

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Guideline scope

Community pharmacy: promoting health and wellbeing

Topic

The Department of Health in England has asked NICE to produce a guideline on how community pharmacies can promote health and wellbeing.

This guideline will also be used to develop the NICE quality standard on community pharmacy: promoting health and wellbeing. The guideline will be developed using the methods and processes outlined in [Developing NICE guidelines: the manual](#). NICE worked with Public Health England to develop this scope.

For more information about why this guideline is being developed, and how the guideline will fit into current practice, see the [context](#) section.

Who the guideline is for

- Community pharmacies.
- Commissioners of health-promoting interventions, including local authorities, that could be delivered in community pharmacies.
- Local pharmaceutical committees and pharmacy organisations.
- Local professional networks (hosted by NHS England).
- Health and wellbeing boards.

It may also be relevant for:

- People using community pharmacies and their families and carers, and the public.
- Private and voluntary sector organisations commissioned to provide health-promoting services for the NHS or local authorities.

- People working in related services for example, staff working in GP practices and out-of-hours services.

NICE guidelines cover health and care in England. Decisions on how they apply in other UK countries are made by ministers in the [Welsh Government](#), [Scottish Government](#) and [Northern Ireland Executive](#).

Equality considerations

NICE carried out [an equality impact assessment](#) during scoping. The assessment:

- lists equality issues identified, and how they have been addressed
- explains why any groups are excluded from the scope.

The guideline will look at inequalities relating to disadvantaged and underserved groups (such as people with insecure housing or living in areas with no nearby general practice) and people with a physical or mental health condition.

1 What the guideline is about

1.1 Who is the focus?

Groups that will be covered

- Anyone who may use community pharmacy¹ services.

1.2 Settings

Settings that will be covered

- Anywhere that community pharmacy services are provided such as:

¹ Community pharmacies are a local healthcare resource for everyone, located on high streets, in residential areas, shopping centres, medical centres and in supermarkets. In addition, pharmacy staff can work in community settings for example, in businesses, colleges, community centres, care homes and in people's homes. Staff dispense medicines, give advice on their use and dispose of unwanted medicines. They provide advice on improving health, treating minor illnesses and managing acute and long-term conditions. They can deliver a range of clinical and public health services, support self-care and, if they are unable to help, signpost (direct) people to other services.

- commercial settings, including community pharmacies located in larger businesses such as supermarkets
- healthcare settings, including general practices, health centres, urgent care centres and hospitals
- community settings, including community centres, colleges, care homes, workplaces, places of worship and universities.

Settings that will not be covered

- Hospital pharmacies dispensing for inpatients or outpatients that do not operate as a community pharmacy.
- Services that people use as a result of referral or signposting from a community pharmacy.
- 'Distance-selling' (online) pharmacies.

1.3 *Activities, services or aspects of care*

We will look at evidence on the areas listed below when developing the guideline, but it may not be possible to make recommendations on all the areas.

Key areas that will be covered

Health and wellbeing advice and tailored health and wellbeing activities for everyone in contact with community pharmacy staff. This includes:

- 1 Raising awareness of health promotion campaigns, including those requested by NHS England (such as Dry January); for example, using posters, TV or computer screens, leaflets, counter cards, text messaging and product displays.
- 2 Providing information on how to keep healthy for example, self-help booklets for people who want to quit smoking, or leaflets on sugar consumption.
- 3 Offering advice, education or behavioural support for self-care to promote health behaviour change. This could include approaches such as [Making Every Contact Count](#). It could also include interventions related to:

- alcohol use (such as brief advice)
 - cancer awareness (such as information on the risks and benefits of sunlight exposure)
 - drug misuse (such as information on needle exchanges)
 - falls prevention (such as advice on correctly fitted footwear and using handrails)
 - healthy eating, weight management and physical activity
 - mental health and wellbeing (such as advice on how to get a good night's sleep, and the benefits of physical activity in green spaces and how and where to do this locally)
 - orthopaedic conditions, such as osteoporosis, osteoarthritis and lower back pain (such as advice on how physical activity and diet can help)
 - sexual health (such as advice on emergency hormonal contraception and safer sex, including use of condoms)
 - smoking (such as providing brief advice and smoking cessation support).
- 4 Referral or signposting² people to other services or support, such as services that offer chlamydia testing, if the pharmacy does not offer it.

Areas that will not be covered

- 1 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. (See [NICE guidance that is closely related to this guideline](#) for a list of related NICE guidelines.)
- 2 Provision and promotion of vaccinations. (See [NICE guidance that is closely related to this guideline](#) for a list of related NICE guidelines.)
- 3 Commissioning arrangements for the [Community Pharmacy Contractual Framework](#) (see section 3.2).

² 'Signposting' is providing information on other health and social care providers or support organisations to people who need support, advice or treatment that cannot be provided by the pharmacy.

- 4 Workplace activities to support the health and wellbeing of pharmacy staff.
- 5 Doctors who dispense medicines.

1.4 Economic aspects

We will take economic aspects into account when making recommendations. We will develop an economic plan that states for each review question (or key area in the scope) whether economic considerations are relevant and, if so, whether this is an area that should be prioritised for economic modelling and analysis. We will review the economic evidence and carry out economic analyses using NHS and personal social services, public sector, societal or an individual perspective, as appropriate.

1.5 Key issues and questions

While writing this scope, we have identified the following key issues, and key questions related to them:

- 1 What are the most effective and cost effective approaches to raising awareness of health promotion campaigns, including specific ones requested by NHS England, by community pharmacy staff? For example, are posters, TV or computer screens, leaflets, counter cards, text messaging and product displays effective and cost effective?
- 2 How can information on health and wellbeing be provided in an effective and cost effective way by community pharmacy staff? For example, are booklets containing self-help material effective and cost effective?
- 3 What are the most effective and cost effective ways of offering advice or education to promote health and wellbeing by community pharmacy staff?
- 4 What types of behavioural support for self-care to promote health behaviour change are effective and cost effective in community pharmacies?
- 5 What is the most effective and cost effective way for community pharmacies to refer or signpost people to other services or support?

Relevant approaches for key questions 1 to 5 could include [Making Every Contact Count](#). Interventions could address:

- alcohol use (such as brief advice)
- cancer awareness (such as information on the risks and benefits of sunlight exposure)
- drug misuse (such as information on needle exchanges)
- falls prevention (such as advice on correctly fitted footwear and using handrails)
- healthy eating, weight management and physical activity
- mental health and wellbeing (such as advice on how to get a good night's sleep, and the benefits of physical activity in green spaces and how and where to do this locally)
- orthopaedic conditions, such as osteoporosis, osteoarthritis and lower back pain (such as advice on how physical activity and diet can help)
- sexual health (such as advice on emergency hormonal contraception and safer sex, including use of condoms)
- smoking (such as providing brief advice and smoking cessation support)?

For questions 1 to 5 above, we will also ask the following sub-questions:

a) What characteristics of the person delivering the intervention (for example their job role and competencies, or being a health champion) affect its effectiveness and cost effectiveness in community pharmacy?

b) How does the way the intervention is delivered, for example, the medium used, when, how often, or where advice is given (such as in a consultation room, over the counter, in someone's home, or electronic communication) affect its effectiveness and cost effectiveness in community pharmacy?

c) What characteristics of the people receiving the intervention (for example, age or gender) affect its effectiveness and cost effectiveness in community pharmacy?

d) Is the intervention acceptable to people who use community pharmacy services? How could it be made more acceptable to people who use community pharmacy services?

The key questions may be used to develop more detailed review questions, which guide the systematic review of the literature.

1.6 Main outcomes

The main outcomes that will be considered when searching for and assessing the evidence are:

- 1 Clinical measurements or health outcomes, such as:
 - physiological and biochemical measures related to risk factors such as blood pressure, body mass index (BMI) or blood glucose levels
 - morbidity
 - mortality.
- 2 Behavioural outcomes and modifying factors or determinants of behaviour (for example, awareness, knowledge, attitudes and intentions; smoking cessation; or levels of physical activity).
- 3 Uptake, continuation and completion of interventions or services to promote, maintain and improve health and wellbeing (for example, completing all sessions in a weight management programme).
- 4 Wellbeing.
- 5 Quality of life.
- 6 Preference and experience of people using the service.
- 7 Costs, savings and cost effectiveness.

2 Links with other NICE guidance, NICE quality standards, and NICE Pathways

2.1 NICE guidance

NICE guidance about the experience of people using NHS services

NICE has produced the following guidance on the experience of people using the NHS. This guideline will not include additional recommendations on these topics unless there are specific issues related to community pharmacies:

- [Patient experience in adult NHS services](#) (2012) NICE guideline CG138

NICE guidance that is closely related to this guideline

Published

NICE has published the following guidance that is closely related to this guideline:

- [Sunlight exposure: risks and benefits](#) (2016) NICE guideline NG34.
- [Dementia, disability and frailty in later life – mid-life approaches to delay or prevent onset](#) (2015) NICE guideline NG16.
- [Preventing excess weight gain](#) (2015) NICE guideline NG7.
- [Vitamin D: increasing supplement use in at-risk groups](#) (2014) NICE guideline PH56.
- [Needle and syringe programmes](#) (2014) NICE guideline PH52.
- [Contraceptive services for under 25s](#) (2014) NICE guideline PH51.
- [Smoking: harm reduction](#) (2013) NICE guideline PH45.
- [Obesity: working with local communities](#) (2012) NICE guideline PH42.
- [Smokeless tobacco: South Asian communities](#) (2012) NICE guideline PH39.
- [Type 2 diabetes: prevention in people at high risk](#) (2012) NICE guideline PH38.
- [Smoking: stopping in pregnancy and after childbirth](#) (2010) NICE guideline PH26.

- [Alcohol-use disorders: prevention](#) (2010) NICE guideline PH24.
- [Cardiovascular disease: identifying and supporting people most at risk of dying early](#) (2008) NICE guideline PH15.
- [Maternal and child nutrition](#) (2008) NICE guideline PH11.
- [Stop smoking services](#) (2008) NICE guideline PH10.
- [Drug misuse in over 16s: psychosocial interventions](#) (2007) NICE guideline CG51.
- [Sexually transmitted infections and under-18 conceptions: prevention](#) (2007) NICE guideline PH3.
- [Smoking: brief interventions and referrals](#) (2006) NICE guideline PH1.

In development

NICE is currently developing the following guidance that is closely related to this guideline:

- [Increasing the uptake of HIV testing among people at higher risk of exposure](#). NICE guideline. Publication expected December 2016.
- [Sexually transmitted infections: condom distribution schemes](#). NICE guideline. Publication expected March 2017.
- [Smoking cessation interventions and services](#). NICE guideline. Publication expected October 2017
- [Flu vaccination – increasing uptake](#). NICE guideline. Publication expected January 2018.
- [Acute medical emergencies in adults and young people](#). NICE guideline. Publication date to be confirmed.
- [Antimicrobial stewardship – changing risk-related behaviours in the general population](#). NICE guideline. Publication date to be confirmed.

2.2 NICE quality standards

NICE quality standards that may use this guideline as an evidence source when they are being developed

- Community pharmacy: promoting health and wellbeing. Publication date to be confirmed.

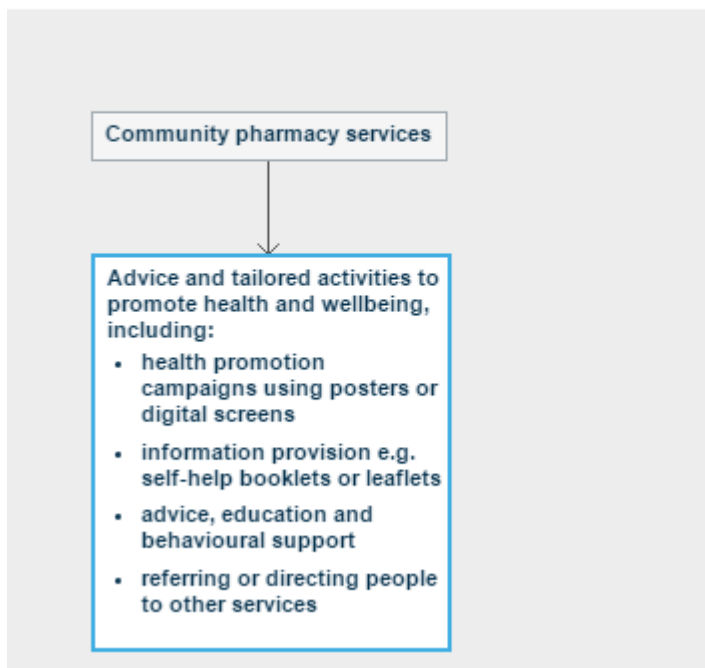
2.3 NICE Pathways

[NICE Pathways](#) bring together all NICE guidance and associated products on a topic in an interactive flowchart.

When this guideline is published, the recommendations will be incorporated into a new pathway on community pharmacy. Links to related pathways, such as smoking prevention and cessation, will be added as needed.

An outline of the new pathway, based on the scope, is included below. It will be adapted and more detail added as the recommendations are written during guideline development.

Community pharmacy overview



3 Context

3.1 Key facts and figures

Community pharmacy contractors dispense NHS prescriptions under the [NHS \(Pharmaceutical Services and Local Pharmaceutical Services\) Regulations 2013](#) (UK Government). As well as dispensing, community pharmacy contractors are required to promote healthy lifestyles, dispose of unwanted medicines, provide support for self-care and signpost members of the

community to appropriate services. As of 31 March 2015, there were 11,674 community pharmacies in England ([General Pharmaceutical Services in England – 2005/06 to 2014/15](#) Health and Social Care Information Centre).

Most prescription items are dispensed by community pharmacies (92% of all 978.3 million items dispensed in the community in 2014/15, [General Pharmaceutical Services in England – 2005/06 to 2014/15](#) Health and Social Care Information Centre). In 2014, the net cost of prescriptions dispensed in the community was £8.9 billion. Ninety per cent were dispensed free of charge, with 60% provided free to people aged 60 and over ([Prescriptions dispensed in the community, Statistics for England 2004 to 2014](#) Health and Social Care Information Centre).

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

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

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

3.2 Current practice

The [Community Pharmacy Contractual Framework](#) is a negotiated agreement between NHS England and the Pharmaceutical Services Negotiating Committee, which represents community pharmacy contractors. The

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

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

There are currently over 2,100 [Healthy Living Pharmacies](#) and more than 3,500 health champions. The [Healthy Living Pharmacy](#) framework sets out criteria for these pharmacies to help them improve people's health. A profession-led self-assessment process is in place for level 1 healthy living pharmacies but levels 2 and 3 are implemented by local authorities (see 'Commissioning').

3.3 Policy, legislation, regulation and commissioning

Policy

- The [NHS Five Year Forward View](#) (NHS England) states that a 'radical upgrade in prevention' is needed to achieve financial stability for the NHS. It sets out how the NHS could improve the way it promotes wellbeing and prevents health conditions. Options include making greater use of pharmacists to prevent ill health and support healthy living. It also commits to extending access to primary care.
- Public Health England's 7 priorities include obesity, smoking and alcohol ([From evidence into action: opportunities to protect and improve the nation's health](#)).
- [The community pharmacy offer for improving the public's health: a briefing for local government and health and wellbeing boards](#) (Local Government Association and Public Health England) describes how health and wellbeing boards, local authorities and commissioners can work with community pharmacies to promote health and wellbeing.

Commissioning

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

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

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

4 Further information

This is the final scope, incorporating comments from registered stakeholders during consultation. The scope takes Public Health England priorities into account to ensure that associated areas of work carried out by the 2 organisations complement each other.

The guideline is expected to be published in June 2018.

You can follow progress of the [guideline](#).

Our website has information about how [NICE guidelines](#) are developed.