



TRAFFORD COUNCIL

Service Specification

For the Locally Commissioned Service:

Community Pharmacy Smoking Cessation Enhanced E-cigarette Service

Service	Community Pharmacy Smoking Cessation Enhanced E-cigarette Service
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Service Provider Lead	Grace Cook
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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). This service is commissioned alongside Trafford Council's smoking cessation locally commissioned service to give Trafford Residents the opportunity to access e-cigarettes as a smoking quit aid. (Please refer to the smoking cessation locally commissioned service specification if your patient would like to access NRT). 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.

1.1. 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 in this country, responsible for 64,000 deaths in England a year. No other consumer product kills up to two-thirds of its users.

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 .

1.2. 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:

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

¹ [Public health profiles - OHID \(phe.org.uk\)](https://phe.org.uk/public-health-profiles)

² [Local Tobacco Control Profiles - Data - OHID \(phe.org.uk\)](https://phe.org.uk/local-tobacco-control-profiles-data)

³ [Local Tobacco Control Profiles - Data - OHID \(phe.org.uk\)](https://phe.org.uk/local-tobacco-control-profiles-data)

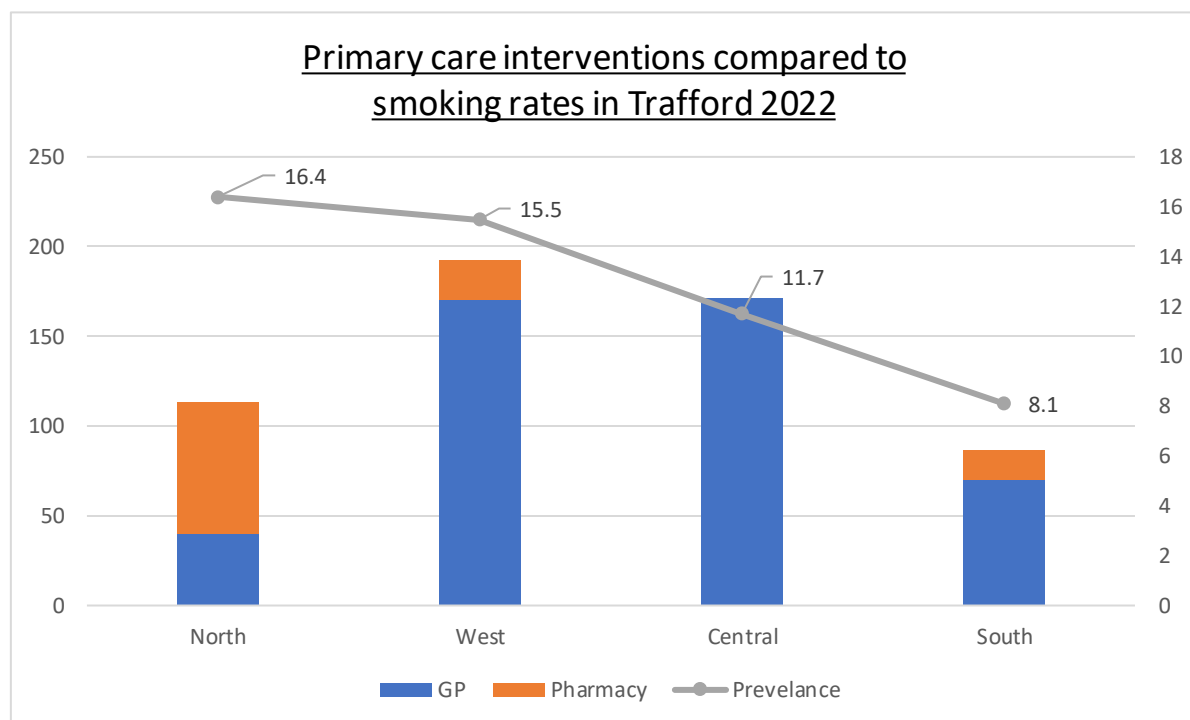


- Centrals smoking prevalence is 11.7% which is above the Trafford average and below the National average of 12.7%.
- The South neighbourhood’s smoking prevalence is 8.1%, which is in line with the Trafford average and below the National average.

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.

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 e-cigarette support to identified smokers.

The harm of smoking comes from the chemicals produced when tobacco is burnt. Whereas nicotine, the addictive substance that smokers are dependent upon and crave, is relatively harmless. E-cigarettes provide nicotine in a significantly less harmful way than burning tobacco, through heating a liquid of nicotine and an alcohol solvent to create a vapour that the user inhales. Unlike cigarettes, no side-stream vapour is emitted by an e-cigarette into the atmosphere, only the exhaled aerosol.

Public Health England’s review⁴ of the available evidence strongly supports the use of e-cigarettes as a harm reduction tool in nicotine management. The review found that, whilst not without some potential risk, the use of e-cigarettes over traditional tobacco products reduced health risks by 95-98%. In England, e-cigarettes are the most popular method used by adults trying to quit smoking compared to nicotine replacement therapy (NRT) and varenicline. E-cigarette use is positively associated with successful smoking quits and between April 2019 and March 2020, smoking quit rates involving a vaping product were higher than any other smoking cessation method. To date, Public Health England have identified no health risks of passive inhalation of e-cigarette vapour to the health of bystanders.

The use of e-cigarettes is also supported by Greater Manchester Fire and Rescue Service as a significant tool in the reduction of fire risk. There have been significant developments in these devices in recent years and their safety record far outstrips that of traditional cigarettes. Between March 2013 and March 2016, there were a total of 113 fires reported in England and Wales caused partly or wholly by e-cigarettes (including the use of devices that would not meet recognised safety standards). In the same time period, there were more than 16,000 fires related to traditional cigarettes;

⁴ McNeill A, Brose LS, Calder R, Simonavicius E, and Robson D. Vaping in England: an evidence update including vaping for smoking cessation. A report commissioned by Public Health England [Internet]. London: Public Health England; 2021. [Cited 2023 Aug 30]. Available from: <https://www.gov.uk/government/publications/nicotine-vaping-in-england-2022-evidence-update>.

highlighting the reduced safety risks associated with e-cigarettes over cigarette smoking.⁵

There is a substantial evidence base (including a Cochrane review and randomised controlled trials) that demonstrates that e-cigarettes are an effective tool for tobacco dependence treatment and significantly more effective than NRT.⁶ The provision of e-cigarettes within primary and community care will help to improve health outcomes and inequalities in adults across Trafford, while increasing the number of successful smoking quits.

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. 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:

- a. To reduce smoking-related illnesses and deaths by helping people to stop smoking.
- b. To improve access to and choice of smoking cessation support services closer to peoples' homes, workplaces, and places of leisure.
- c. To provide timely access to an early assessment of potential smoking-related harm.
- d. To provide a timely intervention to reduce the number of people who smoke.
- e. To help people identify and access additional treatment by offering timely referral to other stop smoking services, where appropriate and available.
- f. 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.

3. Key Service Outcomes

3.1 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.

⁵ National Fire Chiefs Council [Internet]. [London]: NFCC; 2017. Smoking, vaping & tobacco position statement. [Cited 2023 Aug 30]. Available from: <https://www.nationalfirechiefs.org.uk/Vaping-tobacco-position-statement>.

⁶ Hartmann-Boyce J, Lindson N, Butler AR, McRobbie H, Bullen C, Begh R, Theodoulou A, Notley C, Rigotti NA, Turner T, Fanshawe TR, and Hajek P. Electronic cigarettes for smoking cessation. Cochrane Database of Systematic Reviews [Internet]. 2022 [Cited 2023 Aug 30]; Issue 11. Art. No.: CD010216. Available from: <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD010216.pub7/full>.

3.1.1. The Pharmacy will work to ensure that all adults who have been identified as a smoker receives 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 5 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.

3.2 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 three 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:** E-cigarette Supply and Medicines Advice (E-Voucher)
- **Tier 2:** Behavioural Support, Follow Up & Monitoring with E-cigarette Supply.

This service is not currently available to Trafford residents wishing to use Nicotine Replacement Therapy (NRT) 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 Locally Commissioned Service specification (Appendix 7)

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 (licensed oral medicines), 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](#).

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 or already accessing services through the Trafford Council Smoking Cessation Locally Commissioned Service

4.2 Service Tiers

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

The purpose of the E-cigarette Supply and medicines advice tier is to enable easy and equitable access to e-cigarettes. Everyone accessing the Trafford Community Pharmacy Stop Smoking Service for whom e-cigarette 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 e-cigarette from the electronic voucher is as follows:

- a. Pharmacies should check regularly, and at least daily to identify if any electronic vouchers have been received.
- b. Pharmacies should only 'accept' and 'complete' the e-cigarette product supply when the client presents in the pharmacy.
- c. Pharmacies are required to check any contraindications to the e-cigarette prescribed on the voucher either by accessing the SCR (with appropriate patient consent) or by discussing with the client.
- d. The pharmacy will supply ensure that each client only receives one e-cigarette device (except when there is a need to replace broken or defective units) and is supplied with a maximum of 12 e-liquids for four weeks (30ml per week). If the e-cigarette device is suspected to be faulty, the client must contact the e-cigarette supplier's Customer Services team, who will undertake troubleshooting with the client to assess the device's functioning. If the device is deemed to be faulty, the e-cigarette supplier will replace the e-cigarette device free of charge direct to the client.
- e. The pharmacy will also provide advice regarding e-cigarette use as per the essential service element of their core NHS terms of service.
- f. 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.

- g. 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.

E-cigarette devices can be ordered through Trafford Council's e-cigarette provider, documentation and details outlined in appendix 8.

4.2.2. Tier 2: Behavioural Support, Follow Up & Monitoring with E-cigarette Supply

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 an e-cigarette and liquids. Pharmacy will then monitor follow up and assess quit status throughout.

- a. People are to be supported with motivational/behavioural support and with appropriate e-cigarette support to set a quit date, ultimately stop smoking and attempt to remain smoke-free.
- b. Clinicians will consult with clients and complete an initial e-cigarette consultation session and provide all information, ongoing advice, support and supply of e-cigarette and e-liquids, including at a 2-week follow-up appointment, a 4-week follow-up appointment, and any interim sessions.
- c. Ensure that each client receives the most appropriate e-cigarette device for their needs available from Trafford Council's e-cigarette supplier.
- d. Ensure that each client only receives one e-cigarette device (except when there is a need to replace broken or defective units) and is supplied with a maximum of 12 e-liquids for four weeks (30ml per week). If the e-cigarette device is suspected to be faulty, the client must contact the e-cigarette supplier's Customer Services team, who will undertake troubleshooting with the client to assess the device's functioning. If the device is deemed to be faulty, the e-cigarette supplier will replace the e-cigarette device free of charge direct to the client.
- e. Progress is measured at four weeks through carbon monoxide (CO) verification (see co monitoring section) However, it is acceptable for the Service Provider to call or text the patient to confirm quit status. CO monitoring can be used at other times during a quit attempt as a motivational aid if the patient would like to see their CO readings more often.
- f. Maintain sufficient stock of e-cigarette devices and e-liquid and manage re-ordering through Trafford Council's approved e-cigarette supplier.



- g. Advice on vaping can be provided to any patient wishing to stop smoking. Training on e-cigarettes is included in NCSCT practitioner training and in the Trafford smoking cessation training sessions.
- h. If a patient is using their own e-cigarette product and wishes to access the behavioural support element of the Service, this is acceptable and should be documented on the patient’s pharmoutcomes details, using the smoking cessation template to capture information.
- i. Following the 12-week support period, provide the client with additional information on where they can obtain e-liquid/equipment for future use of their device and continue their smoke free journey. This should include an incentive discount voucher provided by Trafford Council’s e-cigarette supplier which clients can use.

E-cigarette devices can be ordered through Trafford Council’s e-cigarette provider, documentation and details outlined in appendix 8.

Table 1: Visit frequency for support and pharmacotherapy supply.

Visit	Visit detail	Quantity of e-cigarette liquid provided	Frequency of e-cigarette liquid prescribed
Initial Consultation	Pre-Quit attempt review. Quit date set, patient’s readiness assessed and recorded on Pharmoutcomes, CO recorded for baseline and Quit method options reviewed. E-cigarette supplied.	6 e-liquids for 2 weeks (30ml per week).	14 days
2 Week follow up	Ensure patient is progressing and using NRT products appropriately, progress checked.	6 e-liquids for 2 weeks (30ml per week).	14 days
4 Week follow up	CO verified or self-reported quit recorded on Pharmoutcomes and positive reinforcement to maintain quit. If quit unsuccessful, record non quit on outcome of patient and reattempt to support the patient to try a new quit attempt.	6 e-liquids for 2 weeks (30ml per week).	14 days
6 week follow up	Progress checked Advice to maintain remission.	6 e-liquids for 2 weeks (30ml per week).	14 days



8 week follow up	Progress checked Advice to maintain remission.	6 e-liquids for 2 weeks (30ml per week).	14 days
10 week follow up	Progress checked Advice to maintain remission.	6 e-liquids for 2 weeks (30ml per week).	14 days
12 week follow up	Progress checked Advice to maintain remission.	0	0

Progress is measured at four weeks through carbon monoxide (CO) verification. However, it is acceptable for the clinician to call or text the patient to confirm quit status. CO monitoring can be used at other times during a quit attempt as a motivational aid if the patient would like to see their CO readings more often.

Pharmacies will provide CO monitoring to persons accessing the Service to support their quit attempt; unless they are accessing another service where CO levels are monitored. This should be delivered in line with the [NICE Quality Standard \(QS43\)](#).

Carbon Monoxide monitors (Smokerlyzers) 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](#)
 E-mail: admin@intermedical.co.uk

Payment will be made for delivery of tier 4 as set out Appendix 2.

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 through 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 the first week of support must include:

- a. A carbon monoxide (CO) test and an explanation of its use as a motivational aid.
- b. An explanation of the benefits of quitting smoking.
- c. A description of the main features of tobacco withdrawal and the common barriers to quitting including how to cope with cravings.
- d. Identification of treatment options that have proven effectiveness.
- e. Description of what a typical treatment programme might look like, its aims, length, how it works and its benefits.
- f. Emphasise and maximise the commitment to not smoke a single puff over the next 28 days.
- g. Appropriate behavioural support strategies to help the person quit.
- h. Signpost or refer the individual to the [NHS Community Pharmacy Blood Pressure Check Service](#) (also known as the "Hypertension Case-Finding Service") if they meet the following criteria:
 - Aged over 40 years;
 - 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 and Vape 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:

- a. A treated smoker who has not smoked at all since day 14 of their quit attempt AND
- b. Whose CO reading is assessed 28 days from their quit date (-3 or +14 days)

- c. 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. If vape – no further liquid is to be provided free of charge to any resident who has exited the service at the 4-week outcome appointment. Residents can purchase liquids as appropriate.

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 \(QS43\) \(2013\)](#)
- [Stop Smoking interventions and services \(NG92\) \(2018\)](#)

6. Interdependencies with Other Services

The service will be professionally supported by Trafford Council, in part 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:

- a. All relevant pharmacy staff will be trained to offer brief advice or brief intervention through completion of NCSCT online brief advice/intervention module, available at http://www.ncsct.co.uk/publication_very-brief-advice.php.
- b. All relevant staff will obtain and evidence NCSCT Stop Smoking Practitioner Certification, available at https://elearning.ncsct.co.uk/practitioner_training-registration).
- c. 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.
- d. Additional training: Specialist NCSCT training is also available to support mental health and pregnancy too at [Training\(ncsct.co.uk\)](http://Training(ncsct.co.uk))
- e. E-Cigarette device training is offered through Trafford Council's e-cigarette Service Provider, and is available online at: <https://www.youtube.com/watch?v=vCM1Nz0idh0&list=PLQkw2uSe996u0Ga41hQNoGH942GPQdgoZ>.

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 \(PSIRF\)](#) under the [NHS Standard Contract](#).

Pharmacies have a legal obligation⁷ 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 particulars⁸ including but not limited to:

- a. Maintaining a patient safety incident log
- b. 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](#) 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](#), 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;

⁷ See: <https://www.legislation.gov.uk/uksi/2013/349/schedule/4/made?view=plain>

⁹ See: <https://www.gov.uk/government/publications/clinical-governance-approved-particulars>

- 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 of 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 6 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 EMIS. 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
Tel. Number: 0161 912 3431

Appendices

Appendix 1 – Set up Fees			
<p>For new pharmacies delivering the service.</p> <p>A one-off payment of £180.00 is payable per pharmacy premises for Pharmacy /Team training, which will be claimed via PharmOutcomes.</p> <p>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</p>			
Appendix 2 - Fees for Service Delivery – Tier 2 E-cigarette Supply, Behavioural support, follow up, monitoring and recording.			
<p>Trafford Council reserves the right to revise fees. Should fees be revised, the Service Providers shall be issued with written notification, one month prior to changes taking effect.</p> <p>Payment is made based on data entered into PharmOutcomes by the pharmacy and based on the payment structure below:</p> <p>All fees for Tier 4 attract VAT applicable at the standard rate.</p>			
Visit No.	Visit Details	E-liquid 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.	6 e-liquids for 2 weeks (30ml per week)	£10
Visit 2 (Week 2)	Ensure person progressing and using e-cigarette products appropriately Progress checked – 2 weeks e-liquid supplied before 4-week review	6 e-liquids for 2 weeks (30ml per week)	£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	6 e-liquids for 2 weeks (30ml per week)	£30 for 4-week CO-verified quit OR £10 for 4-week self-reported quit
Visit 4 (Week 6)	Progress checked – 2 weeks e-liquid supplied	6 e-liquids for 2 weeks (30ml per week)	£5



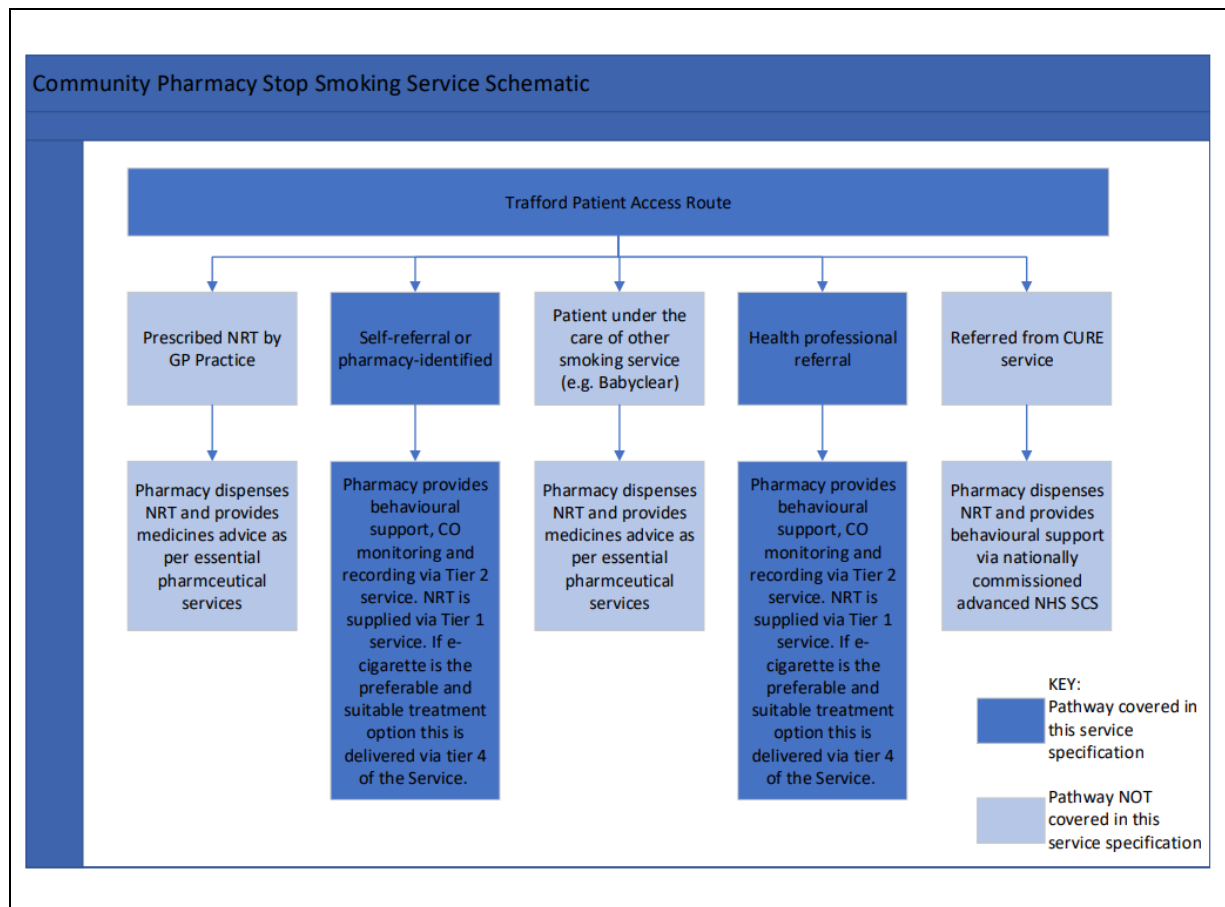
Visit 5 (week 8)	Progress checked – 2 weeks e-liquid supplied	6 e-liquids for 2 weeks (30ml per week)	£5
Visit 6 (week 10)	Progress checked – 2 weeks e-liquid supplied – advice to maintain remission	6 e-liquids for 2 weeks (30ml per week)	£5
Visit 7 (week 12)	CO verified to confirm a successful quit	0	£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 3 - 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 4 – Community Pharmacy Stop Smoking Service Schematic





Appendix 5- Pharmacy E-cigarette Scheme Client Information Sheet

Information on support from your local pharmacy team to stop smoking: this pharmacy-based enhanced e-cigarette scheme has been set up to offer you maximum support with stopping smoking. Here are a few questions you might like answers to:

How much E-liquid can I get?

You will be offered 30 bottles of e-cigarette liquid across 12 weeks (3x bottles per week) in total free of charge. 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 E-liquid?

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 e-liquid and to stay stopped to get further supplies of e-liquid.

Can I save my E-liquid to use later?

You should start using your e-cigarette 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 e-liquid runs out then and then at 2 weekly intervals so your quit attempt will be continuous over the whole 12 weeks. E-liquid has a shelf life of two years from Date of Manufacture.

Do I have to collect the E-cigarette / E-liquid myself?

Yes. You can't send someone else in to pick the e-cigarette / e-liquid up for you. However, if you are accessing support from a specialist smoking service in Trafford, for example Bluesci, your smoking cessation advisor can pick this up on your behalf.

What else does this scheme offer me?

The benefit of this scheme is that in addition to your own e-cigarette and e-liquid, 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 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 e-liquid and may have another carbon monoxide test. There is lots of research to show that if you use an e-cigarette 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 e-liquid 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.

Appendix 6 – 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 7 – Trafford Council Smoking Cessation Locally Commissioned Service Specification

Add in final version.

Appendix 8 – Trafford Council E-cigarette Provider Order Form for E-cigarettes and E-liquids



.1 Trafford Council
- Bulk Order Form 2:

To be returned to: smokingcessation@totallywicked.co.uk