

Community pharmacy: promoting health and wellbeing

Recommendations for research in detail

NICE guideline NG102

August 2018

Final

Disclaimer

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or service users. The recommendations in this guideline are not mandatory and the guideline does not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Local commissioners and/or providers have a responsibility to enable the guideline to be applied when individual health professionals and their patients or service users wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with compliance with those duties.

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](#). All NICE guidance is subject to regular review and may be updated or withdrawn.

Copyright

© NICE 2018. All rights reserved. Subject to [Notice of rights](#).

ISBN: 978-1-4731-3048-7

Contents

1 Referral within a formal care pathway	5
Why this is important	5
2 Health and wellbeing interventions.....	7
Why this is important	7
3 Addressing health inequalities.....	9
Why this is important	9
4 Characteristics of a person delivering an intervention	11
Why this is important	11
5 Patient activation.....	13
Why this is important	13
Other recommendations for research.....	15

1 Referral within a formal care pathway

Is referral from a community pharmacy within a formal local care pathway framework more effective and cost effective than signposting alone in improving access to, and uptake of, services by underserved groups and the general population?

Why this is important

Community pharmacies have to be integrated within the patient care pathway, with inward and outward referrals established and consistently managed. This is in line with the NHS sustainability and transformation partnerships (STPs) and the Five Year Forward View, to better integrate healthcare services in the UK. But there is no evidence to show whether it is effective and cost effective for them to offer a broad or narrow set of services. It is also not clear how to effectively refer in and out of pharmacies to improve patient outcomes.

Some evidence showed that referral by community pharmacies increased service uptake more than signposting, but more research is needed to support this. Establishing cost-effectiveness evidence for this in pharmacies is important because the resource impact for making and receiving referrals is greater than for signposting. For example, there may be cost implications for the time needed to make or accept individual referrals and for setting up the overall process.

Criterion	Explanation
Population	General population and underserved groups
Intervention	Referral within a formal local care network
Comparators	Signposting alone
Outcomes	Access to services elsewhere in the network Uptake of services or interventions elsewhere within the network Costs, savings and effectiveness

Study design	Study designs could include cost-effectiveness studies and RCTs of specific referral interventions or other types of evaluation with the purpose of ascertaining the effect of formal referrals in improving service uptake. 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

2 Health and wellbeing interventions

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?

Why this is important

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	<p>Comparative effectiveness of other interventions in the network such as usual care (that is the same or alternative interventions delivered elsewhere in the network)</p> <p>No intervention</p>
Outcomes	<p>Clinical measurements or health outcomes</p> <p>Behavioural outcomes (action)</p> <p>Modifying factors or determinants of behaviour (awareness, knowledge, attitudes, intentions)</p> <p>Wellbeing, Quality of Life</p> <p>Costs, savings and effectiveness</p>
Study design	<p>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</p>
Timeframe	<p>Studies would require sufficient follow up time to capture impacts on health and wellbeing</p>

3 Addressing health inequalities

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?

Why this is important

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	<p>Qualitative approach – to address the barriers/facilitators of accessing community pharmacy services in underserved groups</p> <p>Delivering tailored health and wellbeing interventions to increase <i>service uptake</i> 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.</p>
Comparators	<p>Access and uptake of services elsewhere in the local health and care network</p> <p>Comparative effectiveness of other interventions in the network such as usual care (that is the same or alternative interventions delivered elsewhere in the network)</p> <p>No intervention</p>
Outcomes	<p>Barriers and/or facilitators to accessing to community pharmacy services</p> <p>Uptake of interventions or services</p>
Study design	<p>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.</p>
Timeframe	<p>No specific time frame</p>

4 Characteristics of a person delivering an intervention

How do the professional characteristics of pharmacy staff affect the effectiveness and cost effectiveness of delivering information, advice, education or behavioural support to underserved and the general population? (Characteristics include, for example, their job role such as whether or not they are a health champion, as well as their competencies and level of training received, job role and whether or not they are a health champion.)

Why this is important

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, usually a dispensing or pharmacy assistant or a pharmacy technician, 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 and underserved groups
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	<p>Uptake of interventions</p> <p>Clinical measurements or health outcomes</p> <p>Behavioural outcomes (action)</p> <p>Modifying factors or determinants of behaviour (awareness, knowledge, attitudes, intentions)</p> <p>Wellbeing, Quality of Life</p> <p>Costs, saving and cost-effectiveness</p>
Study design	<p>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.</p>
Timeframe	No specific timeframe

5 Patient activation

How effective and cost effective is advice, education or behavioural support offered by community pharmacy teams to improve [patient activation](#) and measures of behaviour and health changes particularly in areas where activation levels are lower? This includes evaluating factors such as frequency, intensity and duration of the intervention.

Why this is important

Interventions that involve people setting their own health goals may help those who are less likely to play an active role in staying healthy by improving levels of activation and encouraging people to self-manage their health. Highly activated people may be more likely to adopt healthy behaviour, to have better clinical and overall outcomes and lower rates of hospitalisation, and to be more satisfied with services. People with low activation levels may be more likely to attend accident and emergency departments, and to be hospitalised or re-admitted to hospital after being discharged.

Some evidence suggests that interventions delivered in community pharmacies may improve patient activation measures. However, more research is needed to confirm this and to show how delivering these interventions in community pharmacies can be used to improve health outcomes.

Criterion	Explanation
Population	General population and underserved groups
Intervention	Delivering health and wellbeing interventions to improve patient activation measures. This may involve interventions based on delivering advice, education or behavioural support. Evaluation of the different approaches used in these interventions will be important (for example, are there regular meetings between the person and their pharmacist to monitor and set personal health goals)?
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	Patient activation measures Costs, savings and 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 interventions are effective at improving patient activation measures, specifically within a UK context. 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

Other recommendations for research

Local social prescribing interventions

How effective and cost effective is it for community pharmacy teams to provide local social prescribing interventions? What is the differential impact in both effectiveness and cost effectiveness of community pharmacies carrying out this activity compared with acting only as a referral or signposting element of the approach?

Why this is important

The committee noted that social prescribing is an important concept to consider when referring and signposting people from community pharmacies. Social prescribing schemes can involve various activities to support people's social, emotional or practical needs. Examples include volunteering, arts activities, group learning, debt counselling, gardening, befriending, cookery and sports.

The main goal of social prescribing is to promote better patient outcomes. It may also help to reduce referrals to the acute sector or uptake of more costly interventions. But currently there is no evidence on its effectiveness – or acceptability – in community pharmacies.

Criterion	Explanation
Population	General population and underserved groups
Intervention	Social prescribing. This could include UK-specific social prescribing referrals and interventions which are already being provided in community pharmacies, but do not currently have an evidence base.
Comparators	Social prescribing by others in the local care network Other non-social prescribing interventions Signposting verses referral for social prescribing No intervention

Outcomes	<p>Uptake of social prescribing interventions</p> <p>Clinical measurements or health outcomes</p> <p>Behavioural outcomes (action)</p> <p>Modifying factors or determinants of behaviour (awareness, knowledge, attitudes, intentions)</p> <p>Wellbeing, Quality of Life</p> <p>Costs, savings and effectiveness</p>
Study design	<p>Study designs could include cost-effectiveness studies and RCTs of specific interventions or other types of evaluation with the purpose of ascertaining what interventions are effective at providing social prescribing, specifically within a UK context. 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.</p>
Timeframe	<p>Studies would require sufficient follow up time to capture impacts on health and wellbeing</p>