

**Service Specification**

**For the Locally Commissioned Service:**

**Community Pharmacy**

**Smoking Cessation Nicotine Replacement Therapy Service**

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| Service | **Community Pharmacy Smoking Cessation Nicotine Replacement Therapy Service** |
| Authority Lead | **Aimee Hodgkinson** |
| Service Provider Lead | **Grace Cook** |
| Period | **1/4/2024 – 31/03/2025** |
| Date of Review | **October 2024** |

1. National and Local Context

Smoking is the leading cause of preventable illness and premature death in England, with about half of all lifelong smokers dying prematurely, losing on average around 10 years of life. There is evidence that helping smokers to stop smoking can be effective and highly cost-effective.

Trafford Council is commissioning and funding a Pharmacy Smoking Cessation service, that will contribute to the reduction in smokers in Trafford and Greater Manchester (GM). In addition to this, Trafford Council have also commissioned a separate Smoking Cessation Enhanced E-cigarette Service to give Trafford Residents the opportunity to access e-cigarettes as a smoking quit aid. (Please refer to the Smoking Cessation Enhanced E-cigarette Locally Commissioner Service specification if your patient would like to access e-cigarettes as part of their smoking cessation intervention). Please note, Pharmacies cannot claim both services for the same patient as outlined in the eligibility criteria.

In line with the Making Every Contact Count agenda, systematic identification of smokers and delivery of very brief advice (VBA) by health or social care professionals at every opportunity is required, to ensure that smokers access the most effective stop smoking support options available.

Regardless of any expressed desire to stop, all smokers should be informed that the best way to stop is through a combination of behavioural support and medication, that the best place to receive this is from their local stop smoking service, and that a referral can be made immediately.

* 1. **National Context**

In 2019, the government set an objective for England to be smokefree by 2030, meaning only 5% of the population would smoke by then. Without achieving this objective, the government will simply not meet their manifesto commitment “*to extend healthy life expectancy by five years by 2035*”.

Tobacco is the [single most important entirely preventable cause of ill health, disability and death](https://fingertips.phe.org.uk/static-reports/health-profile-for-england/hpfe_report.html) in this country, responsible for [64,000 deaths in England](https://fingertips.phe.org.uk/profile/tobacco-control/data#page/4/gid/1938132885/pat/159/par/K02000001/ati/15/are/E92000001/iid/93748/age/202/sex/4/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1/page-options/car-do-0.%202021) a year. [No other consumer product kills up to two-thirds of its users](https://bmcmedicine.biomedcentral.com/articles/10.1186/s12916-015-0281-z).

In October 2023, the government announced, ‘*Stopping the Start: our plan to create a smokefree generation*”. These plans include:

* The government bringing forward legislation making it an offence to sell tobacco products to anyone born on or after 1 January 2009. In effect, the law will stop children turning 14 or younger this year from ever legally being sold tobacco products - raising the smoking age by a year each year until it applies to the whole population. This will ensure children and young people do not become addicted in the first place.
* The government will be providing additional support to local authority-led stop smoking services for 5 years and funding towards new national anti-smoking campaigns. There are conditions to this which include local authorities maintaining their existing spending model in smoking cessation, and there are expectations that this additional investment must be used for new smoking cessation interventions.
* The government have also recently held a national consultation around the rise in youth vaping. The proposals the government is looking to include are:
* restricting vape flavours.
* regulating vape packaging and product presentation.
* regulating point of sale displays.
* restricting the sale of disposable vapes.
* introducing an age restriction for non-nicotine vapes.
* exploring further restrictions for other nicotine consumer products such as nicotine pouches.
* preventing industry giving out free samples of vapes to children.
  1. **Local Context**

There is a downward trend in smoking prevalence across Trafford and most of GM. However, smoking-related inequalities impact every borough. Smoking is the single biggest driver of health inequalities and disproportionately affects poorer communities.

Trafford is the best performing borough in GM. The indicators for smoking in Trafford are:

1. Smoking prevalence in Adults - Trafford: 8%, NW: 13.4%, England: 12.7% (2022).[[1]](#footnote-1)
2. Smoking attributable mortality (new method): Trafford:187.8, NW: 247.5, England: 202.2 per 100,000 standardised rate (2017-19).[[2]](#footnote-2)
3. Smoking attributable hospital admissions (new method): Trafford: 1,310, NW: 1,540, England: 1,398 per 100,000 standardised rate (2019/20) [[3]](#footnote-3)

We also know the smoking prevalence for each of the Trafford neighbourhoods:

* The North’s smoking prevalence is 16.4% in 2022, above the Trafford and National average.
* The West’s smoking prevalence is 14.5% which is above the Trafford and National average.
* Centrals smoking prevalence is 11.7% which is above the Trafford average and below the National average of 12.7%.
* The South neighbourhood’s smoking prevalence is 8.1%, which is in line with the Trafford average and below the National average.

Please note the wards and localities in Trafford changed from 04 May 2023 and are as follows:

* **Central:** Ashton upon Mersey, Brooklands, Manor, Sale Central, Sale Moor.
* **North:** Gorse Hill & Cornbrook, Longford, Lostock & Barton, Old Trafford, Stretford & Humphrey Park.
* **South:** Altrincham, Bowdon, Broadheath, Hale, Hale Barns & Timperley South, Timperley Central, Timperley North.
* **West:** Bucklow-St Martins, Davyhulme, Flixton, Urmston.

The graph below shows the number of interventions delivered by General Practices and Pharmacies in 2022 compared to the smoking rates in each neighbourhood.

Trafford is also part of the GM-wide Tobacco Free Greater Manchester Strategy, which sets out a vision for tobacco control that is grounded in an innovative, international evidence-based framework, our GMPOWER Model. This is based on the World Health Organisation (WHO) multi component MPOWER model, introduced globally in 2008 and 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 public health guidance developed by the National Institute for Clinical Excellence (NICE).

A core component of the GMPOWER Model is the “offer to quit tobacco”, supported by the commissioning of NHS harmonised smoking cessation services across GM. General Practices are considered to be a key primary care Service Provider in the delivery of such services.

1. 2. Service Aims and Objectives

This service aims to improve health outcomes and quality of life amongst Trafford residents, through delivering smoking cessation advice and support to identified smokers.

The objective of the service is to ensure that any patient who is identified as a smoker receives a consistent and effective offer, in line with NICE guidelines[[4]](#footnote-4). This enhanced service is to be provided in addition to the Essential Service ‘Promotion of Healthy Lifestyles (Public Health)’ (ES4).

Specific objectives of this Service include:

1. To reduce smoking-related illnesses and deaths by helping people to stop smoking.
2. To improve access to and choice of smoking cessation support services closer to peoples’ homes, workplaces, and places of leisure.
3. To provide timely access to an early assessment of potential smoking-related harm.
4. To provide a timely intervention to reduce the number of people who smoke.
5. To help people identify and access additional treatment by offering timely referral to other stop smoking services, where appropriate and available.
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 public and the patient’s family and friends.
7. 3. Key Service Outcomes
   1. **Local Outcomes**

Locally agreed outcomes and quality requirements (which are NOT Quality Outcome Indicators) will be reviewed annually to ensure due consideration is given to the changing needs of Trafford residents.

3.1.1. The Pharmacy will work to ensure that all adults who have been identified as a smoker receive the appropriate level of support to aid them quitting smoking. This includes provision of:

a. Smoking cessation brief advice leaflets or the immediate ability to signpost to digital information such as a website or the smokefree app.

b. Posters and other Stop Smoking materials.

c. Smokerlyser and consumables. Smokerlysers will be provided by Trafford Council and remain property of Trafford Council. The Pharmacy will be responsible for maintenance and for purchasing consumables/mouthpieces as required.

d. The Pharmacy will work to ensure that all patients with a known smoking status are offered an intervention.

e. The Pharmacy will work towards reducing the smoking rates of key demographics in Trafford.

f. The Pharmacy shall review their standard operating procedures and the referral pathways for the service at least biennially.

g. The Pharmacy 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 Trafford Council, via Pharmoutcomes.

h. The Pharmacy shall participate in the assessment of service provision when requested by Trafford Council as part of the post payment verification process (detailed of the process included in section 12). The Service Provider will be given reasonable written notice in advance of this assessment to minimise disruption and will not be unduly onerous.

i. The Pharmacy shall participate in stop smoking focused promotions annually including National *‘No Smoking Day’* (March) and ‘*Stoptober*’ (October).

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

k. The Pharmacy shall provide accurate data and activity monitoring information recorded on PharmOutcomes, 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 five years.

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

* 1. **PHOF Indicators**

The Service will contribute to a reduction in the following area: C18 - Smoking Prevalence in adults (18+) - current smokers (APS) (2020 definition).

4. Service Detail

Any new Service Provider of the service will be provided with a one-off payment of £180 as outlined in Appendix 1 and provided with a CO monitor by Trafford Council, if required.

The full service comprises of tiers and pharmacies could be commissioned to deliver any or all dependent on commissioner’s requirements and with agreement from the Service Provider.

* **Tier 1:** NRT Supply and Medicines Advice (e-voucher)
* **Tier 2:** Behavioural Support, Follow Up, Monitoring & Recording with NRT Supply.

This service is not currently available to Trafford residents wishing to use an e-cigarette to aid their quit attempt. For patients who wish to access this alternative smoking cessation support intervention, please refer to the Trafford Council Smoking Cessation Enhanced E-cigarette Locally Commissioned Service specification (Appendix 8) or refer to Trafford Directory for the most up-to-date list of smoking cessation NRT and e-cigarette support services, accessible at [Trafford Directory | \*Trafford Stop Smoking Support Services](https://www.trafforddirectory.co.uk/kb5/trafford/fsd/service.page?id=ZYDcEPMKK8Y&newadultchannel=3-1).

Pharmacy staff 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.

**4.1 Eligibility**

4.1.1. Inclusion Criteria

The service is accessible to any Trafford resident 18 years or older who identifies as a smoker and is not currently part of stop smoking service or any patient referred to tier 1 via a partner Service Provider.

Trafford Council are particularly interested in targeting specific groups who are more likely to smoke, such as:

* + - * LGBT+ community.
      * Routine and Manual workers.
      * Carers.
      * People with drug dependency.
      * People living in social housing or who are homeless.

People with complex mental health problems can be referred to the tier 1 service via a partner organisation. For tier 2 and 3 services, consideration should be made to referring through to the Bluesci stop smoking service who offer specialist support for individuals with SMI if this is preferred. This service can be accessed online at [Mental Health, Help to Quit Smoking Service – Bluesci Support](https://bluesci.org.uk/mental-health-help-to-quit-smoking-service/)).

4.1.2. Exclusion Criteria

The service is not accessible to:

* Anybody who is unable to consent to participate.
* Any child or adolescent under the age of 18 years.
* People who have completed a 12-week smoking cessation program while in hospital because of an extended duration as an inpatient – These patients should access support via the advanced pharmacy offer.
* Any patient already being provided with pharmacotherapy via an alternative service.

**4.2 Service Tiers**

4.2.1. Tier 1: NRT Supply and Medicines Advice (E-Voucher)

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

The service will also be accessible via electronic voucher. Service Providers will send electronic vouchers (through the commissioner’s web-based tool) to the appropriate community pharmacy. Pharmacies commissioned to deliver the Tier 1 service will also have an nhs.net pharmacy premises specific mailbox as a back up to receive referrals should the web-based platform go down. The process for dispensing NRT from the electronic voucher is as follows:

* + 1. Pharmacies should check regularly, and at least daily to identify if any electronic vouchers have been received.
    2. Pharmacies should only ‘accept’ and ‘complete’ the NRT product supply when the client presents in the pharmacy.
    3. Pharmacies are required to check any contraindications to the NRT prescribed on the voucher either by accessing the SCR (with appropriate patient consent) or by discussing with the client.
    4. 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.
    5. The pharmacy will also provide medicines advice regarding NRT use as per the essential service element of their core NHS terms of service.
    6. 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.
    7. 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.

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. The pharmacy will also provider medicines advice regarding NRT use as per the essential service element of their core NHS terms of service.

Pharmacies will be able to provide a two-week supply of NRT to a maximum value of £25.

Voluntary sector organisations and other partners identified by Trafford council will be able to refer eligible participants to the service via an online voucher scheme.

To provide this service all relevant pharmacy staff will be trained to offer brief advice or brief intervention through completion of NCSCT online brief advice/intervention module. [Very Brief Advice training module (ncsct.co.uk)](https://www.ncsct.co.uk/publication_very-brief-advice.php). See section 7 Training.

Whilst trained and competent pharmacy staff may be authorised 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 Essential Service ‘Promotion of Healthy Lifestyles (Public Health)’ (ES4).

Payment will be made for each NRT product dispensed in accordance with the detail set out Appendix 2.

4.2.2. Tier 2: Behavioural Support, Follow Up, Monitoring & Recording with NRT

This covers the provision of trained pharmacy staff (as per this service specification) delivering behavioural support to people, identifying, and discussing the variety of quit methods available to support a person’s quit attempt. Pharmacy can then supply Tier 1 of the smoking cessation service, to supply NRT. Pharmacy will then monitor follow up and assess quit status throughout.

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

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 through carbon monoxide (CO) verification. However, it is acceptable for the pharmacy to call or text the person to confirm 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.

The pharmacy will undertake a follow up at 12 months post confirmed quit to review the person’s ongoing quit status. This can be delivered via a telephone call, messaging service or a brief intervention at the pharmacy premises.

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 PharmOutcomes.

The pharmacy should identify treatment options that have proven effectiveness, maximise the person’s commitment to meet their quit date and ensure they understand the ongoing support and monitoring arrangements (referring to the Greater Manchester Medicines Management Group (GMMG)Tobacco Dependency Treatment Guideline as appropriate ([Our ref: (gmmmg.nhs.uk)](https://gmmmg.nhs.uk/wp-content/uploads/2022/02/GMMMG-Tobacco-Dependency-Treatment-Guideline-January-2022-FINAL.pdf)). If a person wishes to use a prescription only licensed oral medication such as varenicline or bupropion the person should be referred to their GP to obtain on prescription due to the nature of clinical assessment required.

Carbon Monoxide monitors (Smokerlysers) will be provided by Trafford Council and will remain the property of Trafford Council. The Service Provider (pharmacies) will be responsible for maintenance and for purchasing consumables/mouthpieces as required.

Mouthpieces are £12 for a box of 250 and are available to order via:

Intermedical website: [Smoking Cessation - Intermedical Cardio Respiratory](https://www.intermedical.co.uk/products/smoking-cessation/)

E-mail: [admin@intermedical.co.uk](mailto:admin@intermedical.co.uk)

Payment will be made for delivery of tier 2 as set out Appendix 3.

**Table 1: Tier 2 visit frequency for support and NRT supply.**

|  |  |  |
| --- | --- | --- |
| **Visit No.** | **Visit Details** | **NRT supplied** |
| Initial Consultation | Pre-Quit attempt review. Quit date set, person’s readiness assessed | N/A |
| Visit 1 | CO recorded for baseline and NRT options reviewed. | NRT supplied for 7 days\* by pharmacy. |
| Visit 2  (Week 2) | Ensure person progressing and using NRT products appropriately.  Progress checked – 2 weeks NRT supplied before 4-week review. | NRT supplied for 14 days by pharmacy (if person is still smoking and has CO reading above 10ppm NRT to be withdrawn). |
| Visit 3  (Week 4) | CO verified or self-reported quit, recorded on PharmOutcomes and positive reinforcement to maintain quit. If quit is unsuccessful, record non quit on outcome of person and reattempt to support person to try a new quit attempt. | NRT supplied for 14 days by pharmacy if appropriate. |
| Visit 4  (Week 6) | Progress checked – 2 weeks NRT supplied | NRT supplied for 14 days by pharmacy |
| Visit 5  (week 8) | Progress checked – 2 weeks NRT supplied | NRT supplied for 14 days by pharmacy |
| Visit 6  (week 10) | Progress checked – 2 weeks NRT supplied – advice to maintain remission | NRT supplied for 14 days by pharmacy |
| Visit 7  (week 12)\* | CO verified to confirm a successful quit | Advice to maintain remission (Pharmacy can do via telephone call to person) |
| 12-month follow up | Review ongoing quit status | Pharmacy can do via telephone call to person |

\*Payment will be made in accordance with the detail set out Appendices 2 and 3.

The prescribing of any NRT can continue even after the 12 week behaviour support funded by Public Health is complete

5. Service Standards

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

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.

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

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.

Support and Supply Service (Tiers 2 & 3), the first week of support must include:

* + 1. A carbon monoxide (CO) test and an explanation of its use as a motivational aid.
    2. An explanation of the benefits of quitting smoking
    3. A description of the main features of tobacco withdrawal and the common barriers to quitting including how to cope with cravings.
    4. Identification of treatment options that have proven effectiveness.
    5. Description of what a typical treatment programme might look like, its aims, length, how it works and its benefits.
    6. Emphasise and maximise the commitment to not smoke a single puff over the next 28 days.
    7. Appropriate behavioural support strategies to help the person quit.
    8. Signpost or refer the individual to the [NHS Community Pharmacy Blood Pressure Check Service](https://www.england.nhs.uk/primary-care/pharmacy/nhs-community-pharmacy-bp-checks-and-hypertension-case-finding-advanced-service/) (also known as the “Hypertension Case-Finding Service”) if they meet the following criteria:
* Aged 40 years and over;
* Have no previous diagnosis of high blood pressure or a related condition;
* Have not had their blood pressure measured by a health professional within the previous six months

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.

The four-week follow-up for NRT should include self-reported smoking status, followed by a CO test for validation, where consultations are delivered in the pharmacy.

A successful quitter is as defined by the Department of Health (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:

* + 1. A treated smoker who has not smoked at all since day 14 of their quit attempt AND
    2. Whose CO reading is assessed 28 days from their quit date (-3 or +14 days)
    3. Whose CO reading is less than 10ppm (for pregnant women a lower cut-off point of 4ppm is recommended).

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.

Support will be provided for successful quitters up to 12 weeks from their quit date.

The pharmacy must maintain appropriate records to ensure effective ongoing service delivery and audit. PharmOutcomes should be used for this purpose.

The applicable NICE quality standards that are expected to be followed in the delivery of this Service are:

* [Supporting People to stop smoking, quality standard (QS43) (2013)](https://www.nice.org.uk/Guidance/QS43)
* [Stop Smoking interventions and services (NG92) (2018)](https://www.nice.org.uk/guidance/ng92/)

6. Interdependencies with Other Services

The service will be professionally supported by Trafford Council, in park via an initial payment. Pharmacies will be provided of training opportunities provided by Trafford Council when they are available.

Pharmacies may link service provision when appropriate with other NHS services, public health services and appropriate wider partners agencies alongside other enhanced services for example Emergency Hormonal Contraception.

The Tier 1 service will be used as part of wider stop smoking services that will be delivered by voluntary sector organisations (VCSE). VCSE organisations will be trained in very brief advice on smoking and refer patients into pharmacy via the e-voucher scheme.

7. Training

Service Providers will be reimbursed with a start-up fee as outlined in Appendix 1 to cover staff time used for training.

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

Before commencement of the service all staff will read the service specification and complete and provide evidence of completion of the following:

* + 1. **Tier 1:** All relevant pharmacy staff will be trained to offer brief advice or brief intervention through competition of NCSCT online brief advice/intervention module, available at

<http://www.ncsct.co.uk/publication_very-brief-advice.php>.

* + 1. **Tier 2:** All relevant staff will obtain and evidence NCSCT Stop Smoking Practitioner Certification, available at

<https://elearning.ncsct.co.uk/practitioner_training-registration>).

* + 1. Trafford Council will provide smoking cessation training annually. This will be available to any staff delivering the Service in Trafford. The training will provide an overview on the latest support strategies, information on the benefits of quitting, identification of treatment options and an overview of the treatment programme. You can find out the details of this training by contacting Trafford Locally Commissioned Services at [lcs@trafford.gov.uk](mailto:lcs@trafford.gov.uk).
    2. Additional training: Specialist NCSCT training is also available to support mental health and pregnancy too at [Training (ncsct.co.uk)](https://www.ncsct.co.uk/publications/category/training)

8. Service Promotion

The Pharmacy will have appropriate stop smoking support material for persons and promote service uptake. This should be material produced by Greater Manchester Health and Social Care Partnership (GMHSCP) or National Smoke Free branded material.

Trafford Council will provide a full list of pharmacy Service Providers on its directory page, to be used by the general public and allied health professionals for referral.

Consent forms, Friends and Family feedback forms and other materials specified will be supplied by GM IC or Trafford at no cost to the Service Provider.

9. Clinical Governance

The Provider is responsible for ensuring that sufficient arrangements for clinical governance are in place to allow for the provision of safe, effective services delivered to a high standard. The Provider is required to adhere to Department of Health guidance and is required to have processes and procedures in place for reporting serious incidents and patient safety incidents. It is expected that all serious incidents and patient safety incidents are dealt with in line with organisational and NHS Greater Manchester Integrated Care Board procedures. It is a contractual requirement for the Provider to follow the [Patient Safety Incident Response Framework (PSIRF)](https://www.england.nhs.uk/patient-safety/patient-safety-insight/incident-response-framework/) under the [NHS Standard Contract](https://www.england.nhs.uk/nhs-standard-contract/).

Pharmacies have a legal obligation[[5]](#footnote-5) to use an approved incident reporting system. Providers should record, report, and respond to incidents in a manner that complies with the requirements set out in the approved particulars[[6]](#footnote-6) including but not limited to:

1. Maintaining a patient safety incident log
2. Reporting patient safety incidents to an approved clinical incident reporting system. Although not mandated, NHS England advises all incidents to be reported via the Learn from Patient Safety Events (LFPSE) service; providers can register for an account via the [online LFPSE service](https://record.learn-from-patient-safety-events.nhs.uk/) or through an LFPSE-compliant Local Risk Management System (LRMS).

The Provider is required, as part of this contract, to inform the Commissioner at Trafford Council of any and all incidents relating to the provision of EHC provision [which directly or indirectly involves a Service User, as soon as reasonably possible of the ‘incident’].

The Service Provider is required to report any suspected side effects or safety concerns reported by people using smoking cessation medication, NRT or e-cigarettes and any e-liquids to the MRSA via the Yellow Card scheme website, available at: <https://yellowcard.mhra.gov.uk/yellowcards/tobaccoreportmediator/>.

The Pharmacy is required, as part of this service specification, to inform the Commissioner at Trafford Council of any and all incidents relating to the provision of smoking cessation, which directly involves a Service User, when requested.

10. Complaints

Service Providers must maintain and operate a complaints procedure in compliance with the [Clinical Guidance Framework](https://cpe.org.uk/quality-and-regulations/clinical-governance/complaints/), in compliance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, for the handling and consideration of any complaints.

The Service Provider must ensure that:

* complaints are dealt with efficiently;
* complaints are properly investigated;
* complainants are treated with respect and courtesy;
* complainants receive, so far as is reasonably practical – complainants receive a timely and appropriate response;
  + assistance to enable them to understand the procedure in relation to complaints; or
  + advice on where they may obtain such assistance;
* complainants are told the outcome of the investigation of their complaint; and
* action is taken if necessary in the light of the outcome of a complaint.

11. Information Provision & Volume

Trafford Council requires the Provider to be responsible for ensuring that accurate and complete records of all consultations, advice and treatment provided to each patient using PharmOutcomes. Certain data must be shared with Trafford Council for monitoring purposes. Only fully anonymised data will be required in line with the ICO Code of Practice for Anonymised Data and the Data Protection Act 2018.

Trafford Council is not setting a minimum or maximum number of consultations. However, the Council reserves the right to limit or suspend the service on a temporary basis if demand for provision exceeds the available budget.

Trafford Council also reserve the right to make amendments to the service provision, in response to budgetary pressure. This may include amending the length of the intervention, in this instance the Service Providers will be given reasonable written notice.

12. Service Quality Performance Report

Pharmacies will support with annual post payment verification (PPV) audit and quality visits. Pharmacies will be given 6 weeks’ notice prior to the visit in the form of a letter which will include relevant details of the visit. Pharmacies will also receive a telephone call 2-3 weeks prior to the visit. If the date and time or the visit is not agreeable, alternative times will be arranged.

PPV will take place in 10% of pharmacies. PPVs verify activity and assure that the quality conditions) stated in the contract are being adhered to.

During the visit the visiting team will examine the claim process, ensure staff are appropriately trained, review the patient experience and specific quality elements from this specification. No patient documentation or named patient information will be reviewed.

The visiting team will produce a report detailing the findings of the visit and any recommendations. Recommendations will be put forward in a manner which supports the Service Provider to improve. The Service Provider will be given four weeks to action recommendations and submit a declaration to confirm this has been completed.

See Appendix 7 for a summary of the requirements of the service specification.

13. Data and Monitoring Requirements

The Service Provider will be responsible for ensuring that accurate and complete records of consultations, advice and treatment provided to each patient, is recorded along with outcomes using the smoking cessation template built into EMIS.

The Service Provider Contractor shall record consultations using PharmOutcomes. Outcomes4health shall be used for generating and submitting invoices.

The quarterly claiming deadlines for activity are:

|  |  |  |  |
| --- | --- | --- | --- |
| **Quarter** | **Quarter Close** | **Cut-off date to submit activity** | **Payment date** |
| Q1 | 30th June | *20th* July | All payments are made within 30 days of Trafford Council’s Accounts Payable team receiving the invoice claim. Incorrect or late claims from Providers may result in payment delays. |
| Q2 | 30th September | *20th* October |
| Q3 | 31st December | *20th* January |
| Q4 | 31st March | *20th* April |

Service Providers are also required to provide relevant data for validation and quality assurance purposes.

14. Resources and Contact

Locally Commissioned Services,

Public Health,

Trafford Council,

Trafford Town Hall,

Stretford,

Manchester,

M32 0TH

Email: [LCS@trafford.gov.uk](mailto:LCS@trafford.gov.uk)

Tel. Number: 0161 912 3431

Appendices

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| **Appendix 1 – Set up Fees** |
| For new pharmacies delivering tier 2.  A one-off payment of £180.00 is payable per pharmacy premises for Pharmacy /Team training, which will be claimed via PharmOutcomes.  Service Providers will also be provided with a CO monitor if required. Pharmacies will be able to request this as part of the sign up process. |
| **Appendix 2 - Fees for Service Delivery – Tier 1 NRT supply and Medicines Advice** |
| Payment will be based on details on the DM+D cost of each product plus applicable VAT for the NRT product supplied.  If the person is ‘Exempt’ and entitled to free prescriptions, the Service 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 + applicable VAT for each voucher MINUS the current non- refundable levy (in lieu of the current NHS prescription charge) per voucher presented.  The Service Provider will be paid a dispensing fee of £2.60 plus applicable V.A.T. per dispensing activity. Currently, applicable V.A.T is Zero rated for this activity. |
| **Appendix 3 - Fees for Service Delivery – Tier 2 Behavioural support, follow up, monitoring and recording with NRT** |
| Trafford Council reserves the right to revise fees. Should fees be revised, the Service Service Providers shall be issued with written notification, one month prior to changes taking effect.  Payment is made based on data entered into PharmOutcomes by the pharmacy and based on the payment structure below:  All fees for Tier 2 attract VAT applicable at the standard rate.   |  |  |  |  | | --- | --- | --- | --- | | **Visit No.** | **Visit Details** | **NRT supplied** | **Fees** | | Initial Consultation and Visit 1 | Pre-Quit attempt review. Quit date set, person’s readiness assessed  CO recorded for baseline and NRT options reviewed. | NRT prescribed for 7 days by pharmacy | £10 | | Visit 2  (Week 2) | 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) | £5 | | Visit 3  (Week 4) | CO verified or self-reported quit, recorded on PharmOutcomes and positive reinforcement to maintain quit. If quit unsuccessful, record non quit on outcome of person and reattempt to support person to try a new quit attempt | NRT prescribed for 14 days by pharmacy if appropriate | £30 for 4-week  CO-verified quit  OR  £10 for 4-week self-reported quit | | Visit 4  (Week 6) | Progress checked – 2 weeks NRT supplied | NRT prescribed for 14 days by pharmacy | £5 | | Visit 5  (week 8) | Progress checked – 2 weeks NRT supplied | NRT prescribed for 14 days by pharmacy | £5 | | Visit 6  (week 10) | Progress checked – 2 weeks NRT supplied – advice to maintain remission | NRT prescribed for 14 days by pharmacy | £5 | | Visit 7  (week 12) | CO verified to confirm a successful quit | Advice to maintain remission (Pharmacy can do via telephone call to person) | £10 for 12-week CO-verified quit  OR  £5 for 12-week self-reported quit | | 12-month follow up | Review ongoing quit status | Pharmacy can do via telephone call to person | £5 | |  |  |  |  | |
| **Appendix 4 - Quality Outcomes Indicators** |
| Trafford Council anticipates that provision of the Smoking Cessation scheme will contribute to achieving the following outcomes:   1. The service should achieve a success rate for the 4-week smoking quitter (self-reported and CO validated) of between 30%-60% of those setting a quit date. 2. The service should aim to achieve a CO validation rate of 40% of reported 4 week quits. |
| **Appendix 5 – Community Pharmacy Stop Smoking Service Schematic** |
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| **Appendix 6- Pharmacy NRT Scheme Client Information Sheet** |
| Information on support from your local pharmacy team to stop smoking: this pharmacy-based Nicotine Replacement Therapy (NRT) scheme has been set up to offer you maximum support with stopping smoking. Here are a few questions you might like answers to:  **Can everyone use Nicotine Replacement Therapy (NRT)?**  For most people NRT is perfectly safe. Your pharmacist will check if it is safe for you. If there is any reason why your pharmacists can’t prescribe NRT for you, you will be referred to your GP.  **How much NRT can I get?**  You will be offered 12 weeks NRT in total, either free if you don’t pay for your prescriptions or at the cost of 12 prescriptions if you normally pay for your prescriptions. You will receive 2 weeks supply at each of your 6 consultations with the person supporting your quit attempt in the pharmacy.  **What do I have to do to get my supply of NRT?**  After you have seen the pharmacist, they will help you decide on a quit date. You will need to set a date to stop smoking to get your first supply of NRT and to stay stopped to get further supplies of NRT. This is very important, as you should not use NRT products whilst you are still smoking.  **Can I save my NRT to use later?**  You should start using your NRT on the first day of your quit attempt and this should be within 2 weeks of first consulting with your pharmacist. Make sure you arrange to see your pharmacist again before your NRT runs out then and then at 2 weekly intervals so your quit attempt will be continuous over the whole 12 weeks. You can’t save them to use later because we know from the research that this isn’t the best way to try to stop smoking.  **Do I have to collect the NRT myself?**  Yes. You can’t send someone else in to pick the NRT up for you.  **What else does this scheme offer me?**  The benefit of this scheme is that in addition to the NRT you get on-going support from your pharmacist and their staff. At your first session you will be offered lots of advice on how best to stop and stay stopped, you will get lots of information on the best NRT product for you and you may have your carbon monoxide level monitored. After your first appointment you are entitled to five more sessions two weeks apart. You can discuss any problems you have had, receive a further two weeks supply of NRT and may have another carbon monoxide test. There is lots of research to show that if you use NRT and you are supported by a health professional, such as a pharmacist you are much more likely to stop smoking. This is an NHS based scheme and we want you to be able to access the best level of care.  **What if I miss an appointment?**  Please try to let the pharmacy know and re-arrange as quickly as possible before your NRT runs out.  **Is the service confidential?**  Everything discussed within the one-to-one session will remain confidential. However, there may be occasions when an advisor may need to disclose certain information, but he/she will discuss this with you first. Your pharmacist will retain and store client information in a secure and confidential manner. |
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| **Appendix 7 – Pharmacy Visit Form** |
| **Locally Commissioned Service Post Payment Verification Audit and Quality Visit**  The purpose of the annual post payment verification audit and quality visit is to verify activity and assure the commissioner (Local Authority) that the quality conditions and key performance indicators (KPI’s) stated in the contract are being adhered to.  The visiting team will consist of a member of staff from the LA and the ICB.  The Service Provider will receive 6 weeks’ notice of the visit, a preferred day and time can be negotiated and mutually agreed.  **Post Payment Verification (PPV) and Quality Review Methodology**  12.3. During the visit the visiting team will examine the claim process, ensure staff are appropriately trained, review the patient experience and specific quality elements from this specification. No patient documentation or named patient information will be reviewed.  **Visit Outcome Report**  The visiting team will produce a report detailing the findings of the visit and any recommendations. Recommendations will be put forward in a manner which supports the Service Provider to improve. The Service Provider will be given four weeks to action recommendations and submit a declaration to confirm this has been completed. |
| **Appendix 8 – Trafford Council Smoking Cessation Locally Commissioned Service Specification** |
| **Add in final version once approved.** |

1. [Public health profiles - OHID (phe.org.uk)](https://fingertips.phe.org.uk/search/smoking#page/3/gid/1/pat/6/par/E12000002/ati/402/are/E08000009/iid/92443/age/168/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1) [↑](#footnote-ref-1)
2. [Local Tobacco Control Profiles - Data - OHID (phe.org.uk)](https://fingertips.phe.org.uk/profile/tobacco-control/data#page/3/gid/1938132885/pat/6/par/E12000002/ati/402/are/E08000009/iid/93748/age/202/sex/4/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1) [↑](#footnote-ref-2)
3. [Local Tobacco Control Profiles - Data - OHID (phe.org.uk)](https://fingertips.phe.org.uk/profile/tobacco-control/data#page/3/gid/1938132885/pat/6/par/E12000002/ati/402/are/E08000009/iid/93753/age/202/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0) [↑](#footnote-ref-3)
4. [Stop smoking interventions and services | Guidance | NICE](https://www.nice.org.uk/guidance/ng92) [↑](#footnote-ref-4)
5. See: <https://www.legislation.gov.uk/uksi/2013/349/schedule/4/made?view=plain> [↑](#footnote-ref-5)
6. 9 See: <https://www.gov.uk/government/publications/clinical-governance-approved-particulars> [↑](#footnote-ref-6)