**SERVICE SPECIFICATION**

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| **Service Specification Ref.** | LCS-SC-2024 |
| **Service** | Stop Smoking Services in Community Pharmacy Tiers 1 & 2 only |
| **Authority Lead** | Jake Williams |
| **Provider Lead** | Community Pharmacy |
| **Period** | 1st April 2024 – 31st March 2025 |
| **Date of last review** | March 2024 |
| **Provider Name** | Insert name here |
| **Accredited for Tier 1** | Y / N |
| **Accredited for Tier 2** | Y / N |

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| **1. Introduction to the Specification** |
| A range of stop smoking offers are provided for Salford residents who smoke. These services cover primary care, hospital, and community.Provision of stop smoking support in Community Pharmacy is an important part of the support system. This specification sets out requirements for provision of stop smoking support by community pharmacy, required outcomes and a payment structure.This Locally Commissioned Service outlines provision of targeted stop smoking support to adults in Salford who smoke and who access community pharmacy. This specification will be in operation from 1st April 2024.All stop smoking services are required to work closely with other specialist substance misuse services to meet the needs of clients using both legal and illegal substances.Greater Manchester (GM) as a whole and many of its localities has higher smoking rates than the England average. Each year around 4,000 people in Greater Manchester die from smoking-related causes and there are more than 24,000 hospital admissions to treat smoking-related illnessesIn 2022 smoking prevalence among adults (aged 18+) in Salford was estimated to be 15.1%. This is similar to the Greater Manchester (14.3%) and England averages (12.7%).  Smoking is the biggest single driver of health inequalities and disproportionately affects poorer communities. Across Salford geographical prevalence rates by Lower Super Output Areas (LSOAs) are estimated to range from 24.4% in the highest rates (Pendleton) to around 8.0% in the lowest rates (Worsley and Boothstown.In 2017, the GM city region launched the Making Smoking History Strategy, with an unprecedented ambition to reduce smoking prevalence levels at a pace and scale greater than any other major global city with the aim of making smoking history by 2030 (smoking prevalence at 5% or less). Since the launch of the strategy, smoking prevalence in Greater Manchester has fallen to the lowest on record, from 18.4% in 2016 to 14.3% in 2022. This is a reduction of four percentage points – meaning there are now 96,000 fewer smokers living in Greater Manchester. The Greater Manchester Integrated Care Partnership will continue to deliver world-class interventions with the aim of reducing inequalities caused by smoking. These will continue to be delivered based on the World Health Organization’s Framework Convention on Tobacco Control comprehensive approach which includes, protecting people from tobacco smoke, offering a range of ways for people to quit, warning about the dangers of tobacco and enforcing regulation. |
| **2. Service Aims** |
| Aims of the Locally Enhanced Service for smoking cessation: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 people’s home, workplace, and 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 specialist services where appropriate
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’s family and friends
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| **3. Key Service Outcomes** |
| Locally agreed outcomes and quality requirements (which are NOT Quality Outcomes Indicators): 1. 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 commissioner on return of a signed contract. The pharmacy will be responsible for maintenance and for purchasing consumables / mouthpieces as required. The Smokerlyser remains the property of the commissioner and must be returned when the service terminates.
1. The pharmacy shall review their standard operating procedures and the referral pathways for the service every two years unless there is a significant change
2. 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 the commissioner by way of a declaration via PharmOutcomes enrolment
3. The pharmacy shall participate in the assessment of service provision when requested by the commissioner
4. The pharmacy shall participate in stop smoking focused promotions annually including National ‘No Smoking Day’ (March) and ‘Stoptober’ (October)
5. The pharmacy shall support people to access the best stop smoking route for their individual needs to achieve a successful quit
6. The pharmacy shall provide accurate data and activity monitoring information recorded on a commissioner supported web-based reporting tool (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 5 years
7. The pharmacy will ensure that staff are trained to and understand the delivery of the service during at least 80% of NHS commissioned hours
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| **4. Service Users and Exclusions** |
| 1. The stop smoking service will be accessible to all adult smokers in Salford.
2. People are not required to utilise 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. Smokers making repeated but unsuccessful attempts in any one calendar year, should be referred to specialist advice. Currently, this is provided by the Health Improvement Service. This applies to smokers setting more than 2 quit dates through community pharmacy provision. Electronic referral can be made via the web-based reporting tool
4. 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 with severe mental health conditions (including non-medical drug addiction).
* People using e-cigarettes who wish to access behavioural support
* People prescribed NRT by their GP practice wishing to access behavioural support.
* Pregnant smokers wishing to access NRT as part of the Smokefree pregnancy programme.
* Smokers over the age of 18
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| **5. Service Description** |
| The service currently comprises of 2 tiers and pharmacies are commissioned to deliver any or all tiers dependent upon the commissioner’s requirements (see Appendix 1). The tiers are set out below.**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 Salford community pharmacy Stop Smoking Service for whom NRT is chosen as pharmacotherapy, will be eligible to access the Tier 1 service level, including those clients accessing support from the specialist 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

Access to Tier 1 of the service would be via referral from community Stop Smoking Service, GPs or the Smoke Free Pregnancy Service. Northern Care Alliance (NCA)/ CURE referrals are not eligible and should be through the Advanced Pharmacy Smoking Cessation Service (SCS) offer. For further details, please double click below for a service summary. The 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. See section 6 for training requirements for Tier 1.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 voucher dispensed in accordance with the detail set out Section 10.**Tier 2 Behavioural Support, follow up, monitoring & recording with NRT supply**This covers trained pharmacy staff (as per this service specification) delivering behavioural support to people, identifying, and supplying suitable NRT products and assessing quit status. NRT products should be supplied and pharmacies will be paid according to the fees for Tier 1 as in Section 10.If a person is using an e-cigarette and wishes to access the pharmacy behavioural 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 twelve weeks through carbon monoxide (CO) verification. However, 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 or text the person at 12 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. 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 service can be delivered either face to face at the pharmacy premises or remotely via telephone or appropriate digital methods. If the service is to be delivered remotely the pharmacy team must ensure that an appropriate consultation takes place, and the patient is seen face to face if required. Remote consultations must be conducted in a manner that ensures necessary patient confidentiality. 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. If the service is provided remotely, NRT/varenicline must be made available to the client in a timely fashion, usually on the same day as the consultation and within 24 hours.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. 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 under Tier 3 of the service or prescribed via the GP practice. People should also be made aware that bupropion is also an option, however owing to nature of clinical assessment required the person would have to be referred to their GP to obtain bupropion on prescription.A Smokerlyser CO monitor will be supplied to the pharmacies by the Commissioner on return of a signed contract. The pharmacy will be responsible for maintenance and for purchasing consumables / mouthpieces as required. The Smokerlyser remains the property of the commissioner and must be returned when the service terminates. **Visit frequency for Support and NRT Supply**

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| **Visit Number** | **Visit Details** | **NRT supplied** |
| **Initial Consultation**  | Pre-Quit attempt assessmentQuit date setPerson’s readiness assessed | N/A |
| **Visit 1 (week 0)** | CO recorded for baselineNRT options reviewed | NRT supplied for 7 days |
| **Visit 2 (week 2)** | Check progressNRT appropriateness reviewed | NRT supplied for 14 days If person is still smoking and has CO reading >10 NRT to be withdrawn |
| **Visit 3 (week 4)** | CO-verified or self-reported 4-week quit recordedPositive reinforcement to maintain quitDischarge from service if unsuccessful | NRT supplied for 14 days |
| **Visit 4 (week 6)** | Check progressPositive reinforcement to maintain quit | NRT supplied for 14 days |
| **Visit 5 (week 8)** | Check progressPositive reinforcement to maintain quit | NRT supplied for 14 days |
| **Visit 6 (week 10)** | Check progressAdvice given to maintain remission | NRT supplied for 14 days |
| **Visit 7 (week 12)** | CO verified to confirm a successful 12-week quitAdvice given to maintain remission |  |

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| **5. Assessment** |
| Assessments will be carried out in accordance with the following standards:1. The pre-quit attempt assessment should include:
* an assessment of the person’s readiness to make a quit attempt
* offer education, advice, and support to people and understand their concerns, motivation, confidence, and importance of accessing stop smoking service at this time
* an assessment of the person’s willingness to use appropriate treatments
* work towards agreeing and planning for a quit date
1. The visit 1 consultation should include:
* a carbon monoxide (CO) test and an explanation of its use as a motivational aid
* completion of medical form for people receiving varenicline (included in the web-based reporting tool)
* GP notification letter for people receiving varenicline (generated automatically via web-based reporting tool)
* a description of the effects of second-hand smoke on children and adults
* an explanation of the benefits of quitting smoking
* identify treatment options that have proven effectiveness
* a description of the main features of nicotine withdrawal and the common barriers to quitting, including how to cope with cravings
* describe what a typical treatment programme might look like, its aims, length, how it works and its benefits
* emphasise and maximise the commitment to not smoke a single puff over the next 28 days
* apply appropriate behavioural support strategies to help the person quit
* conclude with an agreement on the chosen treatment pathway, ensuring that support and monitoring arrangements are agreed, and a process identified including return / review appointments booked
1. Follow up consultations should include:
* Smoking status validation using a CO test at the times stated above
* Discuss CO measures for motivational purposes when identified as appropriate
* Further supplies of treatment to 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 four-week follow-up for NRT and six-week 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)

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
* 12-week follow-up will include self-reported smoking status, followed by a CO test for validation and advice to support ongoing remission
* The pharmacy should maintain appropriate records to ensure effective ongoing service delivery and audit. The web-based tool should be used for this purpose
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| **A6. Accreditation & Training Requirements** |
| 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 inspections.Before commencement of the service all staff will read the service specification and complete and provide evidence of completion of the following. In addition, all staff providing stop smoking services should be familiar with the use and maintenance of the carbon monoxide monitor.**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 (<https://www.ncsct.co.uk/publications/category/vba-briefings>)**Tier 2** All relevant staff will obtain and evidence NCSCT Stop Smoking Practitioner Certification and should be aware of smoking cessation treatments recommended by NICE. The purpose of this training standard is to improve the effectiveness of stop smoking services by raising the quality of the training provided to smoking cessation advisers.All staff providing Tier 2 stop smoking services who do not regularly practice should either attend an annual update or use the e-learning package developed by the National Smoking Cessation Training Centre to ensure delivery of best practice and support their continuing professional development.**Additional training:** Whilst not mandatory at this time it is expected that staff read the NCSCT guidance on using e-cigarettes ([NCSCT vaping briefing v7](https://www.ncsct.co.uk/library/view/pdf/Vaping-a-guide-for-health-and-social-care-professionals.pdf)) 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 a formal aspect of the pharmacy stop smoking offer.Health champions within Healthy Living Pharmacies are also expected to complete brief advice training. Specialist NCSCT training is also available to support mental health and pregnancy too. 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.Additional training support can be provided by the Health Improvement Service based in Salford City Council.  |
| **6. Referral Pathways** |
| Access routes to the service include:• Referral from other stop smoking service providers 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 within another national advanced, local enhanced or locally commissioned service.• Self-referral from smokers accessing self-help materials including Smoke Free appPharmacies may signpost clients to other support e.g. Community Stop Smoking Service, Smokefree pregnancy service where appropriate.Interdependencies with other services:* The pharmacy service will be professionally supported by the Community Stop Smoking Service delivered by Salford Council’s Health Improvement Service
* It will also have other interdependencies e.g. Salford Royal Stop Smoking Team, Community Pharmacy Advanced Smoking Cessation Service (SCS) offer\*
* 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. Salford Council will provide details of relevant referral points which pharmacy staff can use to signpost persons who require further assistance

\*This service has been designed to enable NHS trusts to undertake a transfer of care on patient discharge, referring patients (where they consent) to a community pharmacy of their choice to continue their smoking cessation treatment, including providing medication and support as required. The ambition is for referral from NHS trusts to community pharmacy to create additional capacity in the smoking cessation pathway. (NHS, June 2023) |
| **7. Clinical Governance** |
| 1. The provider will carry out the services in accordance with best practice and shall comply in all aspects with the standards and recommendations contained in the statement of Clinical Governance National Minimum Standards and issued by the National Institute of Clinical Excellence; or issued by the relevant professional body.
2. The service should operate at all times within the provisions of NICE public health guidance 10 and the NHS Stop Smoking Services: service and monitoring guidance 2012/13.
3. Applicable NICE Quality standards – ‘Supporting people to stop smoking Quality Standard QS43 (2013)
4. The service provider will comply with any other quality standards as agreed in writing with commissioners.
5. The provider will ensure that:
* staff are informed about and are aware of the standard of performance required and can meet that standard
* adherence by the Providers’ staff to such standards of performance is routinely monitored and action taken where needed to remedy and meet the standards
* all service data is recorded in the web-based reporting tool
* the pharmacy has a working CO monitor and sufficient disposable mouthpieces for 20 tests
* the pharmacy has a private and comfortable space for consultations (e.g. consultation room)
* the pharmacy has Stop Smoking materials/leaflets or evidence of ability to signpost
* the pharmacy has a suitable quantity of stock of stop smoking medication/NRT products
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| **8. Reporting Requirements** |
| Data will be entered directly into the web-based reporting tool.* Client details
* Quit date
* NRT/e-cig/varenicline use
* Session dates
* Successful/unsuccessful quit and date
* CO reading

Support on the use of the web-based reporting tool will be provided via Salford Council Health Improvement Service |
| **9. Key Performance Indicators (KPIs)** |
| Key Performance Indicators (KPI) are as follows:1. To support smokers to achieve a 4-week quit
2. To achieve an effectiveness rate of 60% (NRT) or 65% (varenicline) or higher (conversion of quit dates to quits)
3. At least 70% (NRT) or 80% (varenicline) of 4 weeks quits need to be CO validated, or the pharmacy can provide evidence to demonstrate the client has been invited to attend the Pharmacy for assessment of their quit
4. The maximum number of quits for which a pharmacy can claim will be set by the commissioner. Salford Council reserves the right to give notice to terminate service provision once the budget is nearing its limit. Pharmacies will be given one month’s notice of this eventuality
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| **10. Fees for Service Delivery** |
| Pharmacies providing smoking cessation support will be eligible for retrospective payment based on recording of data in the web-based reporting toolThe payment schedule for provision of stop smoking support is as follows:**Tier 1** 1. Product supplied, strength & quantity
2. Cost price & VAT = total reimbursement cost of NRT (automatically generated via DM+D in web-based reporting tool)
3. Dispensing fee of £2.50 per voucher (VAT exempt)
4. There will be no contribution from the person, irrespective of their NHS prescription charge status.
5. Fees will be paid to pharmacies quarterly in response to the invoices generated by the web-based reporting tool

**Tier 2**1. NRT products supplied under Tier 2 will be reimbursed as for Tier 1
2. Fees will be paid to pharmacies quarterly in response to the invoices generated by the web-based reporting tool
3. Fees for Tier 2 attract VAT at a standard rate

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| **Visit No.** | **Visit Details** | **Fee** |
| Initial Consultation | Pre-Quit attempt review. Quit date set, person’s readiness assessed | £10 |
| Visit 1 | CO recorded for baseline and NRT options reviewed. | £5 |
| Visit 2 (Week 2) | Ensure person progressing and using NRT products appropriatelyProgress checked – 2 weeks NRT supplied before 4-week review | £5 |
| Visit 3 (Week 4) | CO verified or self-reported quit, recorded on Web based tool and positive reinforcement to maintain quit. If quit unsuccessful, discharge from service and restart or refer to X  | £15 |
| Visit 4 (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 and restart or refer to X | £5 |
| Visit 5 (Week 8) | Progress checked – 2 weeks NRT supplied | £5 |
| Visit 6 (Week 10) | Progress checked – 2 weeks NRT supplied | £5 |
| Visit 7 (Week 12) | CO verified to confirm a successful quit | £5 telephone confirmation£10 CO verified |

Claims can be made for smokers who progress to a stage on the pathway, but who do not achieve a quit. Where the outcome is unknown, but there is evidence to demonstrate the client attended a number of sessions, the maximum payment will be based on payment for visits 1 to 7 as listed, dependent on the number of sessions attended. The web-based reporting tool will ensure claims are appropriately reimbursed for such people.No payment will be made for late submission of data beyond the cut off point, of the 31st May for the financial year prior. The commissioner has a fixed budget in place for the provision of stop smoking services in Salford and will monitor expenditure against the budget on a regular basis. The commissioner reserves the right to give notice to suspend or terminate service provision in one or all tiers of service at their discretion once the activity fee budget is nearing its limit. Pharmacies will be given one month’s notice of this eventuality. |
| **Appendix 1 – Position Statements for both Bupropion and Varenicline** |
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