

NHSE Smoking Cessation Advanced Service (SCS) Frequently Asked Questions (FAQs)

Trust

Q. Is there any funding to help Trusts establish the digital referral pathway?

A. Yes. Each Acute and Mental Health Trust was given a 'one off' sum of £6000 in March 2022 to support the establishment of the digital referral pathway. This funding is intended to support with the SCS and the Discharged Medicines service (DMS). In addition, NHSE has funded additional roles to support with the pathways between secondary care and community pharmacy. Each Trust has been allocated funding for a 0.2FTE band 7 implementation support and a 1FTE band 8c Community Pharmacy Clinical Lead

Q. What outcomes data will Trusts receive for patients referred to community pharmacy?

A. The pharmacy will provide patient level outcomes data to the Trust confirm participation in the service (or decline), NRT supplied and successful 4- and 12-week quits as appropriate. Where online IT platforms are used, this data may be available for a Trust to access directly, otherwise it may be sent by email.

Q. Which pharmacies are signed up in my area?

A. Check the [Midlands and Lancashire CSU dashboard](#)

Q. What support do community pharmacies provide to patients who are referred?

A. Patients will be supported following the [NCSCT Standard treatment programme \(ncsct.co.uk\)](#)

Q. Can Trusts refer patients to pharmacies outside of their area?

A. Yes, the service is nationally commissioned and pharmacies across England are registered to provide the service. It is recommended that any referrals to pharmacies outside your local area are followed up with a phone call, as they may not be expecting referrals if Trusts closer to them are not yet live with the referral pathway.

Q. How soon after the referral will the patient be contacted?

A. Pharmacies will contact the patient within 5 working days of receipt of referral and will aim to ensure that NRT supply is maintained with no disruption.

Q. Do pharmacies have access to translation services for patients who do not speak English as a first language?

A. Access to translation services for community pharmacy varies across systems and regions. In GM, this is not currently in place for community pharmacies, but this is being worked on.

Q. Which patients can be referred through SCS?
<p>A. You can refer people aged 18 years and older who have started treatment for tobacco dependence in hospital and have chosen to continue their treatment in community pharmacy after discharge. This service does not exclude women who are pregnant or people who suffer from non-complex mental health problems, although local arrangements may already be in place to direct such people to these alternative services.</p> <p>The following patients should not be referred through SCS:</p> <ul style="list-style-type: none"> • people who are unable to give consent to participate. • people who choose not to use community pharmacy to continue their tobacco dependency programme after discharge • children and adolescents under the age of 18 years • people with complex mental health problems. These people will be encouraged by the hospital smoking team to receive follow-up care from specialist tobacco dependency advisors in the community • people who have completed a 12-week tobacco dependency programme prior to discharge (as a result of an extended duration in hospital as an inpatient)
Q. Can Trusts refer patients to community pharmacy who are using a vape device/electronic cigarette to support their quit attempt?
<p>A. Patients using vape devices can be provided with behavioural support following guidance provided for pharmacies as to how e-cigarettes/vaping may be utilised, but they will not be supplied with vape devices or liquids as part of the service, this is due to a lack of availability of licensed products. This has been acknowledged by NHSE.</p>
Q. Could a patient be enrolled prior to admission, e.g., at a pre-op assessment visit or outpatient appointment?
<p>A. No, unfortunately only admitted patients who have received treatment for tobacco dependence in hospital can be referred to community pharmacy in this service.</p>
Q. What about varenicline?
<p>A. Currently, varenicline is unavailable. When stocks of varenicline return, NHSE will review the service specification.</p>
Q. Can the SCS referral be sent within the Discharge Medicines (DMS) Referral?
<p>A. No, if a patient is being referred for both services, they will need to be sent as two separate referrals. The dataset to be sent to the pharmacy is different for each service, and the DMS is a core service, delivered by all community pharmacies, whereas the SCS is an advanced service, which means that pharmacies can choose whether to deliver it or not.</p>
Q: Can the SCS referral be sent for a patient who is not registered with a GP?
<p>A: Yes, a patient who is not registered with a GP can be referred. For patients who are not registered with a GP surgery, the following codes should be used to indicate the status of the GP registration:</p> <p>V81997 No Registered GP Practice</p> <p>V81998 GP Practice Code not applicable</p> <p>V81999 GP Practice Code not known</p>

Community Pharmacy

Q. How is the service funded?

A. Community pharmacy Nicotine Replacement Treatment (NRT) costs will be claimed through the NHSBSA and will be recharged to the ICS, where it will be deducted from the global primary care indicative prescribing budget.

All community pharmacy service costs will be paid nationally from the Community Pharmacy Contractual Framework (being integrated in the CPCF global sum).

Q. Do patients who pay for their prescriptions have to pay for their NRT?

A. No, all patients will receive their NRT free of charge, regardless of prescription levy status. The Department of Health and Social Care have confirmed that pharmacy contractors must not collect a prescription charge for the supply of drugs in the absence of a prescription or patient group direction (PGD). This is in line with the National Health Service (Charges for Drugs and Appliances) Regulations 2015, which imposes the obligation on pharmacy contractors to collect the applicable prescription charges only in respect of drugs and appliances supplied via prescription, serious shortages protocol (SSP) or PGD. The absence of a prescription, SSP or PGD provides no other lawful basis for the collection of NHS prescription charges, which means that drugs and appliances supplied via other routes must be supplied for free.

Q. Could a patient access free NRT from another participating pharmacy if needed in an emergency?

A. No. The service (including products) can only be obtained from the pharmacy the patient opted to receive the service from. A patient could purchase NRT (or other products available over the counter) from another pharmacy in an emergency.

Q. Can Carbon Monoxide (CO) monitors be used in community pharmacy for face-to-face SCS consultation due to risk of COVID-19?

A. See [NCSCT guidance \(ncsct.co.uk\)](https://www.ncsct.co.uk) on the use of CO monitors for face-to-face SCS consultations and COVID-19.

Q. What are the fees for pharmacies to deliver this service?

A. See the [Community Pharmacy England Website \(previously known as PSNC\)](https://www.communitypharmacy.org.uk).

Q. Can a pharmacy de-register from the service if they wish to stop providing it?

A. Yes, if the contractor wishes to stop providing the SCS, they must notify NHS England that they are no longer going to provide the service via the MYS platform, giving at least one month's notice prior to the cessation of the SCS. It is vital this is completed to prevent referrals being sent to a pharmacy not currently able to provide the service. Contractors will be asked for a reason as to why they wish to stop providing the service.

Q. How does this service fit with existing locally commissioned service?

<p>A: The NHS SCS is intended to complement existing commissioned services. Pharmacies who are commissioned to deliver both the locally commissioned service and the SCS can provide both services alongside each other, following the relevant service specification. It should be noted that the SCS can only be provided to patients referred by a Trust.</p>
<p>Q: What is the first step in actioning SCS referrals?</p>
<p>A: The first step is to contact the patient to acknowledge receipt of referral, determine if they are still interested in taking part, and invite them for an initial consultation within 5 working days. This MUST be reflected on PharmOutcomes by clicking on the "complete now" button in order to transfer the referral details into your PharmOutcomes pharmacy site and to allow commissioners to see that the referral has been received and actioned accordingly. After completing this step on PharmOutcomes, you will be able to add consultation notes later when needed.</p>
<p>Q: Can outstanding SCS referrals (i.e. outside the five days window for contacting the patient) be still delivered?</p>
<p>A: Ideally, the patient should be contacted within five days of receiving the SCS referrals on PharmOutcomes as per the service specification. However, overdue SCS referrals can still be delivered if the patient is still interested and willing to engage in the service to achieve a positive outcome that would benefit the patient.</p>
<p>Q: What should be done with the SCS referral on PharmOutcomes if the patient was uncontactable or no longer interested in the service?</p>
<p>A: For every SCS referral the pharmacy receives, the patient must be contacted to acknowledge the receipt of the referral and determine if the patient still interested and willing to engage in the service. Otherwise, if the pharmacy is unable to contact the patient or the service is no longer needed then the referral MUST be actioned on PharmOutcomes and processed by clicking the "reject" button and recording the reason for the rejection in the rejection notes.</p>
<p>Q: What training materials are available to help navigate PharmOutcomes when processing a SCS referral?</p>
<p>A: Pinnacle Media has produced a video showing step-by-step how to process SCS referrals on PharmOutcomes from receiving the referral all the way to completing the service. The video can be accessed from the following link: Pinnacle Media (pharmoutcomes.org).</p>
<p>Q: Who is the point of contact at the referring hospital if I have questions about a SCS referral?</p>
<p>A: The referral message should include contact details for the referring Tobacco Dependency Team. This is the CURE team within Greater Manchester trusts.</p>
<p>Q: What do I need to do if the pharmacist/ pharmacy technician who usually provides the SCS in my pharmacy is away on annual leave?</p>
<p>A: If there is no one available in the pharmacy to provide the service for more than five working days due to planned or unplanned leave, then you must inform your local tobacco dependency team (ie CURE team) of this as soon as possible. This is to make them aware that any referral they make during this period to your pharmacy will not be actioned and patients can be given the option to be referred somewhere else while your pharmacist/ pharmacy technician is unavailable to provide the service.</p>

Q: I have just received a SCS referral on PharmOutcomes but it has been a while since I have done the initial training?

The [service specifications](#), the e-learning courses (provided by [National Centre for Smoking Cessation and Training \(NCSCT\)](#)) and the [CPE SCS FAQs](#) are all good resources to refresh and update your knowledge. These can be accessed through the [CPE website](#).

Q: Why do I need to brief the entire pharmacy team about the Smoking Cessation Service?

A: Although the service must be provided by a trained pharmacist or pharmacy technician, it is important that the wider pharmacy team including relief and locum pharmacists are aware of the SCS and how it will operate just like any other services provided by your pharmacy. The whole pharmacy team will need to support the pharmacist or the pharmacy technician who is providing the SCS with checking PharmOutcomes for referrals on a regular basis, contacting the patients and arranging their appointments.