

**Community pharmacy: promoting health and wellbeing**

**Stakeholder workshop**

**Date:** 05/05/2016

**Location:** NICE offices, Manchester

**Minutes:** Final

<b>Stakeholders present:</b>	
Prof Robert Walton	Barts and The London School of Medicine and Dentistry
Brian Gunson	British Liver Trust
Nigel Hughes	Community Pharmacy West Yorkshire
Jagdeep Sangha	Dudley Metropolitan Borough Council
Jan McDonald	Medicines and Healthcare Products Regulatory Agency
Pritiben Khetani	National Pharmacy Association
Barbara Jesson	NHS Croydon CCG
Anne Joshua	NHS England
Manir Hussain	NHS North Staffordshire CCG/ Stoke on Trent CCG
Steve Freedman	NHS Sheffield CCG
Saqib Ahmed	NHS Trafford CCG
Laura Reed	Numark Ltd
Rosie Taylor	Pharmaceutical Services Negotiating Committee
Kim Packham	Pharmacy Voice
Carolyn Chew-Graham	Royal College of General Practitioners
Ash Soni	Royal Pharmaceutical Society
Gareth Holyfield	Royal Pharmaceutical Society / Public Health Wales
Libby Whittaker	Self Care Forum
Ghalib Khan	Written Medicine

<b>Topic Experts attending the meeting:</b>	
Gul Root	Topic Advisor (Public Health England)
Adam Mackridge	Topic Expert (Liverpool John Moores University)
Louise Picton	Topic Expert (NICE)

<b>NICE Public Health staff attending the meeting:</b>	
Fiona Glen (Chair)	Programme Director
Rachel Kettle	Technical Lead

Ella Novakovic	Senior Technical Analyst
Andrew Harding	Programme Manager
Jessica Fielding	Public Involvement Advisor
Denise Jarrett	Assistant Project Manager
Andrew Buckley	Project Coordinator
Ralph Bagge	Public Health Advisory Committee vice-chair

**NICE staff observing the meeting:**

Diana O'Rourke	Technical Analyst
Aedin McSloy	Assistant Technical Analyst
Daniel Tuvey	Information Specialist
Rukshana Begum	Project Coordinator
Margaret Derry	Programme Manager
Katy Harrison	Senior Technical Analyst
Rebekah Pennington	Health Economist

**1. Welcome, introductions and the aims of the day**

The Chair welcomed the stakeholders, topic experts, observers and NICE attendees to the workshop on Community pharmacy: promoting health and wellbeing.

The Chair informed the meeting attendees that the draft scope and other papers circulated for discussion at this meeting are confidential at this stage and are not for sharing more widely.

The Chair noted that attendees were not formally required to provide declarations of interest (DoI) for the meeting but thanked attendee's for submitting them in advance. A record of the DoI received (appendix A) would be included as part of the notes which would be published on the topic page on the NICE website.

The Chair outlined the role of NICE, provided a high level overview of the guideline development process, explained the purpose of the scoping phase and shared the objectives of the meeting, which included:

- Seeking overarching views on the draft scope
- To identify where NICE can add value, have we prioritised the correct population groups
- Seeking answers to questions that NICE had posed (see item 5 below)
- Identifying additional key organisations with whom it would be helpful to

engage as stakeholders

- To encourage applications for the guideline committee

The Chair encouraged a full and open discussion during the meeting.

The stakeholders and NICE attendees introduced themselves, briefly summarised their background and expertise in this topic area and shared any previous involvement with NICE.

## **2. The need for the guideline and role of the Committee**

Rachel Kettle (RK), the Technical Lead for this guideline summarised the background and need for this guideline and the role of the Public Health Advisory Committee.

RKKP briefly explained the important role of Community Pharmacies when delivering health and wellbeing promotion interventions and the links between pharmacies and NHS England.

## **3. Public Involvement Programme**

Jess Fielding (JF), the Public Involvement Adviser for this guideline introduced the role of the Public Involvement Programme (PIP) to support the involvement of individual members of the public who are affected by public health interventions or activities.

## **4. Presentation of the scope and key discussion areas**

Ella Novakovic (EN), the Senior Technical Analyst for this guideline presented an overview of the topic including the proposed scope, the groups and settings that will be covered and provided the context for the questions (appendix A) that would be discussed by the group (item 5)

## **5. Group discussion**

The Chair led the group discussion of the topic questions introduced during item 4. The following themes emerged from the discussion:

### **Topic**

Attendees agreed that it is important to define 'community pharmacy' as the understanding of what community pharmacy is may vary between commissioners and pharmacists.

Attendees discussed who the guideline is for. They agreed with the groups listed in the proposed scope. They stated that it is also important that staff working in general practice are included in the scope, and acknowledged that not all pharmacists working in GP practices are community pharmacists. They agreed that it is important

that there is a close working relationship between general practice and community pharmacy. Attendees discussed who else would use the guideline. They suggested that the following staff members would use the guideline: health champions, medicine counter assistants, and delivery drivers. They also suggested that the guideline could be used by general pharmacy organisations and local pharmaceutical committees, and pharmacy students and graduates.

Attendees agreed with the suggested list of key stakeholders. They also suggested that local government or local authority organisations, directors of public health, and commissioners should be included on the list.

### **Who is the focus?**

Attendees discussed who the focus of the guideline should be. They agreed with the proposed focus of the scope, that is, all people who access community pharmacy services, including those that are well, those that are at risk of a health condition, and those that already have a health condition. They stated that pharmacies are in a unique position to provide advice and support to people who do not have health conditions (primary prevention) and agreed that the scope should also focus on people who are well.

Attendees discussed specific high risk groups that the guideline could be aimed at. They stated that the following groups could be considered: people with mental health problems; men; babies, infants and children ('early years'); pregnant women; elderly people; people who do not have easy or regular access to other areas of the health care system; carers; extended families in ethnic minority populations; people in BME groups; people whose first language is not English; and people who are unable to read.

### **Settings**

Attendees discussed the list of settings where community pharmacy services are offered. They agreed with the list of settings that will be covered and the list of settings that will not be covered in the proposed scope. They stated that community pharmacy services can be offered in supermarkets, GP surgeries, care homes, and via online pharmacies that have no physical premises in the community but are contracted by NHS England under the pharmacy contractual framework.

### **Activities, services or aspects of care**

They agreed that community pharmacies can play a role in primary prevention and supporting diagnosed long term conditions and that the scope should include interventions for both of these areas.

Attendees considered general interventions that could be offered in community pharmacies. They agreed that the examples provided in the proposed scope were

appropriate. They discussed whether self-care should be added to the scope – they agreed that self-care for disease management (such as providing support to ensure medication is taken correctly) may not be appropriate to include in the guideline, but lifestyle advice that takes a more holistic approach (such as weight management or physical activity for diabetes) would be important to include. They also discussed the increasing prevalence of diagnostic tests such as blood pressure, weight checks, tests for bowel cancer, in community pharmacies.

Attendees considered targeted interventions that could be offered in community pharmacies. They agreed that the examples provided in the proposed scope were appropriate. They stated that interventions could target the following conditions: osteoporosis, vitamin D deficiency, back pain, arthritis, and skin cancer. They also stated that interventions to prevent slips and falls in the older population, such as advice on footwear, could be offered in community pharmacies.

Attendees discussed service delivery and organisation of community pharmacy services. They discussed the Healthy Living Pharmacy framework and what community pharmacies need to do to become a Health Living Pharmacy. They agreed that IT systems used in community pharmacy and in general practice are not joined up. They highlighted that 'making every contact count' is an important approach to community pharmacy services. They stated that they would like to see community pharmacy as part of the referral pathway, with formal referral processes in place as they believed these work better than signposting.

Attendees agreed that the scope should include interventions for all users of community pharmacy services, targeted interventions, and service delivery and organisation. When asked which areas they would prioritise, they agreed that the majority of pharmacies will be Healthy Living Pharmacies by the time the guideline is expected to be published and what would be of most use to commissioners and pharmacy staff is to know which interventions (based on their effectiveness) they should deliver under this framework.

## **6. Key stakeholder organisations to include**

The Chair informed the group that a list of potential stakeholders for this guideline had already been contacted to register via the topic page on the NICE website. The Chair encouraged the stakeholders in attendance to email the team with any further stakeholder suggestions.

## **7. Agreed actions**

Action: NICE team to consider the views of the stakeholders in attendance during the development of the scope

Action: NICE: Notify the stakeholders in attendance when the topic expert

recruitment commences

**8. Next steps and meeting close**

The Chair thanked the stakeholders for their attendance and contribution.

The meeting closed at 12:45pm.

**Appendix A: Questions on the draft scope**

1. Looking at the list of **who the guideline is for** are there any omissions or any groups included that should be removed? Have we included all pharmacy staff and non-pharmacy staff that would use this guideline?
2. Are stakeholders happy with the **focus** of this guideline on ‘all members of the community that a pharmacy serves, with a particular focus on those at high risk’?
  - a) If not, why?
  - b) How would people at high risk be identified in community pharmacy?
  - c) Are there any other specific high risk groups that should be mentioned?
3. Looking at the list of **settings**, are there any missing, or any topics that should not be there? Is the list of settings that will not be covered appropriate?
4. Looking at our list of **key areas**, are there any missing or any topics that should not be there?
  - a) General interventions that promote health and wellbeing among all users of community pharmacy – are there other examples we could or should add? Are any of the listed examples incorrect?
  - b) Targeted interventions that promote health and wellbeing among high risk groups – are there other examples we could or should add? Are any of the listed examples incorrect?
  - c) Service delivery and organisation to support access – are there other examples we could or should add? Are any of the listed examples incorrect?

- d) Is the list of areas that will not be covered appropriate? Are there any others that should be added?
5. Looking at our **key issues and questions**, are there any missing?
- a) Are there any important areas here that should be crucial? If so why?
  - b) Are there any areas that are included here that shouldn't be?
  - c) In addition to Healthy Living Pharmacies, what other ways are there of organising community pharmacies?
  - d) What services do community pharmacies offer to support primary care, for example, NHS Health Checks? What other services could they offer?
  - e) Are there any additional key issues around service delivery that should be included?
6. Are there any important **outcomes** that are missing, or any that should not be there?
7. Are there any **key research studies** you are aware of that would be relevant to this guideline?
8. What are the **equality issues** that need to be considered in the development of this guideline?
9. If we identify we have too much to cover within the resource available, **which areas should be prioritised** over others?
- a) Why is that? What are the factors that drive your thinking?
  - b) Which areas are not a priority?
10. Who do stakeholders think are essential to have **representation** from on the Public Health Advisory Committee (PHAC) in the development of this guideline and why?



11. Are you aware of any other pieces of **NICE guidance** that could be relevant to this guideline?
12. Are you aware of any pieces of **government policy** that could be relevant to this guideline? How do you see this guidance adding value to current policy, and to which policies?

**Appendix B – Declarations of interest**

Name	Job title, organisation	Declarations of Interest, date declared	Decision taken
Libby Whittaker	Self Care Forum / PAGB	PAGB is the trade association for manufacturers of over the counter medicines	No Action Needed
Ashok Soni	Royal Pharmaceutical Society	President of the RPS Director, Copes Pharmacy Ltd	No Action Needed
Brian Gunson	British Liver Trust	Trustee – British Liver Trust Lay Member – NHS England Hepatobiliary Pancreatic Clinical Reference Group Chair – Munro & Forster Communications Director – Hertfordshire Healthwatch Board member – Herts Valley Clinical Commissioning Group Lay member – Hertfordshire Local Pharmaceutical Committee	No Action Needed
Rosie Taylor	PSNC	Head of Service Development at PSNC. No other interests	No Action Needed
Jagdeep Sangha	Dudley Metropolitan	1. Employee of Dudley CCG – Pharmaceutical Adviser – Community Pharmacy and Public Health (Joint post with	No Action Needed

	Borough Council	<p>Office of Public Health, Dudley Metropolitan Borough Council).</p> <p>2. Member of Royal Pharmaceutical Society, Pharmacist Defence Association and Primary Care Pharmacist Association.</p> <p>3. Jagdeep Sangha Ltd – Pharmacy Consultancy (Director)</p> <p>Consultancy on all matters related to Pharmacy professional work including Community Pharmacy Locum work with multiple providers, Advisory boards, Market Research and Medicines Managers Working groups for Pharmaceutical companies in line with ABPI (Association of British Pharmaceutical Industry) guidelines, Work with NHS organisations (Dudley Clinical Commissioning Group (CCG) and London Pharmacy Education Training (LPET) and work conducted with third party Medicines Management companies (intermediary between NHS and Pharmaceutical Industry).</p> <p>Community Pharmacy locum work – multiple providers.</p>	
Laura Reed	Numark Ltd	<p>Employed as a Service Development Manager with Numark Ltd since May 2015. Numark is a member of the Phoenix company which also includes Rowlands Pharmacy, PSUK and PHOENIX Healthcare Distribution.</p> <p>Registered pharmacist with the General Pharmaceutical Council</p>	No Action Needed
Robert Walton	Barts and The London School of Medicine and	Two research grants may be relevant	No Action Needed

	Dentistry	<p>2014-2015 NIH/NIDA. Development of a Standardized Electronic Cigarette for Clinical Research. Solicitation Number N43DA-16-8925. USA. \$362,661. Co-PI. Funding includes a consultancy with the US company producing the device Whatasmoke LLC.</p> <p>2013-2018 NIHR. £1,640,000 Programme grant. Optimising pharmacist-based treatment for smoking cessation. PI.</p>	
Manir Hussain	North Staffordshire / Stoke-on-Trent CCG	<p>Chair – Pharmacy Local Professional Network (Shropshire &amp; Staffordshire) hosted by NHS England</p> <p>Independent Pharmaceutical Consultant – Provision of consultancy to Pharmaceutical Industry clients.</p> <p>Clinical Pharmacist – Wolverhampton Road Surgery, Stafford</p>	No Action Needed