for pharmacists to ensure they have the relevant skills and competence to work in this area.* **Lavin, J.H., Pallister, C., Gibson, S. and Caven, J. (2015). Tackling the subject of weight with patients: the difficult conversation. Journal of Primary Health Care, 25(2): 18-22* *J.A. Swift, E. Choi, R.M. Puhl, C. Glazebrook. Talking about obesity with clients: preferred terms and communication styles of U.K. pre-registration dieticians, doctors, and nurses Patient Educ. Couns., 91 (2) (2013), pp. 186-191*	Thank you for your comment. The committee spent time deliberating on which training tools and resources would be useful for community pharmacy staff. These have been highlighted in the implementation section which you can find a link to within the end section of the guideline titled **'Finding more information and resources'**. This section includes a link to a guide for delivering and commissioning tier 2 weight management services for adults, in partnership with Public Health England and NICE to support the effective provision of services at a local level, which takes a deeper look at the effective components of weight management services, and how they should be delivered. Findings from the studies mentioned are interesting, however these would be outside the scope of this guideline and thus not included within the evidence reviews.
Slimming World	Draft	5	14-16	*We are encouraged to see the guideline refer to the fact that health and wellbeing interventions should not be based solely on commercial interest or incentives. We would also suggest that this goes further though to ensure that*	Thank you for your comment. The recommendations covered within the guideline are based on where evidence was found to support effective interventions within specific health areas of interest. There were several reasons for not recommending

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				interventions are evidence based also, for example, non-evidence based weight loss products should not be sold within pharmacies. The Pharmacy is seen as a reputable place to visit for health advice and therefore non-evidenced weight loss tools should not be sold through them.	interventions for particular health areas, which were as follows: 1) no evidence being found to support specific interventions within that health area 2) no evidence of effect for an intervention within that health area or 3) considerable uncertainty in the evidence, either due to a lack of high quality evidence or mixed findings from studies.
Slimming World	Draft	5	17 onwards	*We agree pharmacies are well placed to promote health and wellbeing and should be encouraged to use every opportunity. Given the prevalence of overweight/obesity, we feel weight management should be given as one of the examples here.*	Thank you for your comment. As this section is about overarching principles of good practise these are only examples of some of the opportunities for making every contact count when an individual visits the pharmacy. For instance by providing information, advice/education or behavioural support. Thus, this is not an exhaustive list of when an opportunity may be identified for providing health and wellbeing support and as you suggest opportunities may be more wide-ranging. Recommendations for weight management interventions are discussed in sections 1.5 on behavioural support. However in light of your suggestion we have now reworded recommendation 1.2.8 as follows: 1.2.8 Proactively seek opportunities to promote people's physical and mental health and wellbeing. This includes: awareness raising and information provision, advice and education, behavioural support and referral and signposting to other services. Describe the interventions on offer and the benefits. Do this for example, when someone…
Slimming World	Draft	6	01-Sep	*In the fourth example, around pregnancy/planning for a pregnancy, weight is key here too. For women planning a pregnancy, if they have a BMI >30 then they should be recommended to take a higher dosage folic acid supplement. Women should also be supported to lose weight prior to conceiving and it would be useful to highlight this in the example.*	Thank you for your comment. As this section is about overarching principles of good practice these are only **examples** of some of the opportunities for making every contact count when an individual visits the pharmacy. For instance by providing information, advice/education or behavioural support. Thus, this is not an exhaustive list of when an opportunity may be identified for providing health and wellbeing support and as you suggest opportunities may be more wide-ranging. However the recommendations covered within the guideline are

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					based on where evidence was found to support effective interventions within specific health areas of interest. There were several reasons for not recommending interventions for particular health areas, which were as follows: 1) no evidence being found to support specific interventions within that health area 2) no evidence of effect for an intervention within that health area or 3) considerable uncertainty in the evidence, either due to a lack of high quality evidence or mixed findings from studies. NICE also has a guideline on weight management before during and after pregnancy (PH27) which gives recommendations on actions health professionals should take in women with a BMI of 30 or more.
Slimming World	Draft	8	18 - 24	*While we support the role the pharmacist can have in raising awareness of benefits of weight loss and signposting/referral to weight management programmes, we would suggest that they are not necessarily well placed/trained to deliver an effective weight management intervention. Research, where different providers of weight management have been compared have shown pharmacies to be less effective than others (see research BMJ 2011;343:d6500). However, often being the first point of contact, they are very well placed to raise the issue of weight and signpost to suitable services – they also have the opportunity to reach a different group of people who maybe more hard to reach/less likely to access other primary care services.*	Thank you for your comment. Within the evidence reviews, and in particular the discussion sections embedded in these, you will find a more detailed summary of the review findings which underpin the recommendations including the specific studies included, their synthesis, quality appraisal and the committees deliberation of the evidence. We found a total of 10 studies which investigated the effectiveness of behavioural support for weight management within community pharmacy settings. The committee noted that very low quality evidence from these individual studies suggested that behavioural support increased the number of participants losing 5% or more of their body weight at 3, 6, 9 and 12 months and relative weight at 3 and 6 months. Very low to moderate quality pooled data from meta-analyses suggested that behavioural support may also reduce absolute weight, BMI and waist circumference although not all findings were clinically important. Furthermore, the new economic evaluation indicated that behavioural support within this area was cost effective and there was no suggestion that these interventions would cause

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					any harm or disadvantages for participants. The committee therefore agreed that behavioural support for weight loss should be implemented within community pharmacies and delivered in line with relevant NICE guidance which is based on strong recommendations.
Slimming World	Draft	9	13-15	*We welcome this recommendation and would like to draw attention to a recent publication which shows the role pharmacies can play in referring to evidence based weight management programmes. This evaluation demonstrates the important role that healthy living pharmacies can play in referring people with obesity into local weight management groups. In this study, participants who engaged with Slimming World achieved comparable weight losses whether they had been referred via the healthy living pharmacy or the traditional GP route (which is a well evidenced approach). The paper can be accessed here:Avery, A., Morris, L., Jones, C. and Pallister, C. (2017). Making every contact count: the potential role of healthy living pharmacies in weight management. Perspectives in Public Health. 137 (4), 203-205*	Thank you for your comment. The committee agree that community pharmacies have an important role to play in referral to weight management programmes if they are not currently offered in a pharmacy. This is highlighted within the referral and signposting recommendations (section 1.6) as follows: 1.6.2 Consider referring people to other services and triage within the agreed local care or referral pathway to give fast access to an appointment if needed. For example, refer people to: • GPs or other healthcare providers for: - **weight reduction services** • local authority, NHS or community and voluntary sector organisations for: - **weight loss programmes or support** We have amended the wording in light of your comment to also include 'support groups'.
The Hepatitis C Trust	Draft guideline	15	01-Feb	*The Hepatitis C Trust supports the proposal to conduct research into the most effective and cost effective ways of delivering information, advice, education or behavioural support in community pharmacies to increase uptake of services and improve health and behavioural outcomes in under-served populations. Increasing awareness of hepatitis C and providing key messages around prevention are themselves likely to be cost-effective for the health system, given the costs of treating people for long-term liver disease as a result of chronic hepatitis C infection. As such, the cost of delivering information, advice, education or behavioural support around hepatitis C in community pharmacies is likely to be a sensible investment.*	Thank you for your comment and positive support. Hepatitis C was a health area that was not included in the scope of this guidance and thus evidence of interventions targeted at this health area were not included within the evidence reviews. NICE already has a guideline on needle and syringe programmes for people who inject drugs (PH52) and on Hepatitis B and C testing: people at risk of infection (PH43), which aim to reduce the transmission of these viruses and other infections and to raise awareness and testing.

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The Hepatitis C Trust	Draft guideline	15	15-20	*The Hepatitis C Trust supports the recommendation to conduct more research on community pharmacies' engagement with deprived groups. As the draft guideline states, community pharmacies are more accessible than many other healthcare services, and are thus well placed to reach people who may not engage with other healthcare providers. This is particularly the case for under-served groups, such as those who are disproportionately affected by hepatitis C. The Hepatitis C Trust believes such research would help to demonstrate the important role community pharmacies can play in addressing the health and wellbeing of these under-served groups.*	Thank you for your comment and positive support. Hepatitis C was a health area that was not included in the scope of this guidance and thus evidence of interventions targeted at this health area were not included within the evidence reviews. The committee agreed that some groups, such as those who misuse drugs or alcohol, may be more likely to present to a community pharmacy than other primary service such as a GP and therefore highlighted this in the list of **'underserved groups'** within the terms used in this guideline section.
The Hepatitis C Trust	Draft guideline	4	14-15	*The Hepatitis C Trust supports the recommendation that community pharmacies address health inequalities by identifying under-served groups and tailoring health and wellbeing interventions to suit their individual needs. Hepatitis C disproportionately affects disadvantaged and marginalised communities, with almost half of people who attend hospital for hepatitis C coming from the poorest fifth of society, and an estimated 50% of injecting drug users in England infected with the virus.Other groups who are disproportionately affected include homeless people and migrant communities from countries with a high prevalence of hepatitis C, such as Pakistan and Poland.* *Preventing hepatitis C infections and treating people for hepatitis C are therefore highly effective ways of addressing health inequalities, with community pharmacies well-placed to target hepatitis C-related health and wellbeing interventions at under-served groups. People who inject drugs (PWID), for example, are more likely to access community pharmacies than GP clinics or secondary care services. By providing harm-reduction messaging and testing for hepatitis C, community pharmacies can make a significant contribution to addressing health inequalities.*	Thank you for your comment and positive support - this is encouraging.
The Hepatitis C Trust	Draft guideline	5	18-21	*The Hepatitis C Trust supports the recommendation that community pharmacists use every opportunity to promote*	Thank you for your comment and positive support. Hepatitis C was a health area that was not included in the scope of this

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				health and wellbeing in the pharmacy. This is highly relevant for those who may have, or are at risk of contracting, hepatitis C. Many PWID visit community pharmacies to access needle and syringe programmes (NSP), and former PWID who have transitioned to opioid substitution therapy (OST) often collect methadone scripts from pharmacies. *This offers an important opportunity to promote health and wellbeing to such clients. For example, harm reduction messages should be provided to those accessing NSP, such as information about the dangers of contracting hepatitis C through sharing injecting equipment. Testing for hepatitis C should be offered to clients using the pharmacy to access NSP or OST, as current or former injecting drug users are more likely to have contracted hepatitis C than the general population.*	guidance and thus evidence of interventions targeted at this health area were not included within the evidence reviews. However the committee agreed that some groups, such as those who misuse drugs or alcohol, may be more likely to present to a community pharmacy than other primary service such as a GP and therefore highlighted this in the list of **'underserved groups'** within the terms used in this guideline section. Address health inequalities by identifying underserved groups and tailoring health and wellbeing interventions to suit their needs is highlighted in recommendation 1.2.5 as follows: 1.2.6 Address health inequalities by working with other agencies to identify underserved groups. Tailor health and wellbeing interventions to suit their individual needs and preferences and maximise their impact. For example: • use knowledge of the local community (particularly from staff who live in the community where they work) to take into account the context in which people live and work (their physical, economic and social environment) • make use of the skills staff members already have (for example, if they speak languages commonly used in the area) • take into account other personal factors such as gender, identity, ethnicity, faith, culture or any disability that may affect the approach taken (for example, provide information in an appropriate format for people who may have difficulty reading). NICE also has a guideline on needle and syringe programmes for people who inject drugs (PH52) and on Hepatitis B and C testing: people at risk of infection (PH43), which aim to reduce the transmission of these viruses and other infections and to raise awareness and testing.
The Hepatitis C Trust	Draft guideline	6	15-16	*The Hepatitis C Trust supports the recommendation for pharmacists to actively provide information to clients. As noted above, community pharmacies are an important location for providing harm reduction messages to those at risk of contracting hepatitis C. It is particularly*	Thank you for your comment and positive support. Hepatitis C was a health area that was not included in the scope of this guidance and thus evidence of interventions targeted at this health area were not included within the evidence reviews.

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				important that pharmacists do all they can to highlight information to clients, rather than relying on clients to seek information themselves. PWID accessing the service for needles and syringes are unlikely to seek out a leaflet on the dangers of hepatitis C, tucked away in a corner of the pharmacy. By, for example, handing leaflets directly to clients together with new needles and explaining the relevance of the contents, pharmacists can increase the likelihood of key health and wellbeing messages reaching clients.	However the committee agreed that handing leaflets directly to clients together and explaining the relevance of the contents, can increase the likelihood of key health and wellbeing messages reaching clients. This is highlighted in recommendation 1.3.2 as follows: 1.3.2 Tell people what the purpose of the health information is that you want to give them. For example: • when handing out leaflets explain their content and importance • point out the relevance of any posters that are displayed or highlight how people can easily get further information on the topic (for example, using QR codes) • if distributing leaflets with dispensed medicines, explain to the person collecting them – such as a carer, family member, friend or delivery person – why they are included and how to find out more, so they can pass this information on. NICE also has a guideline on needle and syringe programmes for people who inject drugs (PH52) and on Hepatitis B and C testing: people at risk of infection (PH43), which aim to reduce the transmission of these viruses and other infections and to raise awareness and testing.
The Hepatitis C Trust	Draft guideline	7	06-Sep	*The Hepatitis C Trust supports the recommendation for pharmacists to offer advice and education on behaviour change. Clients using the service to access NSP should be given advice and education on the risk of contracting hepatitis C through the sharing of injecting equipment, and urged to only ever use previously unused or sterilised injecting equipment. Service users seem especially willing to use unused needles when shown how quickly needles become blunt with reuse and how much harder that makes injecting.*	Thank you for your comment and positive support. Hepatitis C was a health area that was not included in the scope of this guidance and thus evidence of interventions targeted at this health area were not included within the evidence reviews. NICE already has a guideline on needle and syringe programmes for people who inject drugs (PH52) and on Hepatitis B and C testing: people at risk of infection (PH43), which aim to reduce the transmission of these viruses and other infections and to raise awareness and testing.
The Hepatitis C Trust	Draft guideline	9	09-Dec	*The Hepatitis C Trust supports the recommendation for community pharmacies to become health and wellbeing hubs within existing care and referral pathways. When community pharmacies become aware that a client is positive for hepatitis C, pharmacists should refer the*	Thank you for your comment and positive support. Hepatitis C was a health area that was not included in the scope of this guidance and thus evidence of interventions targeted at this health area were not included within the evidence reviews.

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				individual for treatment, ideally referring them straight to secondary care services, or better yet outreach treatment services (rather than first having to refer them to a GP). The Hepatitis C Trust would also like to see an increased role for community pharmacies in delivering treatment for hepatitis C, given the increased likelihood of engagement from patients. Where this is not possible, pharmacists should play a role in supporting and encouraging individuals to attend clinic appointments to access treatment.	NICE already has a guideline on needle and syringe programmes for people who inject drugs (PH52) and on Hepatitis B and C testing: people at risk of infection (PH43), which aim to reduce the transmission of these viruses and other infections and to raise awareness and testing.
UK Clinical Pharmacy Association (UKCPA) Community Group				*The UK Clinical Pharmacy Association (Community Group) commends the draft guideline.*	Thank you for your comment and positive support.
UK Clinical Pharmacy Association (UKCPA) Community Group				*We would like to highlight the importance of training (skills development) on initiating a conversation around, for example, weight management, which links to the characteristics of the staff giving the intervention.*	Thank you for your comment. We have referenced and linked to The Making Every Contact Count initiative in the end section of the guideline titled **'Finding more information and resources'**, which offers training for health and social care staff on identifying opportunities to talk to people about their health and wellbeing and deliver brief interventions. The link includes a suite of practical resources and an e-learning module as useful tools for staff training within this area.

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