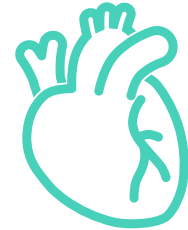


Smoking Cessation Service (SCS)

Toolkit for delivery



Background

In January 2019 the NHS Long Term Plan was published which said that the NHS would be making a significant new contribution to making England a smoke-free society by supporting people in contact with NHS services to quit, based on a proven model, the Ottawa Model for Smoking Cessation (OMSC). This model establishes the smoking status of all patients admitted to hospital followed by brief advice, personalised bedside counselling, timely Nicotine Replacement (NRT) therapy or pharmacotherapy, and follow-up with the patient after discharge. Additionally, by 2023/24 all people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services.

Smoking rates have fallen significantly in the last 10 years, but smoking still accounts for more years of life lost than any other modifiable risk factor.

Around 5.7 million people (nearly 14%) of the adult population in England were reported to smoke in 2019. Smokers see their GP over a third more often than non-smokers, and smoking is linked to nearly half a million hospital admissions each year.

Aims of the service

The service aims to:

- Enable NHS trusts to undertake a transfer of care on patient discharge, referring patients to a community pharmacy of their choice to continue their smoking cessation treatment
- Reduce morbidity and mortality from smoking
- Reduce health inequalities associated with higher rates of smoking

The objective of the service is to ensure that any patients referred by NHS trusts to community pharmacies receive a consistent and effective offer in line with NICE guidelines and the OMSC.

Service description

If you decide to provide the service, you must ensure that the service is accessible, appropriate, and sensitive to the needs of all patients. No eligible person shall be excluded or experience particular difficulty in accessing the service, with regards to protected characteristics.

People can only access the service via onward referral from their NHS trust.

NRT will be supplied to the patient at no charge at the NHS expense.

Funding

The following fees have been agreed:

A set-up fee of £1000 paid following registration on MYS to provide the service. This includes a declaration that the pharmacy is ready to provide the service, and that the relevant staff have satisfactorily completed the essential training requirements and passed the e-assessments.

For each patient:

- A fee for the first consultation of £30
- A fee for each interim consultation of £10
- A fee for the last consultation of £40. This may be at any point from, and including, the four week review up until the twelve-week review
- Reimbursement for any NRT supplied in accordance with the Drug Tariff determination

Claims for payment should be submitted within one month of, and no later than three months from the claim period for this activity provided. Claims which relate to work completed more than three months after the claim period in question will not be paid.

Premises requirements

The premises must have a consultation room which:

- Is clearly designated as an area for confidential consultations
- Is distinct from the general public area of the pharmacy
- Allows both the person receiving the service and the service provider to sit down together and have a conversation at normal speaking volumes which cannot be overheard by any other person (unless the patient has consented to a carer or chaperone being present)

Patient eligibility

Inclusion criteria

- People aged 18 and older who have started treatment for tobacco dependence in hospital and have chosen to continue their treatment on community pharmacy post discharge
- The service does not exclude people who are pregnant or those who suffer from non-complex mental health problems. There may, though, be alternative local arrangements in place for such people

Exclusion criteria

- People who are unable to give consent to participate
- People who choose not to use community pharmacy to continue their smoking cessation programme post discharge
- Children and adolescents under the age of 18 years
- People with complex mental health problems. These people will be encouraged to receive follow-up care from specialist cessation advisors in the community
- People who have completed a 12-week smoking cessation programme while in hospital as a result of an extended in-patient stay

Pharmacist/pharmacy technician knowledge and skills requirement

You must keep evidence that all registrants involved in providing the service have successfully completed the relevant training.

Pharmacists or pharmacy technicians providing the service must have satisfactorily completed the following training and passed the associated e-assessment:

- The National Centre of Smoking Cessation Treatment (NCSST) Stop Smoking Practitioner Certification
- Specialist NCSST modules to support treatment for people with a mental health condition, and people who are pregnant
- The NCSST module on the use of e-cigarettes

Pharmacists or pharmacy technicians providing the service must also have read the NCSST Standard Treatment Programme (STP) which will be used to support consultations.

Getting ready to deliver the service

The service officially commenced on 10th March 2022. However, not all trusts have implemented the service. Before registering to provide the service, you should consider whether it is likely that you will receive sufficient referrals to make provision of the service practical and worthwhile. The planned deployment dates for trusts in GM can be found on [CPGM's website](#).

Before providing the service, you must:

- Identify key contact details for the local NHS trust tobacco dependency team and local smoking cessation services
- Have an SOP in place for the service which includes key contact details and must cover the maintenance and validation of the equipment used
- Seek to ensure that referrals can be received throughout your pharmacy's trading hours (both core and supplementary)

- Have a working carbon monoxide (CO) monitor which is suitable for people who are pregnant, and sufficient disposable mouthpieces to meet the likely demand when providing the service via face-to-face consultations in the pharmacy. This must be maintained in line with the recommendations of the manufacturer or supplier.
- Have effective infection prevention and control measures in place which include cleaning of the CO monitor
- Notify NHS England of your intent to provide the service by completion of an electronic registration through the NHSBSA Manage Your Service (MYS) portal. **DO NOT do this until you have completed the training, have the equipment in place, and are ready to receive referrals.**

Providing the service

Identification of patients and transfer of care

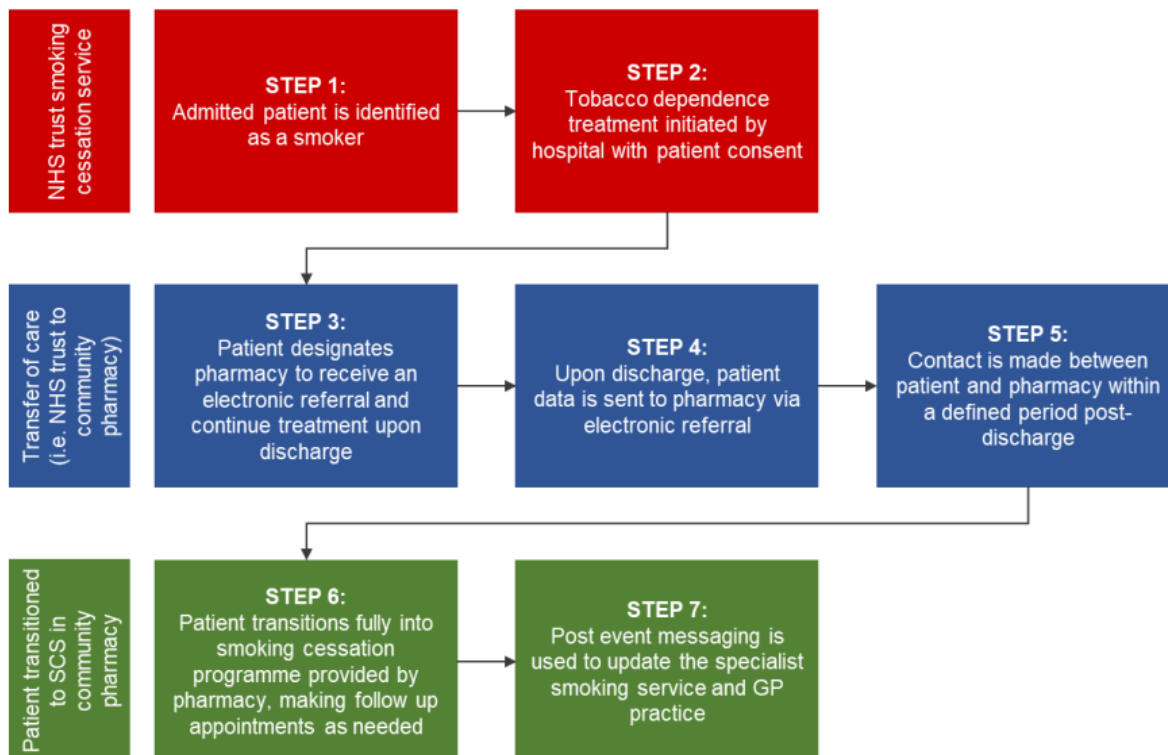


Figure 1: SCS Model of Care

NHS trusts will identify people who smoke, provide a pre-quit assessment, and start treatment. Patients will be discharged from hospital with an initial supply of NRT.

With their consent, patients will be offered referral to a participating community pharmacy on discharge. The quantity of NRT supplied on discharge will be included in the referral to the community pharmacy. The patient will choose which participating community pharmacy they wish to be referred to.

Following receipt of the referral, you should contact the patient within 5 working days to confirm participation in the SCS and arrange an initial consultation. At least three attempts to contact the patient must be made before closing the referral if the patient does not respond. The last of these attempts must be on the fifth working day following receipt of the referral. If you are unable to contact the patient, you must notify the NHS trust tobacco dependency team. GM hospitals are all using PharmOutcomes so you can use this to reject the referral. Make sure that you add the reason for the rejection.

If you are able to contact the patient but they then decline the referral or do not wish to stop smoking at this time, you should give them details of alternative smoking cessation services should they wish to seek support in the future. If the patient discloses the reason for not continuing, this should be captured in the clinical record before the referral is closed. You should notify the NHS trust tobacco dependency team of the patient's decision to withdraw from the service.

If circumstances arise where the patient needs to attend a different pharmacy, information relating to the patient's care and data can be transferred to another pharmacy providing the service, with the patient's consent. Once the pharmacy accepts the referral you should forward the information using PharmOutcomes.

Patient consent

Before the patient can continue to receive treatment from your pharmacy, you must seek verbal consent and record it in the clinical record of the service.

This consent should cover the full provision of the service and patients should be advised that the following information sharing will take place:

- The sharing of information between the pharmacy and the patient's GP to allow appropriate recording of the details of the service in their patient record
- The sharing of information about the service with NHS England as part of the service monitoring and evaluation

- The sharing of information about the service with the NHSBSA and NHS England for the purposes of contract monitoring and as part of post-payment verification
- The sharing of information with the NHS trust tobacco dependency team for the purposes of the NHS Digital smoking return

If a patient transfers to a different community pharmacy to continue their treatment, the new pharmacy must capture the patient's consent to continue as part of their first consultation they carry out with them.

Consultations

Initial consultation

Explain the service to the patient and seek verbal consent. Make a record of the consent in the patient's clinical record.

Conduct a face-to-face consultation with the patient (or a remote consultation if agreed to be suitable by both you and the patient) following the consultation structure within the [NCSCT Standard Treatment Programme](#). This includes:

- Undertaking a CO test (only for face-to-face consultations)
- Provision of behavioural support
- Supply of a maximum of two week's supply of NRT

Agree a follow-up appointment cycle to monitor progress and provide support. These interim appointments should be no more than two weeks apart to overlap NRT supply so that it does not run out on the day of the appointment.

Follow-up consultations

These should be a minimum of every two weeks. Formal reviews must be completed at four and twelve weeks post quit, and this should be reflected in the follow-up appointment cycle.

All consultations should follow the NCSCT Standard Treatment Programme. The course length (including provision of NRT) should not exceed 12 weeks treatment from the defined quit date. This includes any treatment supplied to the patient while in hospital and at the point of discharge.

If a CO test is not carried out due to the consultation being remote, or being declined by the patient, this must be recorded in the patient's clinical record along with the self-reported smoking status.

Outcomes and next steps

A successful quit is defined as self-reported abstinence (checked using CO monitoring of less than 10 parts per million) at four weeks after the quit date. It is important to continue to support adherence, and avoid relapse, if the patient wishes to continue with NRT for the full twelve-week programme.

The four-week quit review will include self-reported smoking status, a CO test for validation, and advice to support ongoing remission.

If the patient does not continue with the service up to their planned four-week review, you should seek to re-engage them. If the patient prefers, or if they wish to restart their quit attempt after the planned four-week review date, they should be signposted to a locally commissioned service.

Record keeping and data management

You must maintain a clinical record of each consultation including the CO test results and any NRT supplied. These records must include the dataset to be reported to the NHSBSA's MYS platform.

All relevant records must be managed in line with the [Records Management Code of Practice for Health and Social Care](#).

Following the initial review, you should send a post-event message with the trust tobacco dependency team and the patient's GP using the form on PharmOutcomes. When the patient is discharged from the service, you should notify their GP and the NHS trust tobacco dependency team using the template letters on PharmOutcomes. You must send notification of the provision of the service to the patient's GP on the day of the provision of the service or the following day.

Data will be collected automatically via an application programming interface (API) for this service. For each service provision, the data set will be reported through the NHSBSA MYS portal for payment monitoring and evaluation purposes.

Monitoring and Post Payment Verification (PPV)

Accurate record keeping is an essential part of the service provision. The necessary records specified in the service specification required for reimbursement must be kept for a period of three years to demonstrate service delivery in accordance with the service specification, and to assist with post payment assurance activities. These records must be provided when requested by the NHSBSA provider assurance team.

As you are the data controller, it is for you to determine what the appropriate length of time is, beyond the three years required for PPV. This should be included in your SOP.

Records should be available of:

- Evidence that all registrants involved in providing the service have successfully completed the relevant training
- Calibration of the CO monitor
- Evidence of claims made and the related service activity

Withdrawal from the service

If you wish to stop providing the SCS, you must notify the Commissioner that you are no longer going to provide the service via the MYS portal, giving at least one month's notice prior to stopping the service. You will be required to provide a reason as to why you wish to stop providing the service.

If you de-register from the service or cease trading within 30 days of registering to provide the service, you will not qualify for the £1000 set up fee. In this event, if the £1000 has already been paid to you, the money will be claimed back.

SCS Patient Flow

