

SERVICE SPECIFICATION

Community Pharmacy Stop Smoking Service

Service	Community Pharmacy Stop Smoking Service
Authority Lead	Amit Goakar
Provider Lead	Priti Butler
Period	April 2022 to March 2023
Date of Review	Under Review: February 2022

1.0 Smoking and the Greater Manchester Context

1.1 Tobacco Control in Greater Manchester - A Tobacco Free Greater Manchester – Taking Charge

Greater Manchester as a whole and many of its localities has much higher smoking rates than the England average. There are 4,500 smoking attributable deaths a year in Greater Manchester amongst those aged over 35. That's almost 13 people dying early every day, around half in middle age. And while smoking uptake amongst the young has fallen markedly, it is estimated that every hour in Greater Manchester another child starts to smoke, equating to another classroom of smokers per day.

There is a downward trend in smoking prevalence across most of Greater Manchester. The difference of nearly 8% between the borough with the highest prevalence (Salford: 20.0%) and lowest smoking rate (Stockport: 13.3%) masks the fact that smoking related inequalities impact every borough. Smoking is the biggest single driver of health inequalities and disproportionately affects poorer communities.

Smoking is still by far the greatest cause of ill-health and early death in Greater Manchester. Despite good progress made in recent years there are still circa 423,000 adult smokers amongst the city region's 2.8m population. **This equates to circa 63,500 more smokers than if Greater Manchester prevalence was at England average.** Currently, 16.2% of the adult population in Greater Manchester smokes compared to 14.4% nationally.

Greater Manchester has set an unprecedented ambition to reduce smoking prevalence levels at a pace and scale greater than any other major global city. The vision is to reduce smoking by a third by the end of 2020, overall adult smoking prevalence will be 13%. This can be achieved by:

- Increasing the quit attempt rate from 30% to 40%
- Sustaining short-term quit success rates at 20%
- Reducing uptake of cigarette smoking from 0.4% to 0.3%

The Tobacco Free Greater Manchester Strategy sets out a vision that is grounded in an innovative international evidence-based framework, our GMPOWER Model. This is based on the World Health Organization (WHO) multi component MPOWER model introduced globally in 2008, endorsed by the World Bank and UK Government. This approach advocates a comprehensive, multi component approach to tackling tobacco. The principles of the GMPOWER Model are also supported by the National Institute for Clinical Excellence (NICE) developed public health guidance.

A core component of the GMPOWER Model is the “offer to quit tobacco”, supported by the commissioning of NHS harmonized smoking cessation services across Greater Manchester. Community Pharmacy is considered to be a key primary care provider in the delivery of such services.

2.0 Aims and objectives of the pharmacy service

2.1 To reduce smoking related illnesses and deaths by helping people to stop smoking

2.2 To improve access to and choice of smoking cessation support services closer to peoples' home, workplace and leisure.

2.3 To provide timely access to an early assessment of potential smoking related harm.

2.4 To provide a timely intervention to reduce the number of people who smoke.

2.5 To help people identify & access additional treatment by offering timely referral to specialist services where appropriate and available.

2.6 To minimise the impact on the wider community by reducing the levels of smoking and the associated second-hand smoke that may be inhaled by the people family and friends.

3.0 Key Service Outcomes

3.1 Locally agreed outcomes and quality requirements (which are NOT Quality Outcomes Indicators).

3.1.2 The pharmacy shall have appropriate material available for people accessing the service and promote its uptake. This includes provision of:

- Smoking cessation brief advice leaflets or the immediate ability to signpost to digital information, such as a website.
- Posters and other Stop Smoking materials.
- Smokerlyser and consumables: Smokerlysers will be provided by the Living Well Service and will remain their property. Other consumables such as sterile mouthpieces etc., will also be provided by them.

3.1.3 The Service Provider shall review their standard operating procedures and the referral pathways for the service every two years unless there is a significant change.

3.1.4 The Service Provider shall evidence that pharmacists and staff involved in the provision of the relevant sections of this specification have completed all relevant training and provide evidence to GMHSCP by way of an annual declaration.

3.1.5 The Service Provider shall participate in the assessment of service provision when requested by GMHSCP.

3.1.6 The Service Provider shall participate in stop smoking focussed promotions annually including National 'No Smoking Day' (March) and 'Stoptober' (October).

3.1.7 The Service Provider shall support people to access the best stop smoking route for their individual needs to achieve a successful quit.

3.1.8 The Service Provider shall provide accurate data and activity monitoring information recorded on a GMHSCP commissioned web-based reporting tool, ensuring all financial claims are submitted in a timely manner. Person consent shall be recorded, and the data stored in a confidential and safe manner for a period of 5 years.

3.1.9 Participating pharmacies should identify a 'Stop Smoking lead' to be the nominated contact for and provide a valid email to **CHL**.

3.1.10 The Pharmacy will ensure that staff are trained to and understand the delivery of the service during at least 80% of NHS commissioned hours.

3.2 Service description

Agreement

3.2.1 The service will deliver Pathway 1 (Tier 1, 2 and 3 Appendix 3) of the GM Stop Smoking Tiers and work closely with the Living Well Service currently provided by The Big Life Group who deliver other more targeted pathways. Pharmacies will be commissioned on the basis that they are situated in high prevalence areas of the borough and that they have experience of delivering smoking cessation and have demonstrable effectiveness of delivering other health related services in the borough. The service is expected to be provided in accordance with the Equalities Act 2010 enabling equity of access and services which meet the needs of the protected characteristics enshrined in the legislation.

Pathway 1: Tier 1 NRT Supply and Medicines Advice

The purpose of the NRT Supply and medicines advice tier is to enable easy and equitable access to NRT. Everyone accessing the GM Community Pharmacy Stop Smoking Service for whom NRT is chosen as pharmacotherapy, will be eligible to access the Pathway 1 service level.

Rochdale has 2 methods where NRT supply can be accessed:

1. A specialist commissioned stop smoking service who use paper vouchers, which can be issued to people to present at participating pharmacies.
2. The Rochdale-based midwife team will send electronic vouchers (through the commissioner's web-based tool) to the appropriate community pharmacy

The pharmacy will record supply through a web-based tool Pharm Outcomes managed by CHL. Pharmacies commissioned to deliver the Pathway 1 service will have an nhs.net pharmacy premises specific mailbox, which acts as a back up to receive electronic vouchers should the web-based platform go down.

Paper vouchers:

- a. The pharmacy will supply up to a maximum of 2 NRT products for up to a maximum of 2 weeks at a time, and for up to a total of 12 weeks.
- b. The pharmacy will also provide medicines advice regarding NRT use as per the essential service element of their core NHS terms of service.

- c. Any queries regarding the voucher validity or choice of products should be communicated as soon as practically possible with the specialist stop smoking advisor.
- d. Any discrepancies should be noted on PharmOutcomes whilst processing the voucher and if clinically appropriate following discussion with the stop smoking advisor, the pharmacist is able to amend to a more suitable product if clinically appropriate.

Electronic vouchers:

- a. Pharmacies should check regularly, and at least daily to identify if any electronic vouchers have been received
- b. Pharmacies should only 'accept' and 'complete' the NRT product supply when the client presents in the pharmacy
- c. The pharmacy will supply up to a maximum of 2 NRT products for up to a maximum of 2 weeks at a time, and for up to a total of 12 weeks and record on the web-based platform
- d. The pharmacy will also provide medicines advice regarding NRT use as per the essential service element of their core NHS terms of service
- e. Any queries regarding the voucher validity or choice of products should be communicated as soon as practically possible with the referrer. Any discrepancies should be noted on the web-based platform whilst processing the voucher and if clinically appropriate following discussion with the referrer, the pharmacist is able to amend to a more suitable product
- f. If a referral has been received by the pharmacy, and the client does not make contact with the pharmacy or present in the pharmacy to collect within a 2-week period of the referral being sent, the pharmacy should 'return' the referral and add notes as to the reason for the return. The referrer will then take appropriate action with the client

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Pharmacies will provide carbon monoxide (CO) monitoring to the people accessing this Pathway of the service to support their quit attempt; unless they are accessing another service where CO levels are monitored. This should be delivered in line with NICE Quality Standard (QS43) [Quality statements | Smoking: supporting people to stop | Quality standards | NICE](#). This outlines that people who smoke who have set a quit date with an evidence-based stop smoking service are assessed for carbon monoxide levels 4 weeks after the quit date.

Access to Pathway 1 of the service could be via referral, or self-referral. Referrals may come from specialist stop smoking service providers and other health and wellbeing services in the borough. Self-referrals would be from signposting by GP practices, or from the Rochdale midwife team.

The pharmacy stop smoking advisor must confirm the person's eligibility to access the service as they cannot register for more than one service during a quit attempt. This is to ensure that their details are not duplicated, leading to confusion and compromised data quality and audit trail. This also ensures people are not accessing multiple sets of pharmacotherapies.

Training

To provide this service all relevant pharmacy staff will be trained to offer Very Brief Advice <https://elearning.ncsct.co.uk/vba-launch> or brief intervention. Greater Manchester Health and Social Care Partnership (GMHSCP) have developed, with clinical staff, a stop smoking eLearning programme for primary care staff in Greater Manchester. Two modules have been developed; Module 1 covers Very Brief Advice <https://elearning.ncsct.co.uk/vba-launch> on smoking and is available for all pharmacy staff. Module 2 covers stop smoking treatments https://elearning.ncsct.co.uk/stop_smoking_medications-registration and is available for pharmacy staff as an update to the NCSCT online training. The eLearning modules can be accessed for free via the links above.

Whilst trained and competent pharmacy staff may be authorized by the responsible pharmacist to undertake counselling, monitoring and recording data, the clinical responsibility for supply of NRT lies with the pharmacist.

This enhanced service is to be provided in addition to the Make Smoking History <https://makesmokinghistory.co.uk/>

Payment will be made for each voucher dispensed in accordance with the detail set out in Appendix 1.

Pathway 1, Tier 2: Behavioral support, follow up, monitoring and recording.

This covers the provision of trained pharmacy staff (as per this service specification) delivering behavioral support to people, identifying and supplying suitable NRT products and assessing quit status.

NRT products should be supplied via Tier 1 of the service and pharmacies will be paid accordingly.

If a person is using an e-cigarette and wishes to access the pharmacy behavioral support element of the service, this is acceptable and should be documented on the individual's record form.

People are to be supported with motivational/behavioural support and with appropriate pharmacotherapy to set a quit date, ultimately stop smoking and attempt to remain smoke-free.

Progress is measured at four weeks and six weeks through carbon monoxide (CO) verification. CO monitoring can be used at other times during a quit attempt as a motivational aid if the person is keen to see their CO readings more often.

Ideally the pharmacy will undertake to record continuation of stop smoking status by follow up at 6 months post confirmed quit. This may be as a result of a brief conversation opportunistically when the client visits the pharmacy for other reasons, or it may be delivered via a telephone call where the pharmacy has telephone contact with the individual. Recording this on the patient record will be a useful means by which data can be gathered to measure the effectiveness of this scheme.

The pharmacy must have a consultation area to be used for the provision of the service. This area must provide a sufficient level of privacy and safety for such consultations.

The pharmacy will be responsible for ensuring that accurate and complete records of consultations, advice and treatment provided to each person is recorded along with outcomes using the web-based reporting tool.

The pharmacy should identify treatment options that have proven effectiveness, maximize the person's commitment to meet their quit date and ensure they understand the ongoing support and monitoring arrangements. If a person wishes to use a prescription only licensed oral medication such as Varenicline to support the quit attempt suitable therapy options should be reviewed. Varenicline can be provided via the pharmacy PGD. In the rare event that bupropion appears to be the best option for an individual, owing to nature of clinical assessment required in these cases, the person would have to be referred to their GP to obtain bupropion on prescription.

The materials and equipment required, including one CO monitor, disposable mouthpieces, CO monitor recalibration will be supplied to the pharmacies by the Living Well Service.

Visit frequency for Support and NRT Supply

The below table sets out the pathway to a 4 week NRT supported quit. The visit/week numbers may vary depending on the quit date set. Pharm Outcomes will be set up to advise optimum appointment dates to assist this process.

Visit No.	Visit Details	NRT prescribed
Initial Consultation(Visit 1)	Pre-Quit attempt review. Quit date set, person's readiness assessed	If in the professional view of the pharmacist the client is ready and motivated to quit immediately, NRT can be prescribed at this first consultation. Otherwise the client should be invited to return closer to the set quit date (Visit 1-Week 2) to start the NRT Plan
Visit 1(week 2)	CO recorded for baseline and NRT options reviewed.	NRT prescribed for 14 days by pharmacy
Visit 2 (Week 4)	Ensure person progressing and using NRT products appropriately Progress checked – 2 weeks NRT supplied before 4-week review	NRT prescribed for 14 days by pharmacy (if person is still smoking and has CO reading above 10ppm NRT to be withdrawn)
Visit 3 (Week 6)	CO verified or self-reported quit, recorded on Web based tool and positive reinforcement to maintain quit. If quit unsuccessful, discharge from service.	If quit progress ongoing, NRT prescribed for 14 days by pharmacy. If unsuccessful, discuss options available to resume quit (self-fund NRT products) or return in 6 months to make new quit plans

Payment will be made in accordance with the detail set out Appendix 1.

Tier 3: Varenicline Supply

This covers the supply of Varenicline via Patient Group Direction (PGD) if appropriate and if supplies are available to support a quit attempt. It is expected that this service is delivered in conjunction with Tier 2 if Varenicline is a preferred NRT option. The pharmacist will undertake an initial consultation with the person to ensure that Varenicline is a clinically appropriate and people meet the criteria set out in the PGD.

Varenicline is started prior to the quit date. This quit date is ideally within 1-2 weeks of starting Varenicline but can be at any time within the 6 weeks of treatment. The dose can be reduced to 0.5mg if intolerable side effects. The course length is 10 weeks but can be extended to 24 weeks if required.

Pharmacists are required to sign the PGD in order to provide Varenicline.

Progress is measured at six weeks and twelve weeks through carbon monoxide (CO) verification. However, in this pathway, it is acceptable to test CO levels at 10 weeks if a final supply of medication is dispensed at this point and for the pharmacy to call the person at 7 weeks to confirm continued quit status. CO monitoring can be used at

other times during a quit attempt as a motivational aid if the person is keen to see their CO readings more often.

Visit frequency for Varenicline Supply

The table below sets out the Varenicline pathway. However, as with NRT prescribing pathways, the visit/week numbers may vary depending on the quit date set. PharmOutcomes will be set up to advise pharmacists on the optimum appointment dates to assist this process.

Visit No.	Visit Details	Product Supplied
Initial Consultation	Pre-Quit attempt review. Quit date set, person's readiness assessed	The initial consultation may result in an immediate start on the pathway where clinically assessed as appropriate. Otherwise this will start on or close to the quit date
Visit 1 (Week 1)	CO recorded for baseline and initial supply.	Varenicline Titration Pack x 2 (14 days' supply)
Visit 2 (Week 3)	Progress checked and medication supplied if client is still not smoking	Varenicline 1mg x 56 If quit attempt is failing advise client on alternative options for the future
Visit 3 (Week 7)	Progress is checked, and medication supplied if client is still not smoking	Varenicline 1mg x 56 If quit attempt is failing advise client on alternative options for the future
Visit 4 (Week 11)	Progress checked, and medication supplied CO verified or self-reported quit, recorded on Web based tool and positive reinforcement to maintain quit. If the quit attempt is unsuccessful, discharge from service.	If continuing successful, Varenicline 1mg x 28 (This will equate to 12 weeks supply in total pathway) If quit attempt failed advise client on options for the future

The four-week follow-up for NRT and six weeks follow up for Varenicline should include self-reported smoking status, followed by a CO test for validation. A successful quitter is as defined by the DH stop smoking guidelines as having a CO reading of 10ppm or less. The definition of a carbon monoxide verified four-week quitter is as follows:

A treated smoker:

- **Who has not smoked at all since day 14 of their quit attempt AND**
- **Whose CO reading is assessed 28 days from their quit date (-3 or +14 days)**
- **Whose CO reading is less than 10ppm (for pregnant women a lower cut-off point of 4ppm is recommended)**

Payment will be made in accordance with the [detail set out Appendix 1](#).

3.2.2 Pre-quit assessment – Service Providers (pharmacies) shall offer pre-quit assessment to people who they have identified as smokers and eligible for the service by residency.

3.2.3 The assessment shall offer education, advice and support to people and understand their concerns, motivation, confidence and importance of accessing stop smoking service at this time.

3.2.4 People who wish to quit smoking shall be offered support through the pharmacy's stop smoking service which is appropriate to their needs.

3.2.5 People who do not wish to stop smoking at this time should be given details of the current stop smoking services available should they wish to seek support in the future.

3.2.6 Support and Supply Service - First week of support must include:

- A carbon monoxide (CO) test and an explanation of its use as a motivational aid
- Completion of medical form for people receiving Varenicline
- GP notification letter for people receiving Varenicline – Web based tool will automatically generate the GP notification letter when people information is input – this must be **completed within 48 hours (or in the case of weekends and bank holidays the next working day)** of the person being seen.
- An explanation of the benefits of quitting smoking
- A description of the main features of tobacco withdrawal and the common barriers to quitting including how to cope with cravings
- Identification of treatment options that have proven effectiveness
- Description of what a typical treatment programme might look like, its aims, length, how it works and its benefits
- Emphasize and maximize the commitment to not smoke a single puff over the next 28 days
- Appropriate behavioral support strategies to help the person quit.
- A signed consent form (by person) to enable information to be shared with CHL and the Specialist Stop Smoking Service

3.2.7 The Service Provider has a duty to ensure that all pharmacists / locums and staff involved in the provision of the service have relevant knowledge and are appropriately trained in all aspects of the operation of the service.

3.2.8 Follow-up consultations shall include smoking status validation using a CO test at the times stated above and CO measures for motivational purposes when identified as appropriate by person and pharmacy. Further supplies of treatment could be coordinated with these consultations. Face to face or phone consultations will achieve maximum success if undertaken as often as possible. These should be determined as appropriate by the pharmacy.

The follow up model has been highlighted above. It is accepted that this will be

dependent on how often the person wishes to attend and other demands on the pharmacy. Varenicline usually requires fewer visits for medication but extra motivational visits or phone calls or texts can be agreed if required.

The lost to service four-week evaluation provides an opportunity for the pharmacy to re-engage with a person who has not attended a planned appointment.

3.2.9 Support will be provided for successful quitters up to 6 weeks from their quit date.

3.2.10 7-week follow-up will include self-reported smoking status, followed by a CO test for validation and advice to support ongoing remission.

3.2.11 The Service Provider should maintain appropriate records to ensure effective ongoing service delivery and audit. Web based tool should be used for this purpose.

3.3 Any acceptance and exclusion criteria and thresholds

3.3.1 The service is for all pharmacy people who live in the Borough

3.3.2 People are not required to utilize the nearest pharmacy to their home. People may prefer to access a pharmacy near to their place of work, relative or a leisure pursuit.

3.3.3 Inclusion into the pharmacy stop smoking service should include (but is not limited to):

- People wishing to use nicotine replacement therapy (NRT) to aid their quit attempt.
- People wishing to use Varenicline facilitated through the PGD
- People with severe mental health conditions (including non-medical drug addiction).
- People already using e-cigarettes who wish to access behavioral support to reduce their usage

- People prescribed NRT by their GP practice wishing to access behavioral support.
- People prescribed NRT or Varenicline as part of the CURE programme
- Pregnant smokers wishing to access NRT or brief advice as part of the smoke free pregnancy programme.
- Smokers over the age of 18 (For the avoidance of doubt, should pharmacists be approached by children and young people under the age of 18, they should refer them to the Living Well for support livingwellhmr@biglifecentres.com or 01706 751190

3.4 Access to the Service

Access routes to this service include:

- Referral from other stop smoking service providers, such as community specialist stop smoking services, or healthcare professional
- General and targeted health promotion within the pharmacy.
- General health promotion events in the community.
- Advice given with regards self-care to support long term conditions or minor ailments.
- Identification by pharmacist when delivering Advanced Pharmacy Services such as medicine use reviews, the new medicine service or seasonal influenza vaccination service.
- Identification within another local enhanced or locally commissioned service.
- Making Smoking History campaigns across Greater Manchester
- Self-referral from smokers accessing self-help materials including the GM health hub website

3.5 Interdependencies with other services

- 3.5.1** The service will be professionally supported by Living Well and CHL. It will also have other interdependencies such as CURE.
- 3.5.2** Pharmacies may link service provision when appropriate with other NHS services, public health services and appropriate wider partner agencies alongside other enhanced services for example Emergency Hormonal Contraception.
- 3.5.3** Electronic NRT requests will be sent to community pharmacies from the Rochdale midwife team as described in section 3.2.1

3.6 Training

The section below sets out the training requirements for each level of the service. *Evidence of competencies (for all pharmacists, locums and staff delivering this service) which must be retained within each pharmacy.* Evidence of competencies must be dated within the last 3 years and retained within a folder which will be requested at times of pharmacy inspections.

Before commencement of the service all staff will read the service specification and complete and provide evidence of completion of the following below (all training to be evidenced by sending a copy of the certificate onto Living Well livingwellhmr@biglifecentres.com)

Tier 1 Training

All relevant pharmacy staff will be trained to offer brief advice or brief intervention through completion of NCSCT online brief advice/intervention module <https://elearning.ncsct.co.uk/vba-launch>

Tier 2 Training

All relevant staff will obtain and evidence NCSCT Stop Smoking Practitioner Certification.

Tier 3 Training

Pharmacists will sign the PGD and complete a CPPE Declaration of Competence (and provide evidence of achievement of NCSCT Stop Smoking Practitioner Certification when requested).

Additional training:

It is expected that staff complete the NCSCT module on using e-cigarettes to aid a quit smoking attempt. This will help pharmacy staff with any enquiries about using e-cigarettes to quit, though this form of support is not yet a formal aspect of the pharmacy stop smoking offer https://elearning.ncsct.co.uk/e_cigarettes-registration

The Greater Manchester eLearning programme, module 2, also covers the topic of e-cigarettes. Pharmacy staff are advised to complete this module to support skills and increase awareness.

Health champions within Healthy Living Pharmacies are also expected to complete Module 1 of the Greater Manchester eLearning programme on very brief advice (VBA) training

Specialist NCSCT modules are also available to support mental health https://www.ncsct.co.uk/publication_MH_specialty_module.php and pregnancy https://elearning.ncsct.co.uk/pregnancy_specialty_module-registration too. Maternity teams are delivering an evidence-based Smokefree Pregnancy Programme across Greater Manchester which supports pregnant smokers to quit.

3.7 Service Promotion

GMHSCP are actively involved in the promotion of the Making Smoking History Strategy <https://www.gmhsc.org.uk/resources> and will from time to time develop promotional activities which support work being undertaken locally. This may include the development of publicity materials, which pharmacies can use to promote the service to the public.

Applicable service standards

4.1 Applicable NICE Quality Standards

Supporting people to stop smoking,

<https://www.nice.org.uk/guidance/qs43/chapter/Quality-statements>

Information Provision

5.1 The pharmacy contractor shall provide information, reports and other data as and when required by the Living Well Service, The Big Life Group

5.2 The pharmacy contractor shall record consultations using PharmOutcomes. PharmOutcomes shall also be used for the purposes of audit and for generating and submitting invoices.

6.1 Service Quality Performance Report

6.1.1 The pharmacy contractor shall provide service quality performance reports and data as and when required by the Living Well Service, the big Life Group via CHL Automatic reports

6.1.2 The pharmacy contractor shall provide information, reports and other data as and when required by the Authority via CHL managed automatic reports

6.1.3 The pharmacy contractor shall record consultations using Web based tool. Web based tool shall also be used for the purposes of audit and for generating and submitting invoices.

6.4 Monitoring - To be agreed between CHL and the Living Well Service.

6.4.1 The pharmacy contractor (Living Well, The Big Life Group) shall ensure the pharmacy has the following and that these are available for inspection should the Authority undertake a site visit/spot check:

- a working CO monitor (will be provided by Living Well) and enough disposable mouthpieces for 20 tests
- a private and comfortable space for consultations (e.g. consultation room).
- A suitable quantity of stock of stop smoking medications/NRT products (as per the Approved List). - Query need to hold or just ensure supply in timely fashion.

Signing the Agreement

Authorised on behalf of: Big Life Group

Signature: Priti Butler

Print name: P Butler

Position: Executive Director

Address: Living Well, Big Life group, Lock 50 Business Center, Oldham Road, Rochdale

Authorised on behalf of: Greater Manchester LPC

Signature: Luvjit Kandula

Print name: Luvjit Kandula

Position: Director of Pharmacy Transformation

Address: GMLPC Office, Barlow House, Minshull Street, Manchester M1 3DZ

Email/ Contact number: luvjit@gmlpc.org.uk

Pharmacy to Indicate which Tier is being commissioned:	
Tier 1	
Tier 2	
Tier 3	

Authorised on behalf of the Pharmacy Provider (add name):

Signature:

Print name:

Position:

Address:

Email/ Contact number:

Appendix 1 - Fees for Service Delivery

Processing of Vouchers Claims

Claims shall be input via PhamOutcomes.

Claims should be submitted during the month they are applicable to, as far as practicable, and no later than 48 hours after the service has been provided.

Paper Vouchers

Timetable for processing of paper vouchers. Receipt by Living Well to enable payment each month.

Month	Deadline for receiving vouchers
April 2022	4 th May 2022
May 2022	4 th June 2022
June 2022	4 th July 2022
July 2022	4 th August 2022
August 2022	4 th September 2022
September 2022	4 th October 2022
October 2022	4 th November 2022
November 2022	4 th December 2022
December 2022	4 th January 2023
January 2023	4 th February 2023
February 2023	4 th March 2023
March 2023	4 th April 2023

Payments

To be agreed

Tier 1

Payments made to pharmacies will be as follows:

- Product supplied, strength and quantity;
- Cost price & VAT = total reimbursement cost of NRT; and
- Dispensing fee of £2.60 per person per visit (this fee is VAT exempt).

Payment will be based on details on each voucher including the cost of product plus VAT for the NRT product supplied.

If the person is 'Exempt' and entitled to free prescriptions, the Provider will be paid cost price of NRT + VAT for each voucher.

If the person is NOT exempt, the contractor will be paid cost price of NRT + VAT for each voucher MINUS the current non- refundable levy (in lieu of the current NHS prescription charge) per voucher presented.

The pharmacy will store records of the vouchers presented and supplied against for a period of 36 months from the date of the voucher.

Note: If the person access smoking cessation services via their GP practice and is prescribed NRT on a FP10 this should be dispensed as part of the essential service element of their core NHS terms of service.

Tier 2

Payments made to pharmacies will be as follows:

Fee for start-up of Tier 1,2 & 3 contract (one off payment per pharmacy for team training)	£180
Fee for Quit Date Set	£10
Fee for follow up with a CO verified 4 week quit reported (recorded on web based tool Pharmoutcomes)	£15
Week 2 CO recorded for baseline and NRT options reviewed	£5
Week 4 Ensure person progressing and using NRT products appropriately	£5

The fees for this Tier reflect the behavioral support, monitoring and advice element of the service. NRT supply would be delivered via Tier 1 of the service. All pharmacies delivering Tier 2 of the service are expected to deliver Tier 1 of the service as well.

Tier 3

Payments made to pharmacies will be as follows:

- The fee for the initial consultation and initial supply of varenicline is £15 per person plus the cost price plus VAT for product supplied.
- The fee for subsequent consultations and supplies of varenicline is £15 per person plus the cost price plus VAT for product supplied.

Payment will be based on details on each Varenicline supply plus VAT (Drug Tariff cost).

If the person is 'Exempt' and entitled to free prescriptions, the contractor will be paid Varenicline supply plus VAT (Drug Tariff cost).

If the person is NOT exempt, the contractor will be paid the contractor will be paid Varenicline supply plus VAT (Drug Tariff cost) MINUS the current non- refundable levy (in lieu of the current NHS prescription charge) per Varenicline supply presented.

The fees for this Tier reflect clinical consultation and supply of Varenicline. CO monitoring, behavioral support and the advice element of the service would be delivered via Tier 2 of the service. All pharmacies delivering this Tier of the service would be expected to deliver Tiers 1 and 2 of the service as well.

Fee Revision

Living Well, Big Life group has a fixed budget for activity fees for this service and will monitor expenditure against the budget on a monthly basis. Living Well, Big Life group reserves the right to give notice to terminate service provision once the activity fee budget is nearing its limit. Providers will be given one month's notice of this eventuality.

The Big Life group reserves the right to revise fees. In this instance The Big Life group will discuss the proposals with CHL and GM LPC Representatives. Should fees be revised, the Service Providers shall be issued with written notification, three months prior to changes taking effect.

Appendix 2 QUALITY OUTCOMES INDICATORS

Participating pharmacies will achieve 10 x 4 week quits each per annum

The conversion rate (initial engagement to 4 week quit) is expected to be at least 60% (65% Varenicline)

It is expected that 70% of 4 week quits be CO validated (80% Varenicline)

Appendix 3 - Community Pharmacy Stop Smoking Service Schematic (Pathway 1?)

