

National Institute for Health and Care Excellence

Community pharmacies: promoting health and wellbeing

Consultation on draft quality standard – deadline for comments 17:00 on 14/02/2020

Please email your completed form to: QSconsultations@nice.org.uk

Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly.

We would like to hear your views on these questions:

1. Does this draft quality standard accurately reflect the key areas for quality improvement?
2. Are local systems and structures in place to collect data for the proposed quality measures? If not, how feasible would it be for these to be put in place?
3. Do you think each of the statements in this draft quality standard would be achievable by local services given the net resources needed to deliver them? Please describe any resource requirements that you think would be necessary for any statement. Please describe any potential cost savings or opportunities for disinvestment.
4. Do you have an example from practice of implementing the NICE guideline that underpins this quality standard? If so, please provide details.

Organisation details

Organisation name – Stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please leave blank)	Healthwatch Birmingham
Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.	None

Name of person completing form	Dr Chipiliro Kalebe-Nyamongo
Supporting the quality standard Would your organisation like to express an interest in formally supporting this quality standard? More information.	Yes
Type	[Office use only]

Comments on the draft quality standard

Comment number	Section	Statement number	Comments Insert each comment in a new row. Do not paste other tables into this table because your comments could get lost – type directly into this table.
<i>Example 1</i>	<i>Statement 1 (measure)</i>	<i>1</i>	<i>This statement may be hard to measure because...</i>
1	Statement 1 (What the statements mean for different people)	1 (b)	We welcome that the quality statement will address issues of independence for pharmacies, within limits, thus enabling them to make referrals to the service most appropriate to the person without the need for the GP to be involved unless appropriate. Also important is that people receive the support they need from the community pharmacy team or are referred directly to relevant health and care services. We believe this will be of benefit to the many patients who access community pharmacies. Healthwatch Birmingham has heard from service users, patients and members of the public, on the importance of pharmacist's ability to make decisions concerning referrals and prescriptions. People have told us:

			<p><i>"I called 111 and was advised to attend the pharmacist (on the understanding that he would be able to prescribe). We attended at 3.40, he was very helpful but unable to prescribe and he escalated her case back to 111 for further assessment".</i></p> <p><i>"It's the bank holiday weekend and I've been struggling to renew my prescription at my GP. I suffer with anxiety, so I was becoming quite stressed, trying to get hold of the medication that I needed, with no help from my GP surgery. The pharmacist was very empathetic to my predicament and issued me with enough medication until I can renew my prescription after the bank holiday. I found the pharmacist very friendly and supportive. She really put my anxiety at ease and helped me with my situation. A true legend!!"</i></p>
2	Statement 1 (Outcome)	1b	<p>It is commendable that pharmacies have to complete a Community Pharmacy Assurance Framework (CPAF) every year that captures issues around people's satisfaction with the service they receive from community pharmacy services. We believe that this is an insufficient data source for demonstrating this outcome. It is important that pharmacies have in place engagement policies that ensure that there is continuous listening of patient's feedback and experiences to inform changes or improvement to services. This data source should include feedback collected throughout the year including complaints data and any learning implemented as a result of this data. It is also important that data sources include both quantitative data (such as those from surveys) and qualitative data (feedback and experiences).</p>
3	Statement 2	2	<p>It is important that the perception of community pharmacies is changed or improved such that people are aware and are confident of the skills and knowledge of the staff. Some people have told Healthwatch Birmingham about their concerns with the skills and experience of pharmacists as this service user indicated <i>"they don't give you appointments with GP, to my surprise they</i></p>

			<p><i>send you to healthcare assistant or community pharmacist for minor health issues. Which is rubbish they don't know anything and its waste of time & effort". We have also heard positive experiences from people who trust in the skills of pharmacists:</i></p> <p><i>"Staff are very friendly pharmacy are very knowledgeable I always talk to pharmacist before GP. Staff do seem stressed at times due to poor management on rota I think as there needs to be more staff on pharmacy".</i></p> <p><i>"I have used this Pharmacy for a number of years. I have regular reviews of my medication with the Pharmacists. I can always ask questions about my medication and get advice easily".</i></p> <p><i>"The pharmacist is professional and is interactive with customers which stood out".</i></p> <p>We therefore agree that this is an important quality statement that needs to be included in this standard.</p>
4	Statement 3 (quality measures)	3	<p>In order to effectively understand health inequalities, pharmacies need to be engaging with different groups as outlined in the equality act and seldom heard groups. Therefore, it is important that one of the quality measures for this statement should include the requirement for pharmacies to engage and listen to the experiences or feedback of people that use its service. It is important that pharmacies are listening to patients and members of the public in changing or improving the service they provide. In addition, the experiences heard should also be used to understand the needs of different groups based on the equality act and those from seldom heard groups. It is important that pharmacies demonstrate that they are seeking service user feedback at key points</p>

			in decision-making, from planning, shaping priorities, implementation, ongoing decision making, and evaluation of services.
5	Statement 4 (outcome)	4a	<p>We note that one of the data sources for this is from surveys carried out with people using community pharmacy services. This is welcome but it needs to be made clearer that this is the responsibility of the pharmacy to ensure that it is listening to people.</p> <p>If pharmacies are to provide some of the services that are provided by GPs it is important that they offer people recourse to complaints as well as sharing their experience. People need to be made aware that they can also share their experiences of accessing pharmacy services with other independent services such as local Healthwatch. This is a key requirement of the NHS Standard Contract (SC16 16.2.1) which asks for health providers to display clear information about how to make a complaint, share feedback or how to contact local Healthwatch for service users and members of the public.</p>
6	General Comment	General	<p>Healthwatch Birmingham asks that patient and public involvement be built-in into the standard and should go beyond using survey data. It is important that this includes patient experiences, feedback, complaints or compliments data and any learning from these. We ask that the use of patients, service users and carer's insight and experience is used to identify, understand and address health inequality issues that impact service user access to services and the quality of services. This will help pharmacies understand the experiences of people who use their service and use this insight to inform service improvement or other decision-making processes. It is our view that the proposed standard would be strengthened by including the need for pharmacies to engage that is based on a clear link between the two public sector legislative duties that require public sector organisations to:</p> <ul style="list-style-type: none"> • Engage/involve the public and patients; and • Reduce health inequality and improve health outcomes.

Insert more rows as needed

Checklist for submitting comments

- Use this form and submit it as a Word document (not a PDF).
- Complete the disclosure about links with, or funding from, the tobacco industry.

- Combine all comments from your organisation into 1 response. We cannot accept more than 1 response from each organisation.
- Do not paste other tables into this table – type directly into the table.
- Underline and highlight any confidential information or other material that you do not wish to be made public.
- Do not include medical information about yourself or another person from which you or the person could be identified.
- Spell out any abbreviations you use
- Please provide concise supporting information for each key area. Provide reference to examples from the published or grey literature such as national, regional or local reports of variation in care, audits, surveys, confidential enquiries, uptake reports and evaluations such as impact of NICE guidance recommendations
- For copyright reasons, do not include attachments of **published** material such as research articles, letters or leaflets. However, if you give us the full citation, we will obtain our own copy
- Attachments of unpublished reports, local reports / documents are permissible. If you wish to provide academic in confidence material i.e. written but not yet published, or commercial in confidence i.e. internal documentation, highlight this using the highlighter function in Word.

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Comments received from registered stakeholders and respondents during our stakeholder engagements are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.