SERVICE SPECIFICATION

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| **Service:-** | **PROVISION OF STOP SMOKING SUPPORT IN COMMUNITY PHARMACIES.** |
| **Implementation date:-** | **1st October 2018** |

**Service Overview**

This service is open to all pharmacy providers with premises in Cumbria. The service aims:-

* To improve access to and choice of stop smoking support, including access to pharmacological and non-pharmacological stop smoking aids.
* To reduce smoking related illnesses and deaths by helping people to give up smoking.
* To improve the health of the population by reducing exposure to second hand smoke.

**Context**

Although the smoking rate for people aged 18+ in England has now fallen to 14.9% (ONS, 2018) smoking continues to be the single largest cause of preventable ill health, creating a significant burden for individuals, communities and health services. In 2016 alone, around 78,000 deaths and 485,000 hospital admissions in England were attributed to smoking.

In England, 17% of men smoke compared to 13% of women.

Around 1 in 4 people in routine and manual occupations smoke, compared with just 1 in 10 people in managerial and professional occupations.

Results from the Opinions and Lifestyles Survey suggest that 61% of people aged 16+ who smoke say that they want to quit.

In Cumbria, the smoking rate is 14.5%. This is lower than the national rate but hides significant variation across the county. Barrow, Carlisle and Copeland still have rates significantly higher than the national average.

In Cumbria, smoking rates amongst pregnant women at the time of delivery continue to be significantly higher than the national average. During 2017/8, 10.8% of pregnant women in England were smoking at the time of delivery. In the North Cumbria CCG locality, the rate was 13.6% whilst in the Morecambe Bay CCG locality the rate is higher at 15%. In the two CCG areas combined, this suggests that, in 2017-18, around 500 babies were born to mothers who were still smoking.

**Access**

Pharmacy Stop Smoking support will be open to residents of Cumbria, aged 16 years and over, who wish to stop smoking tobacco.

Activity may be generated by:-

* Customers requesting support from a pharmacy
* The pharmacy promoting the service opportunistically to customers
* Stop smoking campaigns and awareness raising undertaken by the commissioner
* Signposting from NHS settings\*

\* Since April 2018 NHS hospital trusts have been incentivised to identify and provide support to smokers who are admitted to hospital. This can include providing NRT whilst the patient is in hospital. Patients who have been provided with an initial supply of NRT and signposted to a pharmacy from another NHS setting, can be registered with the pharmacy as a new user.

**Initial Assessment**

An initial assessment includes:

* establishing the person is eligible to access the scheme
* an assessment of the person’s readiness to make a quit attempt
* an assessment of the person’s suitability and/preference for nicotine replacement therapy (NRT), varenicline, or e-cigs/vaping
* an appointment for an initial consultation, if appropriate

Pharmacies who are registered to provide this service but that do not have staff or capacity to do so at any time should advise customers how to access another pharmacy provider by:-

* Texting ‘PHARMACY STOP *post code’* to 80011. This will prompt a return text containing the three nearest pharmacies registered to provide the service.
* Ringing 0300 013 3000 (9am to 5pm)

People not wishing to initially engage, should be given the opportunity to return to the service in the future, and supplied with any support material available, including signposting to online sources of support:-

<https://www.nhs.uk/smokefree>

<https://www.nhs.uk/live-well/quit-smoking/>

**Initial Consultation**

The *initial consultation* should last approximately 20 minutes and include:

* an explanation of the benefits of quitting smoking;
* a description of the main features of the tobacco withdrawal syndrome and the common barriers to quitting;
* a description of the effects of second hand smoke on children and adults;
* identification of treatment options that have proven effectiveness;
* a description of a typical treatment programme, its aims, length, how it works and its benefits;
* applying appropriate behavioural support strategies to help the person quit, including supply of supportive literature;
* a carbon monoxide (CO) test and an explanation of its use as a motivational aid;
* maximising commitment to setting a quit date;
* gaining agreement on the chosen treatment pathway, ensuring the person understands the ongoing support and monitoring arrangements.

**Pharmacotherapies**

If considered appropriate for NRT, clients should initially be provided with a **two weeks\*** supply free of charge if exempt from prescription charges. Clients who are not exempt from prescription charges, should pay the equivalent of the prescription charge for each product dispensed.

Following the initial two weeks, pharmacies should encourage clients to purchase further supplies of NRT. Pharmacies may choose to provide this at a discounted price to promote the client to quit.

**Women who are pregnant may be provided with free NRT up to a total of 12 weeks.** (The Council may amend this specification to incentivise other target groups in the future).

If considered appropriate for Varenicline the client is issued with a referral request letter to take to their own GP.

Supply of treatment must be recorded on the person’s pharmacy patient medication record (PMR). Consideration should be given to communicating this information to the person’s GP where clinically appropriate, eg. drug interactions.

**e-cigarettes/ vaping**

We recommend that stop smoking advisors complete the NCSCT training module on e-cigarettes:-

<http://elearning.ncsct.co.uk/e_cigarettes-launch>

* Clients wishing to use e-cigarettes/vaping to stop smoking tobacco can still register with the service.
* Clients are required to provide their own vaping products. Stop Smoking advisors are not expected to provide advice on specific vaping products.
* Clients using vaping products may also be provided with NRT.
* Pregnant women wishing to use vaping should be informed that whilst vaping is currently believed to be safer than smoking, NRT would be the safest option.
* A client’s continuing use of vaping does not affect their potential 4 week quit status, which is based on whether or not they have ceased smoking tobacco, not using other sources of nicotine.
* Whether the client intends to use vaping instead of, or alongside, NRT should be recorded on the Pharmoutcomes template for monitoring purposes.

**Follow up Consultations**

Follow upconsultations, which should be agreed with the person, last approximately 10 minutes and include support and smoking status validation using a CO test where possible.

Some follow up consultations can be in the form of telephone consultations.

Clients using NRT should be encouraged to purchase further supplies. The pharmacy may choose to provide these at a discounted price. Women who are pregnant may be supplied with NRT free of charge, up until a total of 12 weeks.

Clients using Varenicline should be provided with a further GP request letter if required.

Following the initial consultation, up to six follow up consultations may be undertaken depending upon the needs of the client (this includes telephone consultations)

An example of a consultation schedule is shown below

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| Start | 3 to 4 days post quit date | 10 days post quit date | 2½ wks post quit date | 4½ wks post quit date | 6½ wks post quit date | 8½ wks post quit date |

The *4-week follow up* should include self-reported smoking status, including a CO test for validation where possible.

The Provider is expected to keep electronic notes for audit purposes.

**Equipment**

The materials and equipment such as CO monitor and calibration equipment, and disposable mouthpieces, must be provided by the pharmacy and equipment maintained by the pharmacy. A separate notification will be made in circumstances where an agreement has been reached for re-imbursement of set-up costs and with accompanying advice on equipment specifications and availability.

**Training accreditation and competency requirements**

It is the responsibility of the pharmacy contractor to make sure that all pharmacy staff providing this service are appropriately trained and competent to do so.

* All pharmacists, technicians and pharmacy staff providing the service **must** have achieved NCSCT Certification (Stages 1 & 2).
* NCSCT Certification can be achieved through the NHS Centre for Smoking Cessation and Training by completion of their online training and assessment programme.
	+ Underpinning knowledge – NCSCT Level (Stage 1)
	+ Stage 1 Assessment
	+ Stage 2 Assessment

<http://www.ncsct.co.uk>

* An additional NCSCT speciality training and assessment module, entitled “Pregnancy and the Post-partum Period”, has become available from March 2013 and is **recommended** for pharmacists, technicians and pharmacy staff who have achieved NCSCT Certification (Stages 1 & 2) and who help pregnant smokers to stop smoking.
* It is **recommended** that stop smoking advisors also complete the NCSCT module on e-cigs/vaping available at:- <http://elearning.ncsct.co.uk/e_cigarettes-launch>

**Quality Standards**

* The pharmacy has a consultation room.
* The pharmacy has appropriate health promotion material available for the user group and promotes its uptake.
* The pharmacy can demonstrate that pharmacists and staff involved in the provision of the service have undertaken CPD relevant to this service.
* The pharmacy participates in any audit of service provision organised by the service commissioner.
* The pharmacy co-operates with any assessment of service user experience organised by the service commissioner.

**National Guidance**

* NICE: Stop Smoking Interventions and Services (NG92, March 2018)
* NICE: Smoking: Harm Reduction (QS92, July 2015)
* NICE: Smoking: Preventing and Reducing Tobacco Use (QS82, March 2015)
* NICE: Smoking: Supporting People to Stop (QS43, Aug 2013)

All NICE guidance and quality standards are available at:-

<https://www.nice.org.uk/guidance/lifestyle-and-wellbeing/smoking-and-tobacco#panel-pathways>

NHS Centre for Smoking Cessation and Training (NCSCT) Standard Treatment Programme

<http://www.ncsct.co.uk/>

Towards a Smoke Free Generation: Tobacco Control Plan for England (DH, July 2017)

[**https://www.gov.uk/government/publications/towards-a-smoke-free-generation-tobacco-control-plan-for-england**](https://www.gov.uk/government/publications/towards-a-smoke-free-generation-tobacco-control-plan-for-england)

**Payment**

The Council will make the following payments for Stop Smoking support provided:-

* £15.00 for each client who registers with the provider and sets a quit date\*.
* £30.00 for each client who is recorded as a CO validated or self declared quit, 4 weeks following the agreed quit date\*.
* Reimbursement of the cost of NRT products supplied for up to 12 weeks to clients who are pregnant. Reimbursement for this stock will be at Drug Tariff price plus VAT. If the product is not listed in the Drug Tariff, the Chemist & Druggist price list (C&D) cost price plus VAT will be used.
* Reimbursement of the cost of NRT products supplied for the first two weeks to all other clients (minus any charges collected from clients who are not exempt from prescription charges).

\*Clients who receive support successfully and relapse, or who have been unsuccessful and wish to try again, may re-register after a three month period. £15.00 payment will be made as if a new registration and the cost of the NRT supplied for the first two weeks will be reimbursed.

\*\* Only one £30.00 4 week quit payment will be made for each client during a 12 week programme of support. Clients re-registering with the service may be eligible for a second 4 week quit payment during a second programme of support.

Pharmacies should ensure that all activity data is entered onto appropriate Pharmoutcomes templates (to be revised for October 2018).

The Council will extract data from Pharmoutcomes to inform monthly payments. Payments will be made monthly by BACS.

It is the responsibility of the Provider to ensure that data is entered onto Pharmoutcomes accurately and timely. The Council cannot guarantee to make retrospective payments based on discovery of inaccurately entered data.