

NORTHUMBERLAND COUNTY COUNCIL

LOCAL PUBLIC HEALTH SERVICE SPECIFICATION 2020 - 2021

Service	Intermediate (Level 2) Stop Smoking Service - Pharmacy
Commissioner Lead	Kerry Lynch – Northumberland County Council
Provider Lead	Pharmacy Named Lead
Period	1 st April 2020 - 31 st March 2021

1. Overall purpose of service

To ensure patients who are smokers have an accessible treatment service to help them to stop smoking. This pharmacy-based service will help to increase choice and improve access to NHS Stop Smoking Services, especially for 'hard to reach' groups, such as pregnant women and young people. It will contribute to local public health and tobacco control strategies, which have a commitment to reduce smoking and contribute to the targets measured by the number of smokers who stop.

This public health service refers to the provision of a one-to-one intermediate (also referred to as 'Level 2') stop smoking service which complies with best practice and evidence based stop smoking treatment, that is, provision of a pharmacological product to reduce withdrawal cravings within a programme of behavioural support. This approach can triple a smoker's chances of stopping, compared with an unaided quit attempt.

In developing a public health service, it is necessary to ensure that there is no overlap with what has been negotiated at a national level in relation to NHS Community Pharmacy Contractual Framework essential services such as 'Promotion of healthy lifestyles (Public Health)' (ES4). This service specification is for work done by pharmacies which locally exceeds that which would normally be regarded as standard work for pharmacies. It also builds on this to support pharmacies in delivering even higher standards of care. The Intermediate stop smoking service is the provision of support and treatment as described here, and in training. It is in addition to brief advice given routinely or as part of other programmes.

2. Expected outcomes for service

It is a key priority to meet the agreed targets for reducing smoking prevalence set out in the the latest version of Northumberland County Council's Public Health Service Plan. Monitoring of 4-week quitters, in line with existing national monitoring recommendations, will continue in 2020/21.

The following targets are set nationally and are reflected in the Northumberland planning. 'Towards a Smoke Free Generation - A tobacco control plan for England' (Department of Health, July 2017) states a vision of a smokefree generation which will be achieved when smoking prevalence is at 5% or below. Specific aspirations are to reduce England adult smoking rates to 12% or less, and to reduce smoking during pregnancy to 6% or less by the end of 2022.

Targets

Targets for numbers of 4-week quitters are extremely challenging. Smokers are three times more likely to quit smoking if they use an evidence-based stop smoking service. Pharmacies are expected to contribute to the achievement of these targets by providing a high quality, accessible service.

- The pharmacy will ensure its overall quit rate is at least 35%, which is the national and local minimum quality threshold.
- The practice will ensure that at least 85% of 4-week quits are validated by a carbon monoxide (CO) measurement.

3. Evidence base for the service

Evidence base information and references will be provided in training by the specialist Stop Smoking Team. Relevant policy and guidance includes:

- [NG92 Stop Smoking Interventions and Services \(NICE 2018\)](#)
- [Towards a Smokefree Generation. A tobacco control plan for England \(Department of Health, 2017\)](#)
- [QS82 Smoking: reducing and preventing tobacco use \(NICE, 2015\)](#)
- [QS43 Smoking cessation: supporting people to stop smoking \(NICE, 2013\)](#)
- [PH26 Quitting smoking in pregnancy and following childbirth \(NICE, 2010\)](#)
- [Local Stop Smoking Services delivery and monitoring guidance 2014 \(PHE & NCSCT\)](#).

The service is expected to adhere to all such relevant guidance, including any new publications in-year, and provide details of compliance where necessary.

4. Scope of service

4.1 Service description (including target group)

Requirements for qualification as providers:

- The intermediate stop smoking service must be provided by staff employed directly by the pharmacy.
- The service should comply with quality standards, in line with the training provided and the following service description.
- The area of the pharmacy used for provision of this service must provide a sufficient level of privacy and safety. The pharmacy should have a private consultation area which meets the regulatory requirements for advanced services (as set out in the drug tariff) as a minimum.
- All pharmacy intermediate stop smoking advisers who run clinics and return monitoring data should be trained by the Northumberland specialist Stop Smoking Service, be registered as active stop smoking advisors and adhere to the quality principles agreed in training.
- All intermediate stop smoking advisers are required to undertake an annual on-line update to ensure skills are maintained. This will also be provided by the Northumberland specialist Stop Smoking Service.
- The pharmacy contractor has a duty to ensure that pharmacists and staff involved in this service provision have the appropriate skills and knowledge and are appropriately trained by the Northumberland specialist Stop Smoking Service.
- Pharmacies which report no service uptake for a period of 6 consecutive months will be required to send staff for an update.
- The pharmacy contractor has a duty to ensure that pharmacists and staff involved in this service provision are aware of and act in accordance with local protocols, NICE guidance and local drugs formulary.

- The pharmacy contractor should operate in accordance with local procedures for the provision of smoking cessation aids – Nicotine Replacement Therapy, Bupropion and Varenicline - and ensure equal access to such appropriate medications according to client need.
- Supply of treatment must be recorded on the person's pharmacy medication record. Consideration should be given to communicating this information to the person's GP where clinically appropriate.
- The pharmacy contractor should maintain appropriate records to ensure effective on-going service delivery and audit.

Key elements of the intermediate stop smoking service are as follows:

- Best results (that is, more 4 week quitters) are achieved when there is a dedicated stop smoking clinic.
- The provision of stop smoking programmes in pharmacy should be for up to 12 weeks.
- Clients wanting appointments with a pharmacy Intermediate advisor should be seen within 2 weeks or referred to other local services (participating GP practice or specialist clinic/drop-in) or given the number of the specialist NHS Stop Smoking Service.
- Clients should be given weekly appointments for at least the first 4 weeks.
- The first appointment should be for a minimum of 20 minutes, and subsequent appointments for 10 minutes.
- Each supply of nicotine replacement therapy should be for no more than 2 weeks, unless the patient has a planned holiday or absence from home.
- Patients must have their doctor's approval to use Varenicline or Bupropion.
- Pharmacy Intermediate Advisers should use the carbon monoxide (CO) monitor to validate quit attempts, at every appointment. Pharmacies are expected to achieve an 85% CO validation rate of clients self-reporting at 4-weeks.
- Pharmacy Intermediate Advisers must complete monitoring returns for each patient setting a quit date, and who is followed up after 4 weeks.
- Pharmacy Intermediate Advisers should continue to see patients until they are confident to reduce and stop NRT, and to continue support for up to 12 weeks.
- Pharmacy Intermediate Advisers should continue to support patients using Bupropion or Varenicline until the course of treatment is complete i.e. 2 months or 3 months as appropriate.
- Missed appointments should be followed up (3 attempts) by telephone.

4.2 Entry into service (referral routes)

Self-referral in to Pharmacy. Routine users should be seen by the pharmacy and not referred to the specialist Stop Smoking Service (unless there are long waiting times as previously outlined). Very dependent smokers or smokers with special needs of any kind can be referred to the specialist Stop Smoking Service.

4.3 Exit from service (discharge criteria and planning)

- Smoker is prepared for discharge during treatment programme. Treatment and support is planned and stepped to enable discharge at the appropriate point (approximately 12 weeks). This may be extended under certain circumstances to no greater than 6 months. However, this must be assessed by the specialist Stop Smoking Service on a case by case basis and be agreed with the commissioner.
- Smoker is discharged following relapse to smoking (anytime within 12 week treatment programme), if a re-attempt is not appropriate.
- Smoker can be referred on to the specialist team if still motivated to quit but unable to do so with this service.

	<ul style="list-style-type: none"> ● Smoker is discharged if he/she wishes to abort the quit programme. ● Patients discharged from the service are given details about how to re-access – both this service and the specialist service. <p>4.4 Inclusion/exclusion criteria</p> <p>There are no client exclusions for this public health service specification. However, clients who present at the pharmacy for support but who have already stopped smoking and need help with maintenance – ‘spontaneous quitters’ – should not be counted on the monitoring forms and will not be paid for. Advisors should contact the specialist Stop Smoking Service for advice if unsure and consider referral to the specialist team in such circumstances.</p> <p>4.5 Interdependencies</p> <p>Pharmacies are expected to maintain a relationship with the Northumberland specialist Stop Smoking Service via training, updates and quality standards adherence.</p> <p>4.6 Location of service</p> <p>Pharmacy</p> <p>4.7 Geographic coverage of service</p> <p>All residents of Northumberland and those registered with a Northumberland GP.</p> <p>4.8 Service availability (opening hours)</p> <p>Individual to pharmacy.</p>
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5.	<p>Quality standards for services</p> <ul style="list-style-type: none"> ● The pharmacy has appropriate health promotion and service material available for users and promotes its uptake. ● The pharmacy reviews its standard operating procedures and the referral pathways for the service on an annual basis. ● The pharmacy can demonstrate that pharmacists and staff involved in the provision of the service have undertaken CPD relevant to this service, including all requirements described in this specification. ● The pharmacy can demonstrate that service and monitoring guidelines as stated here and in training, are followed throughout the provision of this service. ● The four-week quit rate meets the local standards. ● The pharmacy participates in any NCC organised audits of service provision and update training. ● The pharmacy co-operates with any locally agreed NCC-led assessment of service user experience.
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6.	<p>Accessibility of service</p> <ul style="list-style-type: none"> ● Pharmacists provide an out-of-hours service where appropriate. ● All venues are wheelchair accessible. ● Literature is available in a range of languages and formats, such as Braille, where necessary.
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The provider will work within the framework of the Northumberland County Council Equality Policy: [NCC Council Equality Policy \(Oct 2011\)](#)

7. Performance management framework

The service provided in pharmacies is monitored by the return of stop smoking data to NCC via the Local Public Health Services (LPHS) web-based Commissioning Portal.

The following data is to be supplied on a monthly basis per patient:

Client ID
Age
Gender
Ward/LSOA – determined from entered postcode / first line of address
Ethnicity
Pregnant
Breast feeding
Occupation code
Entitled to free prescriptions
How did client hear about service
Type of intervention
Advisor
Quit date set (DD/MM/YYYY)
Medication(s) used
Date of last tobacco use (DD/MM/YYYY)
Date of 4-week follow-up
Outcome at 4-weeks
CO validation completed
CO reading
Does validation confirm smoking status
Number of client contacts

Data should be submitted on the electronic record form provided within the LPHS Commissioning Portal; this will be a web based individual record form. The web form should be uploaded as it is completed with final notification of the monthly total upload completed by 5th of the following month. Uploading the electronic records will trigger the appropriate payments.

NB Data fields may be subject to changes, according to local or national requirements. Pharmacies will be informed of any changes and the LPHS Commissioning Portal submission site adjusted accordingly.

Monitoring forms will still be provided in the training for use in patient consultations if necessary.

Portal training will be offered to all portal users on an annual basis. It is recommended that this training is accessed annually for both current and new providers.

Data must be submitted to NCC within the monitoring returns time frame in order that results can be collated and included in performance reports. Payment will not be given for late returns. A quarterly comparative data report on participating practices' activity can be provided once returns are collated.

Pharmacies must also participate in additional audits as identified to them by the Public Health team, within reasonable timescales.

Audit

Audit may be carried out on both the activity and quality elements of the service.

Activity audits may include consideration of:

- Activity volumes and associated payments
- Contribution to performance targets
- Equity of provision

Quality audits may include consideration of:

- Compliance with policy and guidance
- Qualification as provider relating to staff training
- Qualification as provider relating to requirements for premises and equipment
- Reporting of serious untoward incidents
- Patient and user feedback, including compliments and complaints

The Pharmacy must allow the commissioner's internal and other nominated auditors access to all or any papers and relevant data relating to this agreement for the purposes of audit. The practice must fully co-operate to carry out service evaluation audits.

A programme of audit will be set out each year.

8. Price

Each pharmacy contracted to provide this service will be paid:

- **£30** per patient accessing the service who sets a quit date, engages in a treatment programme according to the service operation, with outcome data of 'Yes – quit smoking' recorded at 4 weeks.
- **£10** per patient accessing the service who sets a quit date, engages in a treatment programme according to the service operation, with outcome data of 'No – not quit smoking' recorded at 4 weeks.
- **£10** per patient accessing the service who sets a quit date, engages in a treatment programme according to the service operation, with outcome data of 'Lost to follow-up' recorded at 4 weeks.

Payment to pharmacies will be provided according to timely and complete data submitted via the NCC Public Health Commissioning Portal and will be paid monthly or quarterly. Submissions for Quarter 4 activity (January to March 2021) will not be paid if received after the 31 May 2021. This timeframe accommodates those smokers setting a quit date on March 31st 2021.

No payment will be made retrospectively for any part of this service conducted prior to April 1st 2020 or after final annual accounts have been closed for the current financial year. (Final submission date for Q4 2021 data must be submitted no later than 31 May 2021).