National Institute for Health and Care Excellence

Final

Community pharmacy: promoting health and wellbeing

Evidence discussion for sections 1.1 and 1.2

NICE guideline NG102

Evidence reviews

August 2018

Final

These evidence reviews were developed by the Public Health internal guidelines team

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The evidence link to recommendation 1.1.1

The committee agreed with expert testimony that with the help of local authorities, clinical commissioning groups and health and wellbeing boards, community pharmacies should progress to become health and wellbeing hubs that are part of the local care network, increasing the likelihood of referral processes being in place and thus improving outcome for patients. Integrating community pharmacies into the patient care pathway is in line with the integration of health and care through the NHS sustainability and transformation partnerships (STPs) and the Five Year Forward View.

The evidence link to recommendation 1.2.1 to 1.2.8

The committee agreed that community pharmacies should use an integrated approach to deliver community pharmacy services by working with local health and social care organisations. It was noted that pharmacy staff should have an overall knowledge on the local population needs within a given community so they know how best to tailor interventions to maximise their impact and effect.

Expert testimony revealed the importance of delivering consistent, high quality services across community pharmacies, such as by ensuring staff are appropriately trained and that the same person delivers an intervention over multiple sessions [EP 1, 2, 3, 4]. Expert testimony also revealed the importance of addressing the great challenge of health inequality within the general public by ensuring a customer focused approach is taken [EP 5]. Currently, there is a gap in life expectancy between deprived communities and affluent communities due to the influence of the social determinants of health, which mean that the former are more likely to engage in unhealthy behaviours. The committee agreed that community pharmacies may be well placed to address inequalities as over 99% of those in the highest areas of deprivation live within a 20-minute walk of one [EP 3, 5].

The high and varied footfall in community pharmacies means staff are able to provide the public with opportunistic access to many services that may improve health and wellbeing. Individual patient needs can easily be anticipated using the pharmacy service because of the presence of trained staff, prescription information, existing customer relationships and the regular community engagement. Additionally many staff members are from the local community and so understand local culture, social norms and the potential barriers to accessing services. This means they may be able to build rapport more easily and have a better understanding of how to tailor services so they appeal to the local community (again reducing potential barriers to access and acceptability) [EP 2, 5]. The committee agreed with expert testimony that it is important for pharmacy staff to recognise this and utilise existing relationships with their local community when identifying opportunities to promote public health services. Using opportunistic approaches to deliver interventions would be in line with the principles of Making Every Contact Count and the Community Pharmacy Forward View and should result in increased efficiency of service provision and access [EP 4, 6].

The committee agreed with the expert evidence that to effectively address health inequalities, interventions should be targeted and tailored to reach the right people. Having an overall knowledge on the local population needs within a given community would also allow for the identification of high risk groups and underserved populations so wider support could be offered [EP 4, 5, 6]. Likewise, the committee highlighted the importance of tailoring information so that it is suitable and understandable to everybody. Priority should be given to providing information in a variety of styles and formats to address language barriers and other factors. Expert testimony identified the need for further research on effective ways to tailor health promotion interventions within community pharmacy settings so that they target those from underserved or underprivileged communities [EP 5].

Acceptability evidence revealed that there is some lack of understanding of the skills and competencies of pharmacy staff [ES 2.31] 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. Interventions across the reviews were carried out by various staff members within the pharmacy, however no studies determined how this influenced their effectiveness. The committee agreed that as long as the appropriate training had been delivered and competencies attained this was more relevant then the job role of the person delivering the information, advice or behavioural support. As there was a paucity of information which directly considered variations in the effectiveness of interventions by the characteristics of the person delivering it, the committee recommended it as an area for further research.

The acceptability evidence in review question 1 [ES 1.18] signified the importance of using high quality information resources that were free of any commercial links. The latter is particularly important because it makes it clear that there is no profit motive underlying any information given. The committee further reflected on personal experience of seeing poor quality photocopies being used within these settings and so recommended as a general principle that all materials used within pharmacies should be of a high standard, clear and professional. The advantage being that more people are likely to trust the information and act on it.

The committee agreed that there was an overall paucity of evidence on the effectiveness and cost effectiveness of providing health and wellbeing interventions within community pharmacies and therefore made a research recommendation to address this. It was noted that there were particular gaps in the evidence related to specific health areas within each intervention of interest.

Cost effectiveness and resource use

The committee noted that ensuring community pharmacies become health and wellbeing hubs within existing care pathways is in line with the transformational work that is being pushed across England to integrate health and care services through sustainability and transformation partnerships (STPs). The integration of health care services is also one of the models of care in the NHS overall Five Year Forward View. The committee noted that establishing links with other health and care organisations may result in upfront costs such as the time it takes to develop pathways and the time it takes to make a referral. However it was agreed that this may be offset by several downstream benefits including more efficient use of resources in the wider system, better continuity of care and quicker access to the right treatment for some groups who do not access health services elsewhere (such as those from underserved or underprivileged communities).

The committee agreed that providing promotional material in community pharmacies that highlights the services on offer and the skills of pharmacy staff may result in some resource costs. It was noted that the acceptability evidence indicated that the public want to be better informed about the public health services on offer within pharmacies and the skills of staff delivering them [ES 2.31], therefore these costs may be offset by the by the improvement in health outcomes through an increased uptake of services. The committee agreed, despite some uncertainty, that this downstream improvement would be the likely scenario based on the limited evidence available.

The committee noted that it may not always be practical or feasible to seek opportunities to promote people's physical and mental health and wellbeing such as by providing information, advice and education or behavioural support. However they agreed that if staff are appropriately trained to identify opportunities to offer services then there should be no significant cost implications. The committee agreed that The Making Every Contact Count initiative offers training for health and social care staff on identifying opportunities to talk to

people about their health and wellbeing and deliver brief interventions. It was recognised that some funding to support or implement this training may be available.

Other factors the committee took in to account

Expert testimony on the vision for community pharmacy based on the The Community Pharmacy Forward View (CPFV), published in September 2017 (https://cpfv.info/) was used to provide context and future proofing for the recommendations [EP 6]. Testimony revealed the need for community pharmacy to have greater consistency to effectively support the overall health and social care system. Three core domains were laid out during the testimony that describe the future role of community pharmacy. This included the facilitator of personalised care for people with long-term conditions, the trusted, convenient first point of call for episodic healthcare advice and treatment and the neighbourhood health and wellbeing hub. In light of this, the committee agreed to recommend that all community pharmacies work towards being recognised as health and wellbeing hubs, providing the 'go-to' location for support, advice and resources on staying well and independent.

Linked expert testimony

EP 1– Expert Paper 1 – Training and competencies of community pharmacy staff

EP 2 – Expert Paper 2 – Decision process by large multiple pharmacy chain regarding health and well-being services provision

EP 3 – Expert Paper 3 – Healthy Living Pharmacies

EP 4 – Expert Paper 4 – Decision process by independent community pharmacy regarding health and well-being services provision

EP 5 – Expert Paper 5 – Community pharmacy & health inequalities

EP 6 – Expert Paper 6 – Five year forward view for Pharmacy

Linked evidence reviews

Evidence review 1: "There are mixed sentiments around the role of community pharmacies providing information services for public health promotion" [Evidence statement 1.18]

Evidence review 2: "There is mixed evidence to support the provision of advice and education to reduce alcohol consumption in community pharmacy settings" [Evidence statement 2.31]

Appendix L – Research recommendations

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?

Rationale

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

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

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

Criterion	Explanation
Population	General population and underserved groups
Intervention	Qualitative approach – to address the barriers/facilitators of accessing community pharmacy services in underserved groups Delivering tailored health and wellbeing interventions to increase *service uptake* in underserved groups. This may either be targeted approaches using specific interventions tailored to support underserved or underprivileged groups or universal interventions to tackle overall health inequalities.
Comparators	Access and uptake of services elsewhere in the local health and care network Comparative effectiveness of other interventions in the network such as usual care (that is the same or alternative interventions delivered elsewhere in the network) No intervention
Outcomes	Barriers and/or facilitators to accessing to community pharmacy services Uptake of interventions or services

Study design	Study designs could include specific interventions or other types of evaluation with the purpose of evaluating what approaches are effective at improving community pharmacy service uptake in underserved groups, specifically within a UK context. To gain information on the barriers/facilitators of accessing community pharmacy services a mixed methods approach to include qualitative elements may also be appropriate.
Timeframe	No specific time frame.

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?

Rationale

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

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

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

Criterion	**Explanation**
Population	General population and underserved groups
Intervention	Any intervention delivered by community pharmacy staff that provides: Information (such as posters, leaflets, booklets, tv/computer screens, counter cards, SMS messaging, verbal info, product displays), Advice/education (brief advice, very brief advice, face to face advice/education, tailored SMS messaging) Behavioural support (brief interventions, very brief interventions, extended brief interventions, motivational intervention or enhancement therapy)

Comparators	Comparative effectiveness of other interventions in the network such as usual care (that is the same or alternative interventions delivered elsewhere in the network) No intervention
Outcomes	Clinical measurements or health outcomes Behavioural outcomes (action) Modifying factors or determinants of behaviour (awareness, knowledge, attitudes, intentions) Wellbeing, Quality of Life Costs, savings and effectiveness
Study design	RCTs, Quasi-experimental studies such as non-randomised controlled trials and before and after studies. It will also be important to gain public and staff feedback as part of any studies so a mixed methods approach to include qualitative elements may also be appropriate
Timeframe	Studies would require sufficient follow up time to capture impacts on health and wellbeing

How do the professional characteristics of pharmacy staff affect the effectiveness and cost effectiveness of delivering information, advice, education or behavioural support to underserved groups and the general population? (Characteristics include, for example, job roles such as health champion, as well as competencies and level of training.)

Rationale

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

Healthy Living Pharmacies also have qualified health champions who take responsibility for the healthy living programme in Healthy Living Pharmacies.

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

Criterion	Explanation
Population	General population (primary prevention) and high risk groups (secondary prevention)
Intervention	Any health and wellbeing intervention delivered by community pharmacy staff that compares the effectiveness of the intervention by the characteristics of the person delivering it

Comparators	Other staff members within the pharmacy who deliver the intervention
Outcomes	Uptake of interventions Clinical measurements or health outcomes Behavioural outcomes (action) Modifying factors or determinants of behaviour (awareness, knowledge, attitudes, intentions) Wellbeing, Quality of Life Costs, saving and cost-effectiveness
Study design	Study designs could include cost-effectiveness studies and RCTs of specific interventions or other types of evaluation with the purpose of ascertaining what characteristics of the person delivering the intervention (for example their job role and competencies) affect its effectiveness in community pharmacy. It will also be important to gain public and staff feedback as part of any studies so a mixed methods approach to include qualitative elements may also be appropriate.
Timeframe	No specific timeframe