**Service Specification for Community Pharmacy Provision of**

**Smoking Cessation Services**

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| Service Specification No. 1.2 |  |
| Service | Smoking Cessation Services in Sefton Community Pharmacies |
| Commissioning Lead | ABL Health Ltd |
| Provider Lead | Lead Pharmacist |
| Period | 31st March 2024 – 31st March 2025 |
| Date of Review | 12.03.2024 |

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| 1.Population Needs |
| Sefton has a population of 279,231 and is ranked as the 89th out of 317 most deprived Local Authority in England (IMD 2019). In Sefton, there are over 22,000 adult smokers, with prevalence estimated to be 7.9% of the adult population (10.1% of males, 5.9% of females, Annual Population Survey, 2022). Over the past decade smoking prevalence in adults in Sefton has more than halved, appearing to level off at around the current level from 2020, with the onset of the Covid-19 pandemic. This decline has taken place at a faster rate than the England average (prevalence 12.7% in 2022) and Sefton has the lowest adult smoking rate in the Northwest. This is likely also in part at least, a reflection of the larger than average portion of older people in Sefton’s population. (Sefton LA Joint Strategic Needs Assessment)  However, this success masks higher prevalence in more socio-economically disadvantaged parts of Sefton’s population and in other population sub-groups. Sefton-level and national data shows that the following are priority groups for more intensive support and additional care in delivering a stop smoking service that best meets needs in these groups and seeks to overcomes barriers to achieving successful outcomes.  Over 1.6 million people access pharmacies each week, opportunities to raise the issue of nicotine and tobacco use should be used to increase the footfall into the service. |
| 2. Applicable Service Standards |
| It is essential the service follows national guidance and evidence based best practice, and ensures new guidance is implemented quickly and seamlessly.  Current guidance includes:  The NHS Long Term Plan (2019)  Towards a Smokefree Generation: A Tobacco Control Plan for England (DoH 2017)  NICE guidance PH 209. (2022) Updated.  NCSCT Standard Treatment Programme |
| 3.Scope |
| **Aims**   1. To improve access to Smoking Cessation Services by maintaining a one-to-one service within community pharmacies. This will ensure easy, seamless, and swift access to an advisor. 2. For clients to have access to Nicotine Replacement Therapy via a voucher scheme 3. To contribute to Sefton`s locally set Smoking Cessation targets. 4. To reduce health and social inequalities. 5. To develop and sustain a high - quality Smoking Cessation Service in accordance with national standards and guidance.   Pharmacies have a choice in the provision of service they want to provide in accordance with this SLA. This can be one option or a combination.  **Option 1- Dispensing of NRT via a time-limited voucher**  **Option 2- The delivery of Level 2 Smoking Cessation intervention**  **All community pharmacies will be enrolled in option 1 but must express an interest to provide either or both options 2.** |
| 4. Option 1: The Supply of Nicotine Replacement Therapy (NRT) |
| During their consultation with a member of staff from Smokefree Sefton, the client will be issued with a time-limited printed voucher for NRT products which can be taken to any pharmacy to be dispensed. Vouchers must be presented to a pharmacy within 2 weeks from the date of issue. A maximum of 2 different types of products may be issued to individual clients and issued on a weekly basis. In most instances this should include 1 long acting NRT product (patches) and 1 shorter acting NRT product (nasal spray, oral spray, lozenge, gum or inhalator). In circumstances where a client is unable to access the service weekly, for example holidays, they can be issued with a 2 - weekly supply. This must be recorded by the pharmacist on PharmOutcomes and will be reimbursed based on the current NHS Drug Tariff price of pharmacotherapies along with the NRT supply tariff as stated in **section 13**.  In circumstances where, of necessity, clients are supported remotely, vouchers may be sent securely electronically to the pharmacy. |
| 5. Option 2: Tier 2 Delivery of Smoking Cessation Services. – Service description |
| The Stop Smoking Service should be seen in the same way as any other clinical service and offered to anyone who expresses an interest in stopping smoking and who are registered with a Sefton GP.  If the pharmacy advisor provides behavioural support, they must adhere to the following guidance:   1. All weekly treatment sessions must adhere to the guidance set by the National Centre for Smoking Cessation and Training (NCSCT) Standard Treatment Programme.   [www.ncsct.co.uk/usr/pdf/Standard%20Treatment%20Programmepdf](http://www.ncsct.co.uk/usr/pdf/Standard%20Treatment%20Programmepdf)  This document outlines the length and content of each session. A payment will be paid for each  motivated client setting a quit date. (See section 13)  The pharmacy must provide a private consultation area in line with the Pharmacy National contract.   1. Each consultation should be able to be conducted without being interrupted. The service will consist of up to a **minimum** of **8** consultations with the practitioner to a **maximum** of **12** weeks. If a client requires support beyond 12- weeks, they should be referred to Smokefree Sefton. 2. This must include the recording of accurate CO validation of smoking status at every visit and a comprehensive account of the consultation content documented on PharmOutcomes. Only in exceptional circumstances, and in line with national guidance should this be delivered remotely in circumstances, for example a pandemic. 3. Any client who fails to attend a session must be followed up and encouraged to continue the programme. Three attempts should be made at different times/ days to contact the client. If the client does not want to continue the reason should be recorded, and the client’s smoking status confirmed. 4. The service should be advertised in the pharmacy by prominently displaying posters and leaflets supplied by Smokefree Sefton. 5. Where a client cannot be supported by the pharmacy, the client must be referred directly to Smokefree Sefton. 6. Pregnant women should be referred to Smokefree Sefton for intensive support throughout their pregnancy and up to 3 months` post-partum, in accordance with NICE guidance PH 209, updated PH 207 7. Any client who has not stopped smoking at their **2nd** weekly follow up must be reassessed for their motivation to quit and a realistic quit date set. The `not one puff` rule must be emphasised. (NCSCT guidance) 8. Pharmacies may provide behavioural support to clients who are using vapes to support their quit. High dose NRT patch can be issued for 4 weeks for clients who are heavily addicted along with the vape. Vape use for clients quit attempts must be documented on PharmOutcomes. 9. To ensure robust service validity and infection control Smokefree Sefton CO monitor protocol must be adhered to. **(See appendix 3)** 10. An advisor who is planning a period of leave must not start a new client on a Stop Smoking programme unless there is another qualified advisor in the pharmacy to support the client in their absence. If the client chooses to be supported in a pharmacy the client may be referred to an alternative pharmacy. In circumstances such as staff unplanned absence, the client should be referred to Smokefree Sefton for follow up support. A quit attempt should also not be started with a client immediately prior to planned events such as holidays where they will not be able to engage with the service during the most important time of the quit attempt. 11. When a client has completed an episode of care (a quit attempt) the advisor must **immediately** update the client records on PharmOutcomes.   Payment for this service is indicated in **section 13.**  Stop Smoking Service should be seen in the same way as any other clinical service and offered to anyone who expresses an interest in stopping smoking. |
| 6.1 Client follow up (Option 2) |
| Clients are required to be followed up at 12- week after their quit date by the pharmacy advisor. (Option 2 only). Clients should be encouraged to complete a course of NRT or continue support when using their own vape (NCP)and therefore should see the advisor at their 4 and 12-week quit status. Where this is not possible to be carried out, quit status at the 4 and 12 weeks could be verified via a telephone call to the client. There should be a minimum of 3 attempts to do this. Where status at 12 weeks is not established, payment for 12 week quit status cannot be made as the client will be deemed as lost to follow.  Clients will also be required to be followed up at 25 weeks and 52 weeks respectively by Smokefree Sefton. Clients should be made aware they will be contacted by the Smokefree Sefton.  When supporting clients using their own vapes, they must be advised that the vapes should comply to national regulations and that pre-filled vapes should contain no more than 600 puffs. |
| 6.2 Key Performance indicators Option 2 |
| In line with national guidance to ensure confidence and competencies are  maintained, **all individual** staff will assist no less than 20 clients to stop smoking  annually. These clients may not reach quit status. (NCSCT)  l guidance to ensure confidence and competencies **ll individual** staff will assist no less than 20 clients to These clients may not r   |  |  |  | | --- | --- | --- | | **Performance indicator** | **Indicator** | **Threshold** | | CO validation | The percentage of clients whose smoking status was self- reported. | No more than 15% | | CO validation by CO monitoring | The percentage of clients whose smoking status is quality assured by CO validation | Target aim 85% | | 4 week quit rates | Number of clients successfully quit at 4 weeks as a percentage of those eligible for 4-week follow up. | Target aim 45% | | The number of clients LTF | The number of clients deemed as lost to follow, after 3 contact attempts have been made at different times / days. | Target no more than 15% | | Client feedback | The service will seek client feedback. | Feedback from 95% of clients  (This will be sourced by Smokefree Sefton) |   ***The definition of a quitter is a client who meets the requirements identified in line with the Russell Standards (NCSCT)***  ***client who meets the requirements identified in line with the Russell St*** |
| 6.3 Access to the service (Option 2) |
| **Inclusion of clients using Nicotine Replacement Therapy (NRT)**  There should no barriers to the service   1. Clients may be referred by any health professional. 2. Clients may self- refer. 3. Clients who are already attempting to quit by using NRT or other nicotine containing products and need extra support and guidance. 4. Clients who live, work or are registered with a GP in Sefton 5. Clients who, because of medical treatment programmes, need to speedy access the service.   **Exclusion clients using NRT.**   1. Children under the age of 16 years must be referred Smokefree Sefton to ensure compliance with Gillick competencies. 2. People who do not live or work in Sefton can be referred to their local Stop Smoking Service. 3. Smokers with complex issues where the pharmacy advisor feels the client needs the intensive support provided by the specialist service. 4. Clients who have had more than 2 quit attempts in one year should be referred to Smokefree Sefton.   **Tel. 0300 100 1000**   1. Clients who have medical conditions where the use of NRT is not appropriate. 2. Pregnant and breastfeeding women.     **Response time:**  It is essential that the service is reactive to need and therefore clients must be contacted within 2 working days on receipt of the referral and seen within 5 working days. When this timeframe cannot be met the client must be referred to Smokefree Sefton. **Tel. 0300 100 1000**  To allow ease of access to service provision, it is anticipated that pharmacies offer a range of appointment times throughout the day, where possible evening appointments could be facilitated. |
| **Training and accreditation is only applicable for Options 2.** |
| Pharmacy staff providing Smoking Cessation Services must be trained to National Centre for Smoking Centre Training (NCSCT) standards and be assessed as competent to deliver a quality assured service. [www.ncsct.co.uk](http://www.ncsct.co.uk)  Accreditation is gained by completing **all** NCSCT online assessment training and attending a minimum 1-day face to face training course provided by Smokefree Sefton, which will be followed by assessment and supervision. All staff delivering smoking cessation must attend at least one update training session annually.  Training for new advisors will be offered when there is a need. Please contact Smokefree Sefton.  **Tel. 0300 100 1000**  There will not be a charge for any training.  To ensure competence and confidence in practice, all individual staff should assist no less than 20 clients to try to be smoke free annually. (NCSCT guidance) The number of training sessions delivered by Smokefree Sefton will consider this compliance and the necessary geographical spread across Sefton.  If an advisor has not delivered the service in compliance with the NCSCT guidance and has not attended update training their name will be removed from the Smokefree Sefton register of Pharmacy advisors.  Smokefree Sefton will provide update training / peer supervision annually for this will cover: -   * New research * Medication * Communication systems * Feedback on performance for each pharmacy * Provide the opportunity to discuss any challenges and share good practice.   Staff delivering smoking cessation must attend the update training annually.  Calibration of CO monitors, where necessary will take place at the update session.  In addition to update training, opportunities will arise for staff to attend specific topical training to enhance their practice.  After specific vape training, staff are able to support clients who want to provide their own vapes to support their quit. However, it is important to ensure staff are up to date with national guidance. Documentation will be shared to ensure this is available: <https://www.ncsct.co.uk/publications/Vaping_briefing>  Training will be delivered in a format most appropriate to what content is being delivered and which complies to national standards. When appropriate online training will be utilised will be delivered at times most convenient to the pharmacy staff, including evenings.  Support will be readily available from Smokefree Sefton Specialist Stop Smoking Service. **Tel. 0300 100 1000** |
| 7.Performance monitoring (Option 2) |
| The Pharmacy staff must adhere to service delivery protocols.  ABL Health Ltd reserves the right to monitor all parts of the service delivered by the pharmacy to ensure the quality of the service continues.  Ongoing support will be given by Smokefree Sefton. |
| 8.Pharmacotherapy (Option 1 and 2) |
| 8.1 Practitioners can supply all forms of NRT cited on the voucher following appropriate assessment.  8.2 The practitioner is responsible to ensure the client meets the inclusion criteria for the supply of NRT.  8.3 Clients who are eligible to pay prescription charges will pay a fee for each item. These payments will be  deducted from the pharmacy reimbursement.   * 1. Clients who are exempt from paying a prescription charge will not pay for NRT. Proof must be seen by the practitioner.   2. All selected NRT, and voucher numbers must be recorded in the clients` records on PharmOutcomes.   **NRT products dispensed through the voucher scheme must be in accordance with those documented on the vouchers.** |
| 9.Record keeping (Option 2) |
| 9.1 Consent to treatment in line with GDPR (2018) must be agreed and documented in the clients records  on Pharmoutcomes at the start of the quit attempt. This may be verbal consent. Consent needs to  agreed to share appropriate information with the clients GP and Smokefree Sefton.  9.2 Records must adhere to the National Minimum Standard of Clinical Note Keeping. A record of  everything discussed in reference to the quit attempt must be documented. Each session must contain  the elements from the NCSCT Standard Treatment Programme document. A copy of this will be  provided to each advisor during their training or can be accessed,  [www.ncsct.co.uk/usr/pdf/Standard%20Treatment%Programmepdf](http://www.ncsct.co.uk/usr/pdf/Standard%20Treatment%25Programmepdf)  9.3 The pharmacy must not use any form of documentation or patient letter which has not been  approved by Smokefree Sefton.  9.4 Data collection  All documentation must be entered onto PharmOutcomes which contains data collection mandatory fields  which meet the HSCIC and Russell Standard monitoring requirements. It is essential that all fields are  completed to ensure that quality assurance is reflected for Smokefree Sefton as a whole.  It is essential, data and thorough, comprehensive documentation of client`s episodes are completed immediately after or during a consultation and are therefore, up to date. |
| 10.Carbon Monoxide (CO) Monitors (Option 2) |
| CO monitors will be available for each pharmacy as their staff are trained and accredited as practitioners. Smokefree Sefton will be responsible for D pieces and mouthpieces, and other consumables. Replacement batteries must be supplied by the pharmacy.  **Pharmacy staff should contact Smokefree Sefton for replacement monitors. Tel. 0300 100 1000**  To ensure robust service validation and infection control, the Smokefree Sefton CO monitor protocol must be adhered to. **Appendix 3** |
| 11.Staffing (Option 2) |
| To ensure continuity of service provision, the pharmacy should have a minimum of 2 staff trained. This will allow to facilitate cover when periods of sickness and annual leave occur, it will also provide internal peer support.  It is accepted that independent pharmacies may have restricted staffing levels. In these instances, 1 staff member can be trained. In circumstances such as sickness or holidays, clients can be transferred to Smokefree Sefton for support during those times.  It is acknowledged that some pharmacies may have difficulty providing this level of trained staff, in the circumstances ABL Health may negotiate alternative cover. In addition, if a contracted pharmacy cannot provide a service for a period of more than 3 months, whatever the reason may be, the pharmacist must inform the Smokefree Sefton pharmacy lead: mmierzwa@ablhealth.co.uk |
| 12.Significant event recording |
| The pharmacy must have a significant event reporting system in place. This must contain a log of patient safety incidents.  Any incidents regarding Stop Smoking Service delivery must be reported immediately, in writing by secure email to the Smokefree Sefton service manager, [smokefree.sefton@nhs.net](mailto:smokefree.sefton@nhs.net) This will then be processed as per ABL Health governance procedures. |
| 13.Financial |
| ABL Health Ltd will pay the pharmacists in accordance to the payment schedule outlined below and in accordance to their specified agreement option. Pharmoutcomes should generate an invoice to ABL Health for their monthly activity. Activity must be kept up to date on PharmOutcomes to ensure prompt submission and payment. Data submitted late could result in late payments. Invoices submitted at the end of each month will be paid by BACS transfer, reimbursement will be within 30 days of receipt of invoices.  **Payments will be reviewed annually.**  Pharmacists are able to provide smoking cessation on payment by results for a 4-week quit. There will be an additional payment for achieving a 12- week quit status:  **Option 1**   |  |  | | --- | --- | | **Activity** | **Tariff** | | **NRT supply only, each dispense** | **£3.50p** |   **Pharmacotherapy products (NRT) will be reimbursed at the current NHS Drug tariff plus 5% vat.**  **Clients who choose to use their own self-purchased vape (NCP) and have completely stopped smoking with support from the pharmacist can be included in the payment schedule:**  **Option 2 – Level 2 Smoking Cessation Service**   |  |  | | --- | --- | | **Activity** | **Tariff** | | **Clients Setting a Quit date** | **£25.00** | | **4-week CO validated Quit** | **£45.00** | | **4-week self-reported Quit** | **£35.00** | | **An additional payment for a 12-week CO validated Quit** | **£30.00** | | **NRT Supply each dispense** | **£3.50p** |   **Pharmacotherapy products (NRT) will be reimbursed at the current NHS prices plus 5% VAT** |
| 14.Interlectual property |
| Assets and all resources provided by ABL Health Ltd remain the intellectual property of the company. Any changes must not be made without obtaining written permission. |
| 15.Termination and notice period |
| If a contractor does not meet the quality standard or volume to maintain their competencies, it is a requirement that ABL Health Ltd will serve 1 months` notice. To terminate their agreement, pharmacists must give 1 months` notice to ABL Health Ltd. In these circumstances all smoking cessation equipment and resources must be returned to Smokefree Sefton specialist service. |
| 16.Liability |
| Community pharmacists must have their own public liability insurance to cover any smoking cessation delivery in their premises. ABL Health Ltd will not have liability insurance to cover community pharmacists. |
| 17.Commerciality |
| Both parties must ensure the contents of this agreement are treated as ` Commercial in Confidence` |

**Appendix: 1**

**Agreement for undertaking the delivery of Smoking Cessation Interventions in Pharmacies**

I certify that:

* …………………………………………. has considered and accepts the detail in this agreement and would like to deliver, ***please tick as appropriate: both/either option 1&2***

,

Option 1 Option 2

Dispensing NRT voucher Level 2 Smoking Cessation

* I …………………………………………………… accept all the terms and conditions set out in this agreement.

Between:

ABL Health Ltd

71 Redgate Way

Farnworth

Bolton

BL4 0JL

AND

Pharmacy name: ……………………………………………………………………………………………

Pharmacy address: ……………………………………………………………………………………….

Print name: …………………………………………………………………………………………………….

Signature: ………………………………………………………… Date: ………………………………...

Contact tel. number: ……………………………………………………………………………………..

Email address: ………………………………………………………………………………………………

**Appendix: 2**

Form for completion for pharmacies to provide bank details to receive payment by BACS transfer for their related subcontracted services.

Please email the completed forms (Appendices 1 and 2) securely to [ewoodworth@nhs.net](mailto:ewoodworth@nhs.net) or mmierzwa@ablhealth.co.uk

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| Name of Payee: |  |
| Name of Pharmacy: |  |
| Address of Pharmacy including post code: |  |
| Payee Bank details | Account name:  Name of Bank:  Sort code:  Account number: |
| Signature: |  |
| Print name: |  |
| Date: |  |

Appendix 3

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| CO Protocol |
| Version updated: 12.03.2024 |
| Review date: 31.03.2025 |
| **Purpose**  To ensure robust service delivery and data quality.  To ensure correct use of CO monitors and comply with infection control. |
| Background |
| Carbon Monoxide (CO) is a toxic gas which is inhaled by smokers from cigarettes. It binds to carboxyhaemoglobin (COhb) leading to arterial walls becoming more permeable, increasing the formation of plaque. In pregnancy, CO inhibits the release of oxygen into foetal tissue. Due to its` short half-life the elimination of CO from the body becomes slower as smoking decreases and is usually undetectable after 24 hours after the last cigarette is smoked.  CO monitoring is an evidenced based, non-invasive, cost effective, highly motivating tool for smokers trying to quit. The test provides a digital result, parts per million, (ppm). It is also an alternative measure of success in a harm reduction approach where clients are cutting down the number cigarettes prior to quitting or temporary abstinence.  Heavy smoking or mode of smoking, for example, Shisha / Water pipes, or alternative products such as Cannabis, can result in higher levels of CO. Lactose intolerance can also result in raised expired CO levels. Abnormally high expired CO levels (70 + ppm) could also be due to the exposure of faulty gas appliances. In these circumstances the client should be given advice about CO poisoning, if necessary, advised to attend Accident and Emergency and encouraged to contact the Health and Safety Executive, tel. 0800 300 363.  The effects of chronic exposure to CO include headache, fatigue, and poor concentration.  CO verification rates are an essential marker of data quality as self-reporting can be unreliable, therefore CO verification rates are one of the most important markers of data quality. 85% of 4-week quitters must be CO validated. |
| CO testing |
| CO testing should be carried out on all smokers to provide a marker of smoking status at every consultation. CO testing should be carried out on all smokers to provide a marker of smoking status at every consultation.  Clients should be asked to hold their breath for 15 seconds (10 seconds minimum) before blowing into the monitor. Clients with physical inability to hold their breath for 15 seconds, for example those with COPD, may need to practice holding their breath, to enable them to complete the test. In certain circumstances this will not be possible. |
| Infection control |
| Hand gel containing alcohol must NOT be used.  Cardboard tubes or straws are single use only and must be changed for every client. The client should be asked to insert and remove the tube or straw from the monitor. They must be discarded into a waste bag and disposed of safely. In circumstances where there is a possibility of higher infection risk the waste should be double bagged and the bag disposed safely.  During exceptional circumstances, for example times of a pandemic, guidance must be adhered to from Public Health England. CO validation must not be done.  Where applicable, an adapter should be used which has a one- way valve that prevents inhalation from the monitor. Changing adapters must comply with the manufacture’s guidelines. Monitors must be cleaned after every session with non-alcohol Clinelle or an alternative anti-bacterial wipe.  The necessary frequency of changing T pieces are as follows: - Usage guidance.  Micro-medical – the adapter must be discarded and replaced every 6 months.  Bedfont – the T pieces must be replaced monthly.  BNC 2000 - the adapters must be replaced quarterly.  All monitors must be calibrated, where necessary, according to manufactures instructions and checked regularly, with normal usage 6 monthly. This must be dated and electronically logged by the core Nicotine and Smoking Cessation service. |