Public Health England

Protecting and improving the nation's health

Guidance for Commissioners: optimising health improvement through community pharmacies

Updated 29 September 2021 v1.0

Contents

Executive Summary

Guidance for commissioners: optimising health through community pharmacies has been developed by the Healthy Living Pharmacy (HLP) Task Group of the Pharmacy and Public Health Forum, established by Ministers.

Community pharmacies are easily accessible for all, especially for under-served communities, with trusted professionals on site. Community pharmacies are often people's first point of contact and, for some, their only contact with a healthcare professional. Community pharmacy teams are well placed to reach out to their local communities, using every interaction in the pharmacy and at community locations to offer high quality health promoting interventions, helping to improve health of the people they serve and helping to reduce health inequalities.

Research demonstrates that community pharmacy is an appropriate and feasible setting for the delivery of public health interventions (1). The anonymity, flexibility and informal environment are an additional benefit that people value (2). On average, over 80% of the population is within a 20 minute walk of a community pharmacy (March 2019 data), with accessibility being the greatest in areas of high deprivation (3). An Ipsos MORI survey on behalf of the General Pharmaceutical Council in 2015, showed that the majority (87%) of people trust health advice from a pharmacist and with almost four in five respondents saying they had visited a pharmacy at least once in the last 12 months (4) This highlights the important role that community pharmacy teams can play in reaching out to their communities, helping to improve health and wellbeing, including those from deprived communities and to reduce health inequalities.

The HLP concept was developed in 2009 with the aim of utilising community pharmacy teams effectively, who reflect the social and ethnic backgrounds of people they serve, to improve people’s health locally and help reduce health inequalities.

The HLP concept is underpinned by three enablers:

- a skilled workforce with a qualified health champion who has completed the Royal Society for Public Health level 2 award – Improving Health, and the pharmacist or manager having undertaken leadership training
- an environment that facilitates health promoting interventions with a dedicated health promotion zone
- local stakeholder engagement with other health and care professionals, community services, local authorities and members of the public.

As part of the Community Pharmacy Contractual Framework 2019/20 to 2023/24 (5), regulations were laid in October 2020, which mean that all community pharmacies in

England are level 1 HLPs within the essential services component, as of 1 January 2021.

Distance Selling Pharmacies (DSPs) provide services to patients in a wider geographical area than brick-and mortar-pharmacies. DSPs will therefore need to reflect on the broad health needs of their patients wherever they may live, rather than those living in a specific local area, e.g. by seeking information on the health profile of the people they serve, when undertaking people experience surveys or similar

All pharmacies will have to satisfy the NHS England and Improvement (NHSEI) requirements for level 1 HLPs, in addition to meeting service specification requirements from commissioners for the delivery of specified public health services, if commissioned. Pharmacy contractors must be compliant with the amended 2013 regulations (6) in which the system of clinical governance has been expanded to include the promotion of healthy living. The NHSEI guidance for HLPs sets out the behaviours, activities and physical environment required of level 1 HLPs. The NHSEI guidance has been informed by the Public Health England (PHE) Healthy Living Pharmacy (HLP) quality criteria for attainment of HLP level 1 status.(7)

This guidance aimed at commissioners and providers, sets out further opportunities for aspiring pharmacy teams looking beyond HLP level 1 status, to upskill themselves and provide additional public health services/interventions to meet local need. HLP level 1 status enables pharmacy teams to reach out to their communitiues to provide health promoting intereventions at every opportunity, helping to improve the health of people in their local communities and helping to reduce health inequalities

The Commissioning Guidance sets out the core components for seven public health areas:

- Stop Smoking support
- Diet, Nutrition and Healthy Weight
- Alcohol consumption
- Sexual Health, Reproductive Health & HIV
- Substance Misuse
- Cardiovascular Disease Prevention
- Public Mental Health

A list of core components, for each service is included within the guidance. The expectation is that the core components will result in consistency of quality and service delivery nationally. The core components can also be used to inform commissioners wishing to develop their own detailed local service specifications for specific services. Commissioners can also commission community pharmacies to provide other public

health services not listed in the core components, which will have to be developed locally to meet local need.

This guidance is relevant for all pharmacy staff, particularly qualified Health Champions who normally lead on health improvement interventions/service delivery, with the support of the pharmacist if necessary. Pharmacy staff involved in delivering public health interventions should be familiar with behaviour change competencies and have completed relevant training, e.g. motivational interviewing (8), Making Every Contact Count (MECC) (9) and Very Brief Advice (VBA), where required. The PHE and Health Education England (HEE) AllOurHealth e-learning platform (10) is a good source of information for pharmacy teams wishing to engage in public health interventions.

Pharmacy teams should also consider people's mental wellbeing when offering any health promoting interventions. Improving mental health is a national priority. Pharmacy staff are therefore encouraged to undertake All our Health Mental health training module to effectively support and promote mental wellbeing and improve patient experience.

Safeguarding has now been included within the Terms of Service for community pharmacy contractors. It is expected that appropriate safeguarding would be incorporated in the local service specification for specified commissioned services.

It is recognised that not all pharmacies will deliver all the services listed within the guidance. Commissioners will commission services that are appropriate for local need and will specify the quality of services, as well as the skill set required to deliver the service. Pharmacy teams also have an opportunity to use the guidance to prepare for and initiate discussions with commissioners and consider what may be required of them to provide different services.

The guidance aligns with the ambitions of the NHS Long Term Plan (11) that recognises that prevention, early detection and empowering people to improve their own health and wellbeing will reduce the burden on the NHS and other care services. The establishment of primary care networks (PCNs) is key to the success of the NHS Long Term Plan. PCNs offer a structure for community pharmacy staff to engage with other healthcare professionals and work collaboratively within multi-disciplinary teams to deliver services closer to the patient and to address health inequalities. Integrated Care Systems (ICSs)will provide further opportunities for pharmacy teams to engage in the delivery of health promoting interventions/ services.

The Prevention Green Paper: Advancing Our Health in the 2020s sets out the Government's priorities for expanding the role of community pharmacists to become the first port of call for people to receive advice and support to manage their own health and wellbeing (12)

Background

This guidance has been developed by Public Health England (PHE), supported by the Healthy Living Pharmacy (HLP) Task Group of the Pharmacy and Public Health Forum. It is recognised that HLP Level 1 status is now an essential service within the community pharmacy contractual framework, which means that all community pharmacies in England are Level 1 HLPs, as of January 2021.

Purpose

The purpose of this guidance is to provide commissioners with a framework that sets out the core components for seven public health areas that could be commissioned through community pharmacies. The core components could help inform the development of detailed service specifications by commissioners.

Whilst commissioners are the main target audience for this guidance, it also provides an opportunity for aspiring pharmacy teams, looking beyond HLP Level 1, to upskill themselves and be able to provide additional public health services to meet local need, if commissioned to deliver these services.

The guidance sets out the core components, training requirements, key performance indicators (KPIs), national guidance and evidence (where available), for the commissioning of services across seven public health areas.

The seven public health areas are:

- Stop Smoking support
- Diet, Nutrition and Healthy Weight
- Alcohol consumption
- Sexual Health, Reproductive Health & HIV
- Substance Misuse
- Cardiovascular Disease Prevention
- Public Mental Health

Table 1 provides a list of public health services for commissioning through community pharmacies

It is recognised that not all community pharmacies will deliver all the services listed in the guidance. Services will be commissioned according to local health needs. Commissioners are likely to specify additional requirements, over and above what is

included in the core components to meet local need. While this guidance is mainly aimed at commissioners, it also provides an opportunity for community pharmacy teams to initiate conversations with commissioners about their readiness to deliver specific public health services.

Table 1: List of public health services for commissioning through community pharmacies

Public health area	Commissioned service
Stop smoking support	Very Brief Advice (VBA) and face to face stop smoking support, including consultation about the most appropriate form of quitting aid, in line with the National Centre for Smoking Cessation and Training
Diet, nutrition and healthy weight	Weight management service
Alcohol consumption	Alcohol Identification and Brief Advice (IBA)
Sexual health, reproductive health & HIV	Face to face sexual and reproductive health advice and interventions based on the needs the service user presents with
Substance misuse	Needle and syringe programme Blood-borne virus (BBV) screening and referral Blood-borne virus (BBV) vaccination Supervised consumption
Cardiovascular disease prevention	NHS Health Checks
Public mental health	Better Mental Health and Brief Advice*

*This is on the basis that the staff are trained to provide these interventions (eg VBA training, motivational interviewing, Making Every Contact Count). Pharmacy teams delivering commissioned services will need to satisfy the core components of the relevant services as well as the service specifications defined by the commissioner.

** This table provides a list of public health services that could be commissioned from community pharmacies for the seven public health topics.

Table 2: Three enablers that underpin HLPs:

Workforce	Environment	Engagement
Health champion training - Royal Society for Public Health level 2 award – Understanding Health Improvement, Leadership training Very Brief Advice training Motivational interviewing	Consultation room Infection control measures if required Any equipment requirements e.g. Blood Pressure measuring devices	Local Authorities, CCGs Local Pharmaceutical Committees GPs Other public health and health professionals Primary Care Networks and ICSs Community groups and services

The new community pharmacy contractual framework announcement in July 2019 stated that effective from January 2021, being an HLP Level 1, will become an essential requirement for community pharmacies, which means all community pharmacies in England are now level 1 HLPs. All the pharmacies will be required to comply with the Terms of Service (ToS) in legislation and satisfy guidance published by NHS England and Improvement (NHSEI). This will provide assurance to commissioners, that all community pharmacies satisfy the HLP level 1 guidance and have the enablers in place to deliver high quality public health interventions: NHS England » Guidance on the National Health Service (Charges and Pharmaceutical and Local Pharmaceutical Services) (Amendment) Regulations 2020. (6)

The guidance for commissioners also enables Directors of Public Health, Local Authority and Clinical Commissioning Group commissioners, access to a local community-based health and social resource for the delivery of public health services, to improve the health of their local population and help reduce health inequalities, by commissioning public health services from community pharmacies (that are all HLPs).

HLP Level 1 status, enables pharmacy teams to proactively reach out opportunistically to their communities both within the pharmacy and within the local community to provide brief health promoting advice at every opportunity, making every contact count. Level 1 HLP Level 1 status is not about the delivery of public health services but about opportunistic interventions for promoting health. This guidance has been designed to provide a framework for commissioners to commission public health services through the community pharmacy setting, to meet local need.

Why pharmacy?

Community pharmacies rooted within communities, often draw their staff from local communities and for many are a trusted face for health advice, especially for some vulnerable and deprived communities, helping to improve health and reduce health inequalities. Community pharmacies, as community, health and social assets, are well placed to offer high quality, health promoting interventions. (2)

Many community pharmacy staff reflect the social and ethnic backgrounds of the communities they serve.(2) This is thought to be an added advantage for gaining the support of members of the public to adopt healthier behaviours. A survey (4) commissioned by the General Pharmaceutical Council in 2014 showed that 87% of people surveyed, trusted the advice they got from a pharmacist and that four in five people had accessed a community pharmacy within the previous 12 months. Overall, 80% of the population is estimated to be within a 20-minute walk of a community pharmacy (March 2019 data), with accessibility being greatest in areas of high deprivation (3).

Research demonstrates that community pharmacy is an appropriate and feasible setting for the delivery of public health interventions (1). The anonymity, flexibility and informal environment are a benefit that people value (2). Evidence highlights the role that community pharmacy can play in improving people's health and wellbeing, including for underserved communities.

NICE guideline [NG102]. Community pharmacies: promoting health and wellbeing (13) reinforces the role that community pharmacy teams can play to help maintain and improve people's physical and mental health and wellbeing, including people with a long-term condition. It aims to encourage more people to use community pharmacies by integrating them within existing health and care pathways. The guidelines also identify the reach of community pharmacy into communities that are most likely to experience health inequalities, indicating that 'underserved' groups may be more likely to go to a community pharmacy than a GP or another primary care service. This includes people who are housebound, homeless or sleeping rough; people who misuse drugs or alcohol; and Gypsy, Traveller and Roma people.

The Healthy Living Pharmacy (HLP) concept – a historical perspective

The HLP concept was developed in 2009, with the aim of utilising community pharmacy teams more effectively, to improve people's health locally and help reduce health inequalities (14).

Level 1 HLPs (all community pharmacies as of January 2021) are required to satisfy the underpinning enablers and quality criteria. The enablers are:

- a skilled workforce with a qualified health champion who has completed the Royal Society for Public Health level 2 award – Understanding Health Improvement, and the pharmacist or manager having undertaken leadership training
- an environment that facilitates health promoting interventions
- local stakeholder engagement with other health and care professionals, community services, local authorities and members of the public

One of the main aims of the HLP concept is for pharmacy teams to embrace an ethos and culture for health promoting interventions, with a proactive and positive approach to promoting health at every opportunity, making every contact count.

It is critical that all Health Champions are familiar with the contents of this guidance, so they can lead on health improvement interventions and service delivery, with the support of the pharmacist and other team members if necessary.

Pharmacy staff delivering public health interventions should be competent in behaviour change methods and have completed relevant training, e.g. motivational interviewing, and Very Brief Advice (VBA) on, for example, smoking cessation, where required.

Improving mental health is a national priority. Pharmacy teams should consider people's mental wellbeing when offering any health promoting interventions. Pharmacy staff are encouraged to undertake All our Health Mental health training module (10) to support and promote mental wellbeing and improve patient experience

In 2011, the Pharmacy and Public Health Forum was established by Ministers to lead on the development, implementation and evaluation of public health health practice by pharnacy teams. Development and implementation of Healthy Living Pharmacies was one of the priorities identified by Ministers.

In 2016, Pharmacy and Public Health Forum announced the introduction of a profession-led self-assessment process for achieving HLP Level 1 status based on clear quality criteria (7). The self-assessment process moved away from a commissioner-led process for HLP implementation, which had resulted in a variation across the country for HLP implementation and thus a lack of consistency. The self-assessment process required the pharmacist to complete a self-assessment of compliance with the quality criteria. This meant that any community pharmacy wishing to be an HLP could do so, provided they satisfied the quality criteria and had the enablers in place to be an HLP, resulting in consistency of HLP implementation across the country.

This was followed by NHS England and NHS Improvement (NHSE/I) introducing HLP Level 1 status, as a criterion for payment under the Pharmacy Quality Scheme (previously known as the Quality Payments Scheme) (15). Both these initiatives were

instrumental in accelerating attainment of HLP level 1 status, increasing numbers of HLPs to over 9,500 nationally.

The HLP Task Group of the Pharmacy and Public Health Forum has developed this guidance for commissioners, with considerable support from PHE programme leads. The expectation is that the guidance will provide consistency across the country for the delivery of high quality, evidenced-based public health interventions and services, to help improve the health of the nation and reduce health inequalities.

The guidance aligns with the Prevention Green Paper: Advancing Our Health: prevention in the 2020s (12), which sets out the Government's priorities for expanding the role of community pharmacies to become the first port of call for people to receive health advice and support to manage their own health and wellbeing.

The guidance also supports the ambitions of the NHS Long Term Plan (11) that recognises that prevention, early detection and empowering people to improve their own health and wellbeing, will reduce the burden on NHS and other care services. The establishment of Primary Care Networks (PCNs) is key to the success of the NHS Long Term Plan. PCNs provide an opportunity for community pharmacy contractors to engage with PCN leaders to raise awareness of the community pharmacy offer for delivering public health interventions, closer to the individual and to address health inequalities. Establishment of Integrated Care Systems (ICSs) will further enable the role of community pharmacy teams for prevention and health promoting interventions.

The Community Pharmacy Contractual Framework for 2019/20 to 2023/24: supporting delivery for the NHS Long Term Plan (5), underlines the critical role of community pharmacy as an agent of improved public health and prevention, embedded in the local community.

The PHE HLP level 1 quality criteria (7) set out the behaviors, activities and physical environment required of community pharmacies. As of January 2021, all community pharmacies are HLPs and are now required to follow NHSE guidance, rather than the PHE quality criteria.

Safeguarding is included in the Terms of Service for community pharmacy contractors. It is expected that appropriate safeguarding would be incorporated in the local service agreements for specified commissioned services.

The NHS White Paper (16) - Working together to improve health and social care for all - published in February 2021, builds on the NHS Long Term Plan and the NHS Recommendations to Government and Parliament, in order to facilitate collaboration across health and social care. It aims to facilitate care that focuses not just on treating

particular conditions, but also on healthy behaviours, prevention, and helping people live more independent lives for longer. It plans to do so through the following mechanisms:

1.1 Working together to integrate care - The legislation underpins two key forms of integration: integration within the NHS; and greater collaboration between the NHS, local government, and wider partners. The legislation brings forward measures for statutory ICSs that will cover every part of England.

1.2 Reducing bureaucracy - These proposals focus on stripping out needless bureaucracy,

1.3 Improving accountability and enhancing public confidence - The White Paper will help to enable community pharmacy teams to collaborate with partners at a community level to improve the health of people in their communities, focusing efforts on the needs of under-served communities and others to improve health and help to address health inequalities and deliver the government's policy objectives.

1.4 New ways of working following the pandemic – new ways of working have emerged for pharmacy teams during the pandemic. Not all services that used to be provided face:face are now provided face:face. Pharmacy teams have embraced a digital model of delivery where possible. In some circumstances, face:face delivery is required e.g. when measuring blood pressure or blood cholesterol levels. In addition, commissioners may stipulate which aspects are delivered digitally and which ones are delivered face:face. Pharmacy teams will be required to be flexible in their delivery models. For some people, digital models of delivery may not be appropriate. It is important that pharmacy teams continue to provide some services face:face to meet the needs of specified communities e.g. under-served and BAME communities.

Digital modes of delivery may not be accessible to all members of the public. The digital divide is real (in 2018 10% of the UK adult population described themselves as non-internet users). (17)

It is important that pharmacy teams have arrangements in place to ensure access for the whole population. If this is not done, it could inadvertently result in an increase in the health inequalities gap.

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Annexe A

Core components for the 7 public health Services

- Stop Smoking support
- Diet, Nutrition and Healthy Weight
- Alcohol consumption
- Sexual Health, Reproductive Health & HIV
- Substance Misuse
- Cardiovascular Disease Prevention
- Public Mental Health

The PHE programme leads for the seven public health topics have led on the development of the core components for the different services, in addition to the Key Performance Indicators (KPIs) and targets, training requirements, relevant guidance and the evidence base, cost effectiveness, costing data and any case studies if available

Stop smoking

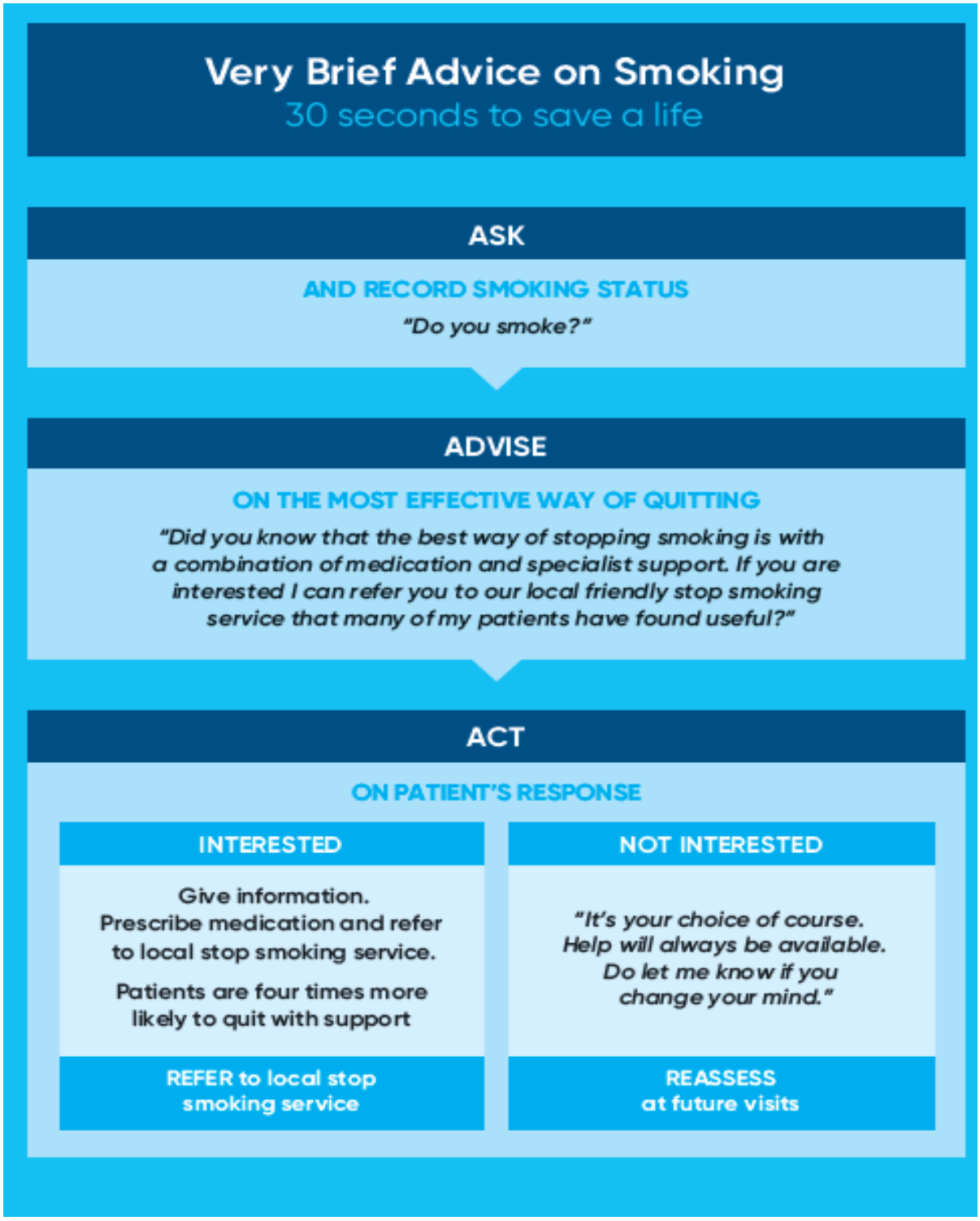
Very brief advice and face to face stop smoking interventions, including consultation about the most appropriate form of quitting aid and behavioral support, in line with the National Centre for Smoking Cessation and Training (NCSCT).

The NHS Long Term Plan supports the Government's commitment for a smokefree society by 2030. The Plan identifies three priority groups requiring greater access to stop smoking support; those admitted to hospital, pregnant women and their partners, and people who use specialist mental health services and learning disability services. Pharmacy teams, situated in the heart of communities, are well placed to deliver, or continue to deliver stop smoking support to smokers, including those discharged from hospital. Stop smoking support for patients discharged from hospital has now been incorporated into the Community Pharmacy Contractual Framework, as an advanced service.

All pharmacy staff should adopt the 3 As approach to stopping smoking as the standard accepted approach for Very Brief Advice (VBA). VBA in primary care settings, including pharmacies, can increase successful smoking quitting by 1-3%.

The 3 As for stopping smoking:

- Ask about and record smoking status.
- Advise smokers on the most effective way of quitting
- Act on the patient's response (e.g. referral to a programme of stop smoking support)



Core components of behavioural support to stop smoking

Smokers who are identified following VBA should be offered a referral into face to face stop smoking support from a trained advisor. Many pharmacies already offer this programme of behavioural support, as defined by the National Centre for Smoking Cessation and Training.

Aim of this service	Treating tobacco dependence - Supporting smokers to quit
Core components	In line with NICE guidance NG92 • Support for people who smoke with a trained stop smoking practitioner, at a specified time and place. This could be face:face or delivered remotely. This should involve scheduled meetings between the smoker and a member of staff trained in stop smoking support. Typically, it involves weekly sessions over a period of at least 4 weeks after the quit date. All smokers have access to their choice of quitting aid, and their smoking status is verified by Carbon Monoxide (CO) monitoring at each session, where safe to do so, following Infection Prevention and Control measures during the COVID-19 pandemic. Where support is being delivered remotely, CO monitoring will not be possible. • Appropriate monitoring and mentoring as specified by the local stop smoking service commissioner should be in place to assure quality of interventions provided • Data on the number of people accessing the service, success rates and use of quitting aid will need to be submitted to the commissioner as required
Key Performance Indicators (KPIs) and targets	• Number of people setting a quit date • Number of people quitting by 4 weeks (85% of those reporting as quit after 4 weeks should be CO verified) • Number of people quitting by 12 weeks • CO verification should be attempted in all cases where safe to do so, following IPC guidelines during the COVID-19 pandemic https://www.ncsct.co.uk/publication_COVID-19_18.11.20.php • Option for patients to self-report
Training	All pharmacy staff should be appropriately trained and competent to deliver very brief advice https://www.ncsct.co.uk/publication_very-brief-advice.php

	Only pharmacy staff that are commissioned and trained to deliver the full programme of face to face behavioural support should deliver this: https://www.ncsct.co.uk/publication_training-and-assessment-programme.php http://www.ncsct.co.uk/usr/pub/NCSCT_training_standard.pdf Declaration of Competence for stop smoking services involving pharmacotherapy. (For pharmacists and pharmacy technicians only) https://www.cppe.ac.uk/services/commissioners Stop smoking medicines: https://elearning.ncsct.co.uk/stop_smoking_medications-stage_1
Relevant guidance	NICE. Smoking: supporting people to stop Quality standard [QS43]: https://www.nice.org.uk/guidance/qs43 NICE. Stop smoking interventions and services: https://www.nice.org.uk/guidance/ng92 Local Stop Smoking Services: Service and delivery guidance: http://www.ncsct.co.uk/publication_service_and_delivery_guidance_2014.php
Evidence base, cost effectiveness, costing data and any case studies if available	There is a strong evidence base for these interventions that could produce high success rates and could boost quit rates by 200% to 300%. • NHS. The NHS Long Term Plan. Jan 2019. https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf • National Centre for Smoking Cessation and Training. Local Stop Smoking Services. Service and Delivery Guidance. 2014 https://www.ncsct.co.uk/usr/pub/LSSS_service_delivery_guidance.pdf

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Diet, nutrition and healthy weight

Weight management service

Community pharmacy teams offer an opportunistic setting for identifying and engaging those who are overweight/obese, in particular those who do not visit GPs or other healthcare services. In addition to providing direct support, community pharmacy teams could recommend other local support available, such as walking groups if they do not provide this themselves.

Aim of this service	To support adults living with overweight or obesity to achieve a healthier weight, through delivery of adult tier 2 behavioural weight management service
Core components	• Are multi-component that is, they address dietary intake, physical activity levels and behaviour change • Ensure staff are trained to deliver them and they receive regular professional development sessions • Adopt a respectful, non-judgmental approach • Focus on life-long lifestyle change and the prevention of future weight gain • Last at least 3 months, and should be sessions that are offered at least weekly or fortnightly • Ensure weight loss goals are achievable and involve the person in the goal setting at each stage • Ensure specific dietary targets are agreed and tailored to individual needs and goals • Ensure discussions take place about how to reduce sedentary behaviour and the type of physical activities that can easily be integrated into everyday life and maintained in the long term • Tailor programmes to support the needs of different groups • Monitor weight, waist circumference (where appropriate) and indicators of behaviour change (e.g. attitude, motivation, awareness, etc.) and participants' personal goals throughout the programme

KPIs and targets	Expected outcomes of the above tier 2 lifestyle weight management session on completion (services should run for a minimum of three months) include: • 60% of participants complete the active intervention • 75% of participants will have lost weight at the end of the active intervention • 30% of all participants will lose a minimum of 5% of their (baseline) initial body weight at the end of the active intervention.
Training	Pharmacy staff should be appropriately trained and competent: Declaration of Competence for Adult Weight Management Service for a pharmacist-led PGD weight management service. (For pharmacists and pharmacy technicians only) https://www.cppe.ac.uk/services/commissioners CPPE. Weight Management for Adults: understanding the management of obesity https://www.cppe.ac.uk/gateway/weightman All Our Health E-learning for health, Obesity: online learning for healthcare and other practitioners working to tackle obesity https://www.e-lfh.org.uk/programmes/obesity/ PHE Physical Activity Clinical Champions training. To book a session contact physicalactivity@phe.gov.uk Moving Medicine resources of physical activity conversations with patients; https://movingmedicine.ac.uk/
Relevant guidance	NICE. CG189 Obesity: identification, assessment and management https://www.nice.org.uk/guidance/cg189 NICE. PH53 Weight management: lifestyle services for overweight or obese adults https://www.nice.org.uk/guidance/ph53 PHE. A guide to commissioning and delivering tier 2 adult weight management services

	https://www.gov.uk/government/publications/adult-weight-management-services-commission-and-provide PHE. Key performance indicators: tier 2 weight management services for adults https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/656531/adult_weight_management_key_performance_indicators.pdf PHE. Changing behaviour: techniques for tier 2 adult weight management services https://www.gov.uk/government/publications/adult-weight-management-changing-behaviour-techniques PHE. Capturing data: a tool to collect and record adult weight management service data https://www.gov.uk/government/publications/adult-weight-management-services-collect-and-record-data UK Chief Medical Officers Physical Activity for health guidelines and infographics https://www.gov.uk/government/publications/physical-activity-guidelines-uk-chief-medical-officers-report NICE. Physical activity: exercise referral schemes. Public Health Guidance [PH54] Sep 2014. https://www.nice.org.uk/Guidance/PH54 Physical activity: encouraging activity in the community Jun 2019.https://www.nice.org.uk/guidance/qs183

Evidence base, cost effectiveness, costing data and any case studies if available	There is sufficient evidence, including evidence of cost effectiveness, to recommend that behavioural support for weight loss should be delivered in community pharmacies in line with relevant NICE guidance (8) Public Health England. Key performance indicators: tier 2 weight management services for adults. 2017 https://www.gov.uk/government/publications/adult-weight-management-key-performance-indicators NICE. NG102 Community pharmacies: promoting health and wellbeing. 2018 https://www.nice.org.uk/guidance/ng102

Alcohol consumption

Identification and Brief Advice (IBA)

Pharmacy staff are well placed to identify risky drinking and offer advice. Alcohol identification and brief advice (IBA) can identify and influence people who are drinking above low risk.

For adults, regularly drinking more than 14 units of alcohol per week increases lifetime risk of a number of chronic conditions, including CVD, some cancers, liver disease and depression. UK CMOs' low risk drinking guidelines. Alcohol also interacts with some medicines and pharmacy staff should discuss these with patients to reduce relevant risk. The New Medicine Service offers an opportunity to discuss certain new medicines and the interactions they may have with alcohol. This presents additional opportunities to deliver brief advice to reduce consumption and health risk and for onward referral where appropriate.

Aim of this service	Identifying and delivering brief advice to those whose alcohol consumption puts them at increasing or higher risk of alcohol-related ill health.
Core components	Interventions usually delivered in a single contact. • Pharmacy staff should identify those drinking above low risk by using a validated alcohol screening test • For individuals drinking at increased or higher risk, pharmacy staff should discuss the screening score and offer brief advice to encourage a reduction in alcohol consumption to reduce risk • For individuals identified as possibly alcohol dependent, pharmacy staff should discuss making a referral for specialist assessment with the individual and provide them with contact details of local services • Note: Alcohol screening is indicative, rather than diagnostic: Potentially dependent individuals require specialist alcohol assessment to confirm dependence, but nonetheless, should be cautioned about stopping drinking abruptly as in some cases, this could lead to dangerous withdrawal complications. They should be encouraged to drink at reduced levels until they can access specialist assessment

KPIs and targets	Based on other settings where routine alcohol IBA has been implemented and measured, the following measures could be used for primary care: • People presenting to pharmacies should when appropriate, be assessed for alcohol risk, using a validated tool. • For 90% of those who screen positive for alcohol risk, should be provided with either brief advice (for increasing or higher risk) or referred for assessment by an alcohol specialist (for potentially dependent) For a good quantitative measure, this would require the collection of the below data items: • Number of patients assessed for alcohol harm • Number identified as drinking alcohol at increasing or higher risk levels • Number identified as potentially dependent • Number of increasing higher risk drinkers given brief advice • Number of people with possible alcohol dependence referred for specialist assessment and treatment Some measure of quality of delivery can be made from these data items by comparing against estimated prevalence of increasing risk, higher risk and dependence in the local population, available in local alcohol profiles for England (LAPE)
Training	Pharmacy staff should be appropriately trained and competent: Declaration of competence for alcohol use identification and brief advice. (For pharmacists and pharmacy technicians only) https://www.cppe.ac.uk/services/commissioners Alcohol IBA Training: https://www.e-lfh.org.uk/programmes/alcohol/

Relevant guidance	NICE PH24: Alcohol-use disorders: prevention https://www.nice.org.uk/guidance/ph24 NICE CG115: Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence https://www.nice.org.uk/guidance/cg115 NICE QS11: Alcohol-use disorders: diagnosis and management https://www.nice.org.uk/guidance/qs11
Evidence base, cost effectiveness, costing data and any case studies if available	Efficacy studies have shown that pharmacy is a valid and an acceptable setting (to both patients and staff) to carry out this activity: 1. Khan N Et al. Alcohol brief intervention in community pharmacies: a feasibility study of outcomes and customer experiences. Int J Clin Pharm 2013: 1178-1187. 2. Dhital R., Whittlesea C. M., Norman I. J., Milligan P. Community pharmacy service users' views and perceptions of alcohol screening and brief intervention Drug Alcohol Rev 2010: 29: 596-602. To date, there has only been one RCT in the UK, which was inconclusive about the effectiveness of this setting, but further studies may show more positive results. 3. Dhital R, Norman I, Whittlesea C, Murrells T, McCambridge J. The effectiveness of brief alcohol interventions delivered by community pharmacists: randomized controlled trial. Addict Abingdon Engl. 2015 Oct;110(10):1586–94.

Sexual health, reproductive health & HIV

Sexual health, reproductive health and HIV advice and interventions based on the needs the service user presents with.

Community pharmacy settings offer the opportunity to improve access to a range of sexual and reproductive health interventions, including but not limited to:

- Contraception, including Emergency Hormonal Contraception (EHC)
- Preconception care
- Condom distribution (C-Card)
- STI testing
- HIV testing
- HPV vaccination services

Aim of this service	To improve delivery of and access to holistic sexual and reproductive health and HIV services, helping to reduce health inequalities and improve sexual health

Core components	Could include a combination of the following: • Provision of EHC • Sexual health promotional campaigns • Advice and information in relation to contraception • Provision of a range of free condoms and lubrication in line with the C-Card scheme • Initiation and ongoing provision of regular contraception • Onward signposting to sexual and reproductive health services when appropriate, particularly in relation to ensuring a more routine method of contraception than EHC, is put in place; and to promote and provide onward referral for fitting of a Cu-IUD as the most effective form of emergency contraception • Pre-conceptual care • Pregnancy testing • Advice about and provision of chlamydia postal testing kits and partner notification • Advice about and provision of postal chlamydia and gonorrhea dual tests • Chlamydia treatment • Dry blood spot testing for blood borne viruses (BBV) • Hepatitis B vaccination Core requirements: • Compliant with Fraser Guidelines https://swarb.co.uk/gillick-v-west-norfolk-and-wisbech-area-health-authority-and-department-of-health-and-social-security-hl-17-oct-1985/ Core considerations: • Provision may be age or risk specific
KPIs and targets	• Number of people using the C-Card scheme • Number of people seeking EHC • Number of referrals for Cu-IUD fitting • Number of pregnancy tests • Number of chlamydia screening tests • Number of positive chlamydia screening tests • Number of people treated for chlamydia • Number of chlamydia/gonorrhea dual tests provided • Number of chlamydia/gonorrhea positive dual tests

	• Number of partner notifications • Number of BBV tests • Number of Hepatitis B vaccines provided
Training	Pharmacy staff should be appropriately trained and competent: Declaration of Competence for Emergency Contraception Services. (For pharmacists and pharmacy technicians only) https://www.cppe.ac.uk/services/commissioners Declaration of Competence for Chlamydia Testing and Treatment Service. (For pharmacists and pharmacy technicians only) https://www.cppe.ac.uk/services/commissioners Declaration of Competence for Oral Contraception Service. (For pharmacists and pharmacy technicians only) https://www.cppe.ac.uk/services/commissioners https://www.cppe.ac.uk/gateway/sexual Familiar with and sign-up to local PGDs for EHC Locally determined training as identified by the commissioner

Relevant guidance	Faculty of Sexual & Reproductive Health (FSRH): Faculty of Sexual & Reproductive Healthcare Clinical Guidance for EHC provision: https://www.fsrh.org/documents/ceu-clinical-guidance-emergency-contraception-march-2017 NICE: Contraceptive Services for Under 25s: https://www.nice.org.uk/guidance/ph51 BASHH. Standards for the Management of STIs: https://www.bashh.org/about-bashh/publications/standards-for-the-management-of-stis/ Public Health England. Chlamydia screening in general practice and community pharmacies: https://www.gov.uk/government/publications/chlamydia-screening-in-general-practice-and-community-pharmacies NICE: Condom Distribution Guidance: https://www.nice.org.uk/guidance/ng68/resources/sexually-transmitted-infections-condom-distribution-schemes-pdf-1837580480197 NICE: HIV testing - increasing uptake among people who may have undiagnosed HIV: https://www.nice.org.uk/guidance/ng60 Department of Health and Social Care and Public Health England. Integrated sexual health service specification: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/731140/integrated-sexual-health-services-specification.pdf Department of Health – Framework for Sexual Health Improvement: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/142592/9287-2900714-TSO-SexualHealthPolicyNW_ACCESSIBLE.pdf
Evidence base, cost effectiveness, costing data and	PHE. Contraceptive services: estimating the return on investment. Aug 2018. https://www.gov.uk/government/publications/contraceptive-services-estimating-the-return-on-investment

any case studies if available	Community Pharmacy West Yorkshire. Emergency Hormonal Contraception & Sexual Health. [online] accessed Sep 2019. http://www.cpwy.org/pharmacy-contracts-services/local-services/sexual-health-inc-ehc-.shtml University Hospitals Birmingham NHS Foundation Trust. Collaborating with community pharmacists to deliver sexual health services. Jan 2019. https://www.nice.org.uk/sharedlearning/collaborating-with-community-pharmacists-to-deliver-sexual-health-services Ipsos MORI's Social Research Institute. Public Health England HIV Prevention Innovation Fund: Cohort 2 Evaluation Report. Ipsos MORI's Social Research Institute; 2018. www.ipsos.com/ipsos-mori/en-uk/public-health-england-hiv-prevention-innovation-fund-cohort-2-evaluation-report

Substance misuse

Needle and Syringe Programme (NSP)

People who misuse substances (including image and performance enhancing drugs) may prefer to use a community pharmacy NSP as well as or instead of a specialist NSP and are sometimes more likely to use a community pharmacy, because of the informal setting and easy access to a trusted professional. They can then also be engaged in other relevant public health interventions, including stop smoking, contraception, blood borned virus (BBV) screening and/or vaccination services, where commissioned.

Aim of this service	Reducing the spread of blood-borne viruses by providing sterile injecting equipment to people who inject drugs and accepting returned used equipment for safe disposal
Core components	• Providing advice and a range of free equipment (and information), usually pre-packed, for people who inject or otherwise use drugs, including image and performance enhancing drugs, and accepting for disposal returned, used equipment in sharps containers. • Pharmacy staff should be appropriately trained and competent • Appropriate locally agreed monitoring should be in place to assure quality of interventions provided. • Referral to specialist treatment
KPIs and targets	• Locally determined KPIs and targets • Number of people accessing the service • Number of NSP packs provided • Number of sharps containers returned
Training	CPPE training: Substance use and misuse https://www.cppe.ac.uk/programmes/l/substance-w-05/ Declaration of Competence for needle and syringe programme. (For pharmacists and pharmacy technicians only) https://www.cppe.ac.uk/services/commissioners Locally determined training as identified by the commissioner

Relevant guidance	NICE PH52. Needle and syringe programme: https://www.nice.org.uk/guidance/ph52 Drug misuse and dependence: UK guidelines on clinical management (2017). Department of Health https://www.gov.uk/government/publications/drug-misuse-and-dependence-uk-guidelines-on-clinical-management NICE QS23. Drug use disorders in adults: https://www.nice.org.uk/guidance/qs23
Evidence base, cost effectiveness, costing data and any case studies if available	Opioid substitution treatment (see framework for supervised consumption) and NSP together have the greatest impact on reducing BBV (and especially HCV) transmission Examples of published evidence: Sweeny S Et al. Evaluating the cost-effectiveness of existing needle and syringe programmes in preventing hepatitis C transmission in people who inject drugs. Addiction 2019 Ward Z Et al. Impact of current and scaled-up levels of hepatitis C prevention and treatment interventions for people who inject drugs in three UK settings - what is required to achieve the WHO's HCV elimination targets? Addiction 2018 Platt L Et al. Needle and syringe programmes and opioid substitution therapy for preventing HCV transmission among people who inject drugs: findings from a Cochrane Review and meta-analysis. Addiction 2018

Blood-borne virus (BBV) screening and referral

People who use drugs (including users of image and performance enhancing drugs) may prefer to use a community pharmacy as well as or instead of attending a specialist substance misuse service. This provides an opportunity for them to be engaged into relevant public health interventions, including drug treatment, stop smoking, contraception, BBV screening and needle and syringe programmes.

Aim of this service	Improved awareness of blood-borne virus (BBV) infection and access to treatment by testing people who inject drugs, for hepatitis B & C and HIV, and referring on for treatment anyone testing positive
Core components	As part of a commissioned service pharmacies can screen for BBVs. This involves: • Testing people who use drugs, for hepatitis B & C and HIV • Referring for treatment for those who test positive • Consultation room required with appropriate facilities and infection prevention and control measures Agreed funding for: • Screening tests, storage and clinical waste disposal Appropriate locally-agreed monitoring should be in place to assure quality of interventions are provided in line with service specifications.
KPIs and targets	• Locally determined KPIs and targets: • Number of tests • Number of positive people referred • Number of reported BBV infections • Number of referrals to specialist BBV treatment
Training	Pharmacy professionals should be appropriately trained and competent Declaration of Competence for Blood Borne Virus Testing. (For pharmacists and pharmacy technicians only) https://www.cppe.ac.uk/services/commissioners RCGP Hepatitis B&C https://elearning.rcgp.org.uk/course/info.php?id=279

	RCGP Hepatitis C, enhancing prevention, testing and care https://elearning.rcgp.org.uk/course/info.php?id=175
Relevant guidance	NICE PH43 - Hepatitis B and C testing: people at risk of infection https://www.nice.org.uk/guidance/ph43 NG60 - HIV testing: increasing uptake among people who may have undiagnosed HIV https://www.nice.org.uk/guidance/ng60 CG165 - Hepatitis B (chronic): diagnosis and management https://www.nice.org.uk/guidance/cg165 NICE QS23 - Drug use disorders in adults https://www.nice.org.uk/guidance/qs23 NICE QS65 - Hepatitis B https://www.nice.org.uk/guidance/qs65 Department of Health. Drug misuse and dependence: UK guidelines on clinical management. 2017. https://www.gov.uk/government/publications/drug-misuse-and-dependence-uk-guidelines-on-clinical-management
Evidence base, cost effectiveness, costing data and any case studies if available	Ward Z Et al. Impact of current and scaled-up levels of hepatitis C prevention and treatment interventions for people who inject drugs in three UK settings - what is required to achieve the WHO's HCV elimination targets? Addiction 2018

Blood-borne Virus (BBV) vaccination

People who use drugs (including users of image and performance enhancing drugs) are more likely to use a community pharmacy as well as or instead of attending a specialist substance misuse service. Using a community pharmacy, provides an opportunity for them to be engaged in other relevant public health interventions, including drug treatment, stop smoking, contraception, BBV screening and needle and syringe programmes.

Aim of this service	Reducing the spread and impact of blood-borne viruses by vaccinating people who use drugs against hepatitis B (and A)
Core components	As part of a commissioned service pharmacy can provide a BBV vaccination service. This involves: • Identifying people who use drugs and who do not have a current vaccination against hepatitis B (and perhaps A, depending on circumstances, local protocols and commissioned service) • Vaccinating people so identified • Agreed funding • Vaccinations, storage and clinical waste disposal • Consultation room required Appropriate locally agreed monitoring should be in place to assure quality of interventions provided in line with service specification.
KPIs and targets	Locally agreed KPIs and targets: • Number of vaccines administered • Number of BBV infections reported • Number of vaccines administered
Training	Pharmacy professionals should be appropriately trained and competent. (For pharmacists and pharmacy technicians only) RCGP Hepatitis B&C https://elearning.rcgp.org.uk/course/info.php?id=279 RCGP Hepatitis C, enhancing prevention, testing and care https://elearning.rcgp.org.uk/course/info.php?id=175 NICE QS23 - Drug use disorders in adults https://www.nice.org.uk/guidance/qs23

	NICE QS65 - Hepatitis B https://www.nice.org.uk/guidance/qs65
Relevant guidance	PHE. Immunisation against infectious disease: the green book, chapter 18: Hepatitis B 2013 [updated online 2017] https://www.gov.uk/government/publications/hepatitis-b-the-green-book-chapter-18 NICE CG165 - Hepatitis B (chronic): diagnosis and management https://www.nice.org.uk/guidance/cg165 NICE QS23 - Drug use disorders in adults https://www.nice.org.uk/guidance/qs23 NICE QS65 - Hepatitis B https://www.nice.org.uk/guidance/qs65 Department of Health. Drug misuse and dependence: UK guidelines on clinical management 2017 https://www.gov.uk/government/publications/drug-misuse-and-dependence-uk-guidelines-on-clinical-management

Supervised consumption

Pharmacy teams have regular (often daily) contact with people who are dependent on illicit drugs and on substitution treatment, providing opportunities to deliver substance misuse interventions, monitor health and well-being, and alert specialist services to a person's deterioration. Their specialist medicines knowledge allows identification of possible interactions of prescribed medicines with over-the-counter medicines or illicit drugs.

Aim of this service	Improved treatment adherence, and reduced diversion of medicines, in people dependent on illicit drugs who are on a treatment programme.
Core components	As part of a commissioned substance misuse service pharmacy teams can supervise the consumption of certain controlled drugs including methadone, buprenorphine, buprenorphine/naloxone and diazepam, prescribed for treatment using form FP10MDA for installment dispensing. They could also supervise the consumption of other medicines, such as for the treatment of tuberculosis and hepatitis C. • Pharmacy professionals should be appropriately trained and competent • Appropriate locally-agreed monitoring should be in place to assure quality of interventions provided.
KPIs and targets	• Number of people accessing the service • Number of referrals to other healthcare professionals
Training	Pharmacy professionals should be appropriately trained and competent: Declaration of Competence for supervised consumption of prescribed medicines. (For pharmacists and pharmacy technicians only) https://www.cppe.ac.uk/services/commissioners CPPE training: Substance use and misuse https://www.cppe.ac.uk/programmes/l/substance-w-05/ Locally determined training as identified by the commissioner

Relevant guidance	NICE CG52. Drug misuse in over 16s: opioid detoxification. Jul 2007. https://www.nice.org.uk/guidance/cg52 Department of Health. Drug misuse and dependence: UK guidelines on clinical management. 2017. https://www.gov.uk/government/publications/drug-misuse-and-dependence-uk-guidelines-on-clinical-management NICE TA114. Methadone and buprenorphine for the management of opioid dependence. Jan 2007. https://www.nice.org.uk/guidance/ta114 NICE QS23. Drug use disorders in adults. Nov 2012. https://www.nice.org.uk/guidance/qs23
Evidence base, cost effectiveness, costing data and any case studies if available	OST and NSP (see framework for NSP) together have the greatest impact on reducing BBV (and especially HCV) transmission Examples of published evidence: Sweeny S Et al. Evaluating the cost-effectiveness of existing needle and syringe programmes in preventing hepatitis C transmission in people who inject drugs. Addiction 2019 Ward Z Et al. Impact of current and scaled-up levels of hepatitis C prevention and treatment interventions for people who inject drugs in three UK settings - what is required to achieve the WHO's HCV elimination targets? Addiction 2018 Platt L Et al. Needle and syringe programmes and opioid substitution therapy for preventing HCV transmission among people who inject drugs: findings from a Cochrane Review and meta-analysis. Addiction 2018

Cardiovascular disease prevention

NHS Health Checks

There should be an integrated approach with general practice to support the follow up.

Aim of this service	To improve the uptake and quality of the NHS Health Checks Programme
Core components	• Health Champions and staff carrying out Checks should attend NHS Health Check training • For all pharmacy staff to understand and promote the NHS Health Check service and refer eligible people to primary medical care facilities that deliver NHS Health Checks (if the pharmacy does not provide the service) • Appropriate monitoring should be in place to assure quality of interventions provided, in line with the NHS Health Check competency framework
KPIs and targets	Uptake KPIs: • Number of NHS Health Checks completed • Number of referrals of eligible individuals to other NHS Health Check providers Quality KPI: • Number of staff trained to perform NHS Health Checks • Proportion of eligible people from high risk and deprived communities completing a NHS Health Check.
Training	Pharmacy staff should be appropriately trained and competent: Note: To avoid a fragmented approach, training for the NHS Health Check could be combined with training on the detection and management of Cardio Vascular Disease risk factors more broadly.

	NHS Health Check Training: https://www.healthcheck.nhs.uk/commissioners_and_providers/training/ Declaration of Competence for NHS Health Check. (For pharmacists and pharmacy technicians only) https://www.cppe.ac.uk/services/commissioners NHS Health Check Competence Framework and supporting workbooks https://www.healthcheck.nhs.uk/commissioners_and_providers/training/competence_framework_supporting_workbooks
Relevant guidance	NHS. The NHS Long Term Plan. 2019 https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/ focuses on community-based health care (including pharmacies) and cardiovascular disease ambitions. PHE Guidance: Using the world leading NHS Health Check programme to prevent CVD. 2018 https://www.gov.uk/government/publications/using-the-nhs-health-check-programme-to-prevent-cvd/using-the-world-leading-nhs-health-check-programme-to-prevent-cvd highlights the diagnosis and treatment gap in CVD prevention and the need to optimise use of pharmacy in CVD prevention. NICE Atrial fibrillation: management. Clinical guideline [CG180]. June 2014 https://www.nice.org.uk/guidance/cg180 NICE. Hypertension in adults: diagnosis and management [136] 28 August 2019 https://www.nice.org.uk/guidance/ng136/resources/hypertension-in-adults-diagnosis-and-management-pdf-66141722710213 NHS Health Check Programme Standards: A framework for quality improvement https://www.healthcheck.nhs.uk/commissioners_and_providers/delivery/quality_assurance1/

Evidence base, cost effectiveness, costing data and any case studies if available	A rapid review of evidence published on the NHS Health Check programme (2020) https://www.healthcheck.nhs.uk/commissioners-and-providers/evidence Key Points: • Uptake did not differ dependent on whether the invite was to a general practice or community pharmacy, however, when NHS Health Checks were completed opportunistically there was higher uptake at community outreach services • A greater number of those at high risk of CVD and from hard-to-reach groups were more likely to take-up an NHS Health Check if it was opportunistic, in both community and general practice settings. NHS Health Check review: https://www.gov.uk/government/publications/nhs-health-check-programme-review Key Points: • 'Mixed Model' approach using different services for uptake/delivery is most successful. • Identifies practical, data, and funding issues
	Note: The economic model below is not pharmacy-specific, and doesn't include the costs of any pharmacy-based interventions An economic model on which DHSC based its policy for the implementation of the programme estimates that the NHS Health Check programme could, on average, prevent 1,600 heart attacks and strokes and save at least 650 lives a year. It also has the potential to prevent over 4,000 people a year from developing diabetes and detect at least 20,000 cases of diabetes or kidney disease earlier. This modelling also established that the check was cost effective as its estimated cost benefit is considerably lower than the £3000 threshold set by the National Institute for Health and Care Excellence.

	The first NHS Health Check national data extraction gathered over 9 million patient clinical records between 2012 and 2017. The data showed that for every: • 4 NHS Health Checks a person is found to have high blood pressure • 5 NHS Health Checks a person is found to have a 10 year CVD risk score of ≥10% • 3 NHS Health Checks a person is found to have high cholesterol ratio • 61 NHS Health Checks a person is found to have high blood sugar. Dashboard available to view here: https://digital.nhs.uk/data-and-information/publications/statistical/nhs-health-check-programme/2012-13-to-2017-18 Reference BMJ paper: Patel R, Barnard S, Thompson K, et al. Evaluation of the uptake and delivery of the NHS Health Check programme in England, using primary care data from 9.5 million people: a cross-sectional study. BMJ Open 2020;0:e042963. doi:10.1136/ bmjopen-2020-042963. Available at https://bmjopen.bmj.com/content/10/11/e042963

Public mental health

Better mental health and brief advice

Pharmacies are good settings for improving population mental health and for addressing local priorities in public mental health. Public mental health includes three strands of promoting good mental health across the population, preventing mental illness and suicide and improving the lives of people with mental illness.

Pharmacy staff becoming Dementia Friends and the pharmacy environment being dementia friendly, are also included in the NHS England and NHS Improvement Pharmacy Quality Scheme.

Aim of this service	To equip all pharmacy frontline staff with the skills and confidence to discuss mental health and wellbeing problems with patients and support them to look after their mental health
Core components	• Using Making Every Contact Count (MECC) principles, pharmacy staff should raise the issue of mental wellbeing and social isolation, including antenatal/postnatal mental wellbeing if appropriate and considering other factors that may be affecting the person's mental wellbeing such as pain or stress. • Pharmacy staff should offer a self-assessment of mental wellbeing to interested individuals and use the findings to guide further discussions • Pharmacy staff are encouraged to provide information on, signposting to, or even a venue for, community psycho-social or psycho-educational interventions. Public health teams and GP practices may be able provide guidance on where to find this information locally. These might be part of a local community referral or social prescribing scheme whereby people with low levels of mental wellbeing/ sub-clinical threshold for common mental health disorders/ or recovering from mental illness, drug or alcohol issues can access psycho-social support eg mindfulness, anger management, arts, exercise, debt advice, housing advice, domestic violence

	support, social activities. These also help to address a common factor of social isolation. • All patient facing staff should be Dementia Friends. • Pharmacy teams should have assessed their pharmacy environment to ensure that reasonable steps have been taken to help support the needs of people affected by dementia
KPIs and targets	Of those who score low on the self-assessment of mental wellbeing, provide mental wellbeing brief advice, signpost to further support or refer for assessment by a GP or mental health specialist. To measure impact within pharmacy consider collecting: • numbers given brief advice • outcomes of the self-assessment recorded and report on numbers who scored high, medium or low • the number of individuals signposted to opportunities that improve their mental wellbeing • number referred for specialist assessment though a mental health specialist
Training	Pharmacy staff should be appropriately trained and competent: Mental health core knowledge and skills framework: https://www.skillsforhealth.org.uk/services/item/146-core-skills-training-framework Psychological First Aid: PFA is a globally recommended training for supporting people during crisis and emergency situations. These two courses equip staff, volunteers and community members to provide practical and emotional support, as well as recognising people at risk of distress. PFA for those supporting children and young people. Accessed at: https://www.futurelearn.com/courses/psychological-first-aid-for-children-and-young-people

	COVID-19: Psychological First Aid Accessed at: https://www.futurelearn.com/courses/psychological-first-aid-covid-19/1 Zero Suicide Awareness Training is a short online course which aims to give you the skills and confidence to help someone who may be considering suicide. It also works toward breaking the stigma around suicide, encouraging people to have open conversations about their mental health. ZSA Suicide Awareness. 2021. Accessed at: https://www.zerosuicidealliance.com/ZSA-Resources/resources/training/zsa-advanced-training Dementia Friends training: https://www.dementiafriends.org.uk/WEBArticle?page=become-dementia-friend All our Health Mental health training module
Relevant guidance	Royal Pharmaceutical Society. No health without mental health: How can pharmacy support people with mental health problems? https://www.rpharms.com/Portals/0/Documents/RPS%20mental%20health%20roundtable%20report%20June%202018_FINAL.pdf?ver=2018-06-04-100634-577 Key competencies for public mental health leadership and workforce: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/736583/Public_Mental_Health_Leadership_and_Workforce_Development_Framework.pdf Guidance on measuring impact when delivering brief advice on mental wellbeing: https://www.rsph.org.uk/our-work/policy/wider-public-health-workforce/measuring-public-health-impact.html Guidance on content for introductory courses and professional development in improving mental health and

	wellbeing: https://www.hee.nhs.uk/sites/default/files/documents/Public%20Mental%20Health%20Content%20Guide%20-%20For%20introductory%20courses%20or%20professional%20development%20in%20mental.pdf Five Ways to Wellbeing is a solution-focused framework for working with individuals to take steps to improve their mental wellbeing: https://neweconomics.org/2008/10/five-ways-to-wellbeing-the-evidence/ NHS England and NHS Improvement. Pharmacy Quality Scheme. Guidance 2019/20. Sep 2019: https://www.england.nhs.uk/wp-content/uploads/2019/11/pharmacy-quality-scheme-guidance-1920.pdf
Evidence base, cost effectiveness, costing data and any case studies if available	Making Every Contact Count' (MECC) for mental health. The national consensus statement for MECC includes mental health and wellbeing within the MECC framework. This involves conducting health conversations and brief interventions in a way that doesn't cause stress, anxiety or discontent but helps raise motivation, self-efficacy and sense of control; and including conversations about steps to take that can improve personal mental wellbeing, such as the Five Ways to Wellbeing Framework. A logic model for measuring the impact that pharmacy can have on mental wellbeing. What Good Public Mental Health Looks Like 1. NHS and Health Education England. Making Every Contact Count (MECC) brief intervention training: https://www.makingeverycontactcount.co.uk/training/ 2. PHE and NHS. Making Every Contact Count consensus Statement: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/769486/Making_Every_Contact_Count_Consensus_Statement.pdf

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About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, research, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

Public Health England
Wellington House
133-155 Waterloo Road
London SE1 8UG
Tel: 020 7654 8000

www.gov.uk/phe
Twitter: @PHE_uk
www.facebook.com/PublicHealthEngland

Version 1.0

Published September 2021

PHE supports the UN Sustainable Development Goals