Service Specification

**Havering Community Pharmacy Stop Smoking Service**

**1. Background**

* 1. National context

Smoking is the leading cause of avoidable ill health such as cancer, heart and lung diseases and results in premature death. Inequalities also exist in smoking with smoking prevalence higher among the unemployed and disadvantaged groups with about 1 in 4 people in routine and manual occupations smoking, compared with 1 in 10 people in managerial and professional occupations. In those with serious mental illness (SMI) smoking prevalence is much higher than the national average. Among pregnant women the inequality persists with higher levels of smoking among women from more disadvantaged groups, those aged under 20 compared to older and more affluent groups[[1]](#footnote-1)

1.2 Local overview

In Havering the number of smokers is gradually declining reflecting national trend. Data from Office of Health Improvement and Disparities (OHID) in 2020 show over 18,000 (9.1%) adults continue to smoke with slightly higher prevalence 9.2%, among those in routine and manual occupations. Within the same period (2019/20) 1,425 hospital admission were attributed to smoking[[2]](#footnote-2). Smoking therefore remains a concern and reducing tobacco harm is a key public health prevention priority outlined in Havering Health and Well-being strategy. Actions to reduce smoking are aligned to the national strategy with a focus on 4 key areas:

* supporting smokers to quit
* achieving smoke free pregnancy among women
* reducing inequality in access to stop smoking service provision and
* providing equal support to reduce smoking for those with mental health conditions and with physical ill health – parity of esteem.

To improve local provision community pharmacies will be commissioned to provide a face-to-face stop smoking service to reduce smoking, particularly in the more deprived parts of the borough. Face to face service has been shown to be more accessible and more effective in stopping smoking among adults[[3]](#footnote-3). The NHS Long Term Plan, which includes reducing smoking as one of its key ambitions, recommends a smooth effective pathway between health and community stop smoking services as part of its roll out of the NHS tobacco dependence treatment services.

The service will be an 18 month pilot which will be evaluated and findings from the scheme will inform future service provision.

**2. Aim and objectives**

2.1 Aim:

To reduce prevalence of smoking, the morbidity and mortality as well as health inequalities caused by smoking.

2.2 Objectives

* To provide a consistent and effective evidence based local intervention to support residents to stop smoking.
* To refer those that are ineligible for the service to other suitable commissioned stop smoking services
* To promote the service locally
* To record and report specified data to enable effective service monitoring
* To support the evaluation of the service

**3. Service description**

12-week programme:The Pharmacy will provide a maximum of 12-week smoking cessation programme, consisting of behavioural support, very brief advice and provision of licensed medicinal products in accordance with national standards and best practice including NICE and NCSCT guidelines. The service will be provided to those meeting the specified inclusion criteria outlined below. Client not meeting the inclusion criteria should be signposted to a suitable commissioned pathway

3.1 Eligibility

Havering residents aged 12 years[[4]](#footnote-4) and above or those registered with a Havering GP .

The pharmacies will actively engage with priority groups such as routine and manual workers, and young persons (aged 12 - 17).

3.2 Exclusion criteria

* People who are unable to give consent to participate
* People who have completed a 12-week smoking cessation programme previously
* People with serious mental illness (SMI) or with serious learning disabilities (referral to specialised services)
* Pregnant women (referral to specialised services)
* Children under the age of 12 years (referral to GP).

NB. For clients ineligible for this service the Pharmacists should signpost clients to a suitable service, e.g. specialist stop smoking service for pregnant women. Where a client prefers to use the pharmacy the pharmacist should document this and provide support to stop smoking within the limits specified for this universal service.

3.3 Safeguarding

Pharmacists must have completed a DBS (only pharmacists who are DBS checked should provide the service for young people aged 12 - 17 years old). Disclosure information received by London Borough of Havering must be considered satisfactory for working with children. Pharmacies shall have safeguarding policies in place and fully comply with Havering ‘Adults Safeguarding Procedures’

3.4 Brief interventions

The Pharmacy will offer a high quality and effective brief intervention and opportunistic tobacco cessation advice by adopting *‘Make Every Contact Count (MECC)’* approach. Pharmacy staff are encouraged to maximise the opportunities to discuss tobacco cessation, such as, when people are buying NRT, purchasing cough medicines repeatedly or when dispensing medicines for smoking-related conditions. Free ‘Very Brief Advice’ training is available on the National Centre for Smoking Cessation and Training (NCSCT) as a short module.

3.5 Consultations & Nicotine Replacement Therapy (NRT)

The pharmacy will explain the service, obtain and record verbal consent from client in line with good practice. An initial face-to-face consultation in the consultation room (or a remote consultation) should be conducted by the pharmacist following the structure within the NCSCT Standard Treatment Programme and will include a CO test, provision of behavioural support and NRT Supply. A quit date must be set as part of the initial consultation for the client to be entered onto the programme. NRT must not be supplied unless a quit date has been set.

The pharmacist and client should agree a follow-up appointment cycle to monitor progress and provide support. These interim appointments should be no more than two weeks apart to ensure NRT supply does not run out. Formal reviews must be held at four and twelve weeks post-quit; the agreed interim appointment cycle should coincide with these formal review dates.

**The client is entitled to a maximum of 6 consultations within the 12 week programme. A maximum of 4 consultations up to the 4 week post quit date can be given** If the client has been unsuccessful in their quit journey at this stage then they are to leave the programme with no further NRT. If they have been successful at this stage (4 week post quit date) then they are entitled to a further 2 consultations within the remaining 12 week duration period, or however many sessions are remaining up to a maximum of 6 consultations. See table below.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Consultation** | **Consultation 1** (day 0) | **Consultation 2** (1 week from Quit Date) | **Consultation 3** (1 week from consultation 2) | **Consultation 4** - (4 weeks review from quit Date) | **Consultation 5** (at a date agreed with client) | **Consultation 6** (at a date agreed with client) |
| **Activity** | Set Quit Date | Confirm quit | Confirm abstinence | Confirm abstinence | Confirm abstinence | Confirm abstinence |
| **NRT** | Provide 2 x NRT products (2 week supply) | If not quit, reset quit date. No more supply of NRT | If quit, provide 2 x NRT (Max 4 products altogether) | If validated (CO) quit, supply another 2 x NRT products. If not a successful 4 week quit, then no further NRT supply\* | No further NRT supply | No further NRT supply |
| **CO Test** | CO Test |  | CO Test | CO Test | CO Test | CO Test |

NRT combination is the recommended best practice guidance to achieve maximum quits. Havering Council will fund the maximum of 6 NRT products, with 4 products in the first 4 weeks from the agreed quit date for **all** clients and a further 2 products for the remaining 2 weeks for those that have achieved a successful validated 4 week quit. Havering Council reserves the right to change the funded NRT products if the guidance or best practice changes.

First 4 weeks after quit date: The pharmacy can prescribe combination therapy of 2 products in the first 2 weeks, and another 2 products in the following 2 weeks.

After 4 weeks from the set quit date if client is still abstaining and verified by CO test at <10ppm then the pharmacy can offer a further two products for a two week supply. See table above. After the 6th week post quit date, if further NRT or medication is needed the pharmacist should advise the client to purchase over the counter NRT or obtain an NRT prescription from GP.

3.6 NRT supply

The Pharmacy is encouraged to purchase NRT from a supplier of their choice but within the products and price set by the Council. Only the products listed and agreed with the Council may be supplied as part of this service and be eligible for payment.

Please see list of products in appendix 1

3.7 Carbon monoxide (CO) reading

A successful quit is defined as self-reported smoking abstinence checked/validated by a CO monitoring of less than 10 parts per million (ppm) at 4 weeks after the set quit date (between 0 to 10ppm).

The 12 week post-quit date review will include self-reported smoking status, followed by a CO test to re-check the success of the quit attempt for validation and advice to support ongoing remission. Carbon monoxide reading will be required unless in exceptional circumstances where this will be inappropriate, unsafe or consultation being remote or declined by the client. This must be noted along with the self-reported smoking status.

3.8 Repeat Access

\*After the initial consultation, if a client decides to withdraw or if the client is unsuccessful at 4 weeks validated quit, then they should be given information resources and signposted to online support. Clients who have been unable to complete their programme will be advised that they can re-enter the programme after 30 days.

**4. Output and Outcomes**

Overall it is expected that the pilot with the 8 pharmacies will support up to 368 smokers entering the programme with at least 30% of them successfully quitting smoking over the course of 18 months.

The four-week quit review will include self-reported smoking status, followed by a CO test for validation and advice to support ongoing remission.

‘Loss to follow up’ should be monitored and recorded by the pharmacy and reviewed by the Havering Council during evaluation stages. *See Appendix 3 for detailed Outputs and Outcomes.*

**5. Training requirement**

Pharmacists or other designated pharmacy staff involved in the provision of the service must have satisfactorily completed the following training

* National Centre of Smoking Cessation Treatment (NCSCT) Stop Smoking Practitioner Certification training. (Pharmacists that are already certified do not need to repeat their training for the purposes of this service);
* The NCSCT module on using e-cigarettes for the purpose of advice only and not free prescribing
* Pharmacists must read the NCSCT Standard Treatment Programme (STP), used to support consultations.

Other staff including counter assistant(s) and dispensing staff can also be trained as smoking cessation advisors or undertake a short module on Very Brief Advice through the NCSCT to help engage with clients.

The lead pharmacist will be responsible for ensuring the following;

* That in addition to the trained pharmacist there will be one accredited trained advisor available within the pharmacy for a minimum of four days a week; one of whom is strongly recommended to be a pharmacist for continuity of service during periods of leave or sickness
* That pharmacists continue to update their skills by attending additional courses/forums and refresher training
* Providing a list of accredited pharmacists, including locums, and other staff providing the service
* That Locum pharmacists are provided with the tobacco smoking cessation service specification and any other relevant service information.

Additional Support: The NCSCT offers a Clinical Enquiries Service which supports clinical practice. The enquiries team can be emailed clinical enquiries that are usually triaged and sent to a specialist clinical consultant: [enquiries@ncsct.co.uk](mailto:enquiries@ncsct.co.uk).

**6. National Standards**

Pharmacies are required to commit to complying with Department of Health standards for the delivery of smoking cessation service (<https://www.ncsct.co.uk/pub_dh-Guidance.php> )

Pharmacies will commit to complying with all relevant guidelines including NICE standards for the delivery of smoking cessation service within pharmacies:

• <http://www.ncsct.co.uk/usr/pub/helping-smokers-stop-guidance-for-pharmacist-in-england.pdf>

• <https://www.ncsct.co.uk/pub_nice-guidance.php>

• https://www.nice.org.uk/guidance/ng92

**7. Premises and Equipment Requirements**

The pharmacy must be satisfactorily complying with their obligations under Schedule 4 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations in respect of the provision of Essential services and an acceptable system of clinical governance

The pharmacy must have a Standard Operating Procedure (SOP) covering the service provision, equipment maintenance and validation and reviewed regularly and following any significant incident or change to the service and ensure all pharmacy staff involved in the service provision adhere to the SOP.

The pharmacy is required to report any patient safety incidents in line with the Clinical Governance including to London Borough of Havering. Pharmacists should be aware of locally commissioned smoking cessation services to enable signposting. See appendix 2

7.1 Consultation room

The Pharmacy must have a consultation room, which meets the applicable requirements of the Pharmaceutical Services Regulations. Remote consultations with client should take place where the conversation cannot be overheard, except by someone whom the patient wants to hear the conversation, for example, a carer.

7.2 Equipment

Pharmacy contractors must have a working carbon monoxide (CO) monitor and sufficient disposable mouthpieces to meet the likely demand when providing the service via face-to-face consultations in the pharmacy. Pharmacists using the monitor must be trained in its use and it must be maintained in line with the recommendations of the manufacturer or supplier.

Infection prevention and control measures and cleaning must be carried out on all CO monitors as per the instructions of the manufacturer or supplier and in line with current infection prevention and control guidance.

*Where not available in the pharmacy, the Council will provide one off funding for the purchase of a carbon monoxide monitor (Smokalizer), calibration, D pieces and disposable mouth pieces to cover the 18 month period*. The Individual pharmacy will be responsible for managing and maintaining their equipment. D-pieces should be changed every 4 to 6 weeks depends on number of clients seen per month. Please refer to the latest NCSCT guidelines.

**8. Data requirement:**

* The pharmacy will ensure timely and accurate completion of client’s quit journey and quit outcome recorded on the PharmOutcomes systemincluding for clients who are lost to follow-up and meet local information governance guidelines.
* Pharmacist must record all clients’ quit outcomes onto PharmOutcomes between 25 to 42 days from the quit date set (weekly data entry is strongly recommended).
* A record should be completed for each “treated smoker” onto PharmOutcomes within ONE month from the interaction date. A “treated smoker” is a client who has received at least one session of a structured, multi-session intervention (delivered by at Stop Smoking Advisor) on or prior to the quit date, who consents to treatment and sets a quit date.
* Smokers who attend a first session but do not consent to treatment or set a quit date should not be included.
* Entry is not completed within one month the claim for activities will not be paid.
* The Council will examine submitted invoices and check PharmOutcomes data to validate claims.

**9. Payment**

Claims for payments for this service should be made via the PharmOutcomes platform. Payment will be made on delivery of activity as outlined below:

9.1 Counselling

* £15 first counselling session
* £12 per subsequent counselling session (5 maximum)
* £20 bonus per patient for a CO verified 4 week quit

9.2 Dispensing

* £1.50 administration to pharmacy per product
* £15 paid per NRT item with 3 items maximum (see Appendix 1 for details)

**10. Promotion of the service**

* Pharmacies will be expected to promote the new service using posters and leaflets, supplied by the Havering Council to ensure clients are aware of the stop smoking service provided by the Pharmacy.
* Havering Council will also promote the service through its corporate Communication channels and will utilise avenues of specific interest within relevant locations where the service is provided. Promotion will also be through healthcare professionals, community champions, the community and voluntary sector including with the connector programme.

**11. Feedback**

Pharmacies will be required to provide constructive feedback, raise issues with the council and to assist in gathering feedback from clients during the 4 week consultation, as well as for service evaluation at 6 months and at 12 months. These will be undertaken via surveys designed by Havering Council.

**12. Communication**

In addition to face to face and telephone contact(s), the Council will communicate with pharmacies via emails sent through PharmOutcomes. Pharmacies are expected to regularly check their emails and respond appropriately, in a timely manner

**13. Withdrawing from the service**

If the pharmacy contractor wishes to stop providing the SCS, they must notify the Council, giving at least one months’ notice prior to the cessation of the service, to ensure that accurate payments can be made.

**Appendices**

**Appendix 1: List of NRT Products to be supplied**

Two items to be selected from column A to ensure a 14 day supply, and one item from column B. Maximum of 3 items.

Exclusions

Varenicline (Champix), bupropion (Zyban)

Nicotine Inhalator, Nasal Spray and Duo Mouth Spray are excluded from this offering.

|  |  |
| --- | --- |
| A Mandatory Product | B Flexible Product |
| 7mg Transdermal Patch (7s) | 1mg Lozenge - 96s |
| 10mg Transdermal Patch (7s) | 1.5mg Lozenge - 60s, 100s |
| 14mg Transdermal Patch (7s) | 2mg Lozenge – 72s, 80s, 96s |
| 15mg Transdermal Patch (7s) | 4mg Lozenge – 60s, 80s, 100s |
| 21mg Transdermal Patch (7s) | 2mg Gum – 96s, 105s |
| 25mg Transdermal Patch (7s) | 4mg Gum – 96s, 105s |
|  | 1mg Mouth Spray (single) |

**Appendix 2: Local and London smoking cessation services**

Stop Smoking London Helpline

Call us on 0300 123 1044

[Helpline | StopSmokingLondon](https://stopsmokinglondon.com/tools-and-resources/helpline#:~:text=Call%20us%20on%200300%20123%201044%20to%20speak%20to%20a,to%20Friday%20%2D%209am%20to%208pm)

**Specialist service for pregnant women & anyone in their household**

This specialist service offers 12 weeks of face to face behavioural support + appropriate nicotine replacement therapy

To access the service, pregnant women can speak to their midwife for a referral, call 020 8724 8018, or self-refer online by [completing a registration form](https://forms.office.com/r/r5vxiBi6aS)

**Appendix 3: Smoking Cessation Outcome Indicators**

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| --- | --- |
| **Outcome Indicator** | **Target** |
| Number of client seen by pharmacy | Collect baseline data |
| Number of smokers setting a quit date | Collect baseline data |
| Number of smokers reaching 4 weeks abstinence – i.e. 4 week quit rates | 30-50% of numbers seen |
| Number of smokers reaching 12 weeks abstinence –quitting at 12 weeks | 20- 30% |
| Number of smokers who quit at 4 [and/or 12 weeks], who self-reported status without CO verified check | No more than 15% |
| Number of smokers from a specific geographical area who quit at 4 weeks | Collect baseline data |
| Number of smokers in routine or manual employment | Collect baseline data |
| Number of Unemployed smokers who quit at 4 [and/or 12] weeks | Collect baseline data |
| Number of Young Smokers quitting at 4 [and/or 12] weeks | Collect baseline data |
| Completion of pharmacy feedback survey at 6 and 12months | Completed pharmacy survey |
| Support to client to complete feedback survey at 3 months and 12months | Completed client survey |

**Appendix 4: Dataset to be collected by pharmacy from clients**

* Name
* Date of Birth
* Gender
* Postcode
* Telephone number(s)
* Ethnic group
* Occupation
* Quit date
* Consultation Number (1-6)
* NRT 1 supplied (Transdermal Patch)
* Quantity of NRT 1 (Days)
* NRT 2 supplied (short acting)
* 4 Week Quit achieved and CO verified
* Notes including any Fagestrom Score and adverse drug reaction

1. <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/630217/Towards_a_Smoke_free_Generation_-_A_Tobacco_Control_Plan_for_England_2017-2022__2_.pdf> [↑](#footnote-ref-1)
2. [Local Tobacco Control Profiles - Data - OHID (phe.org.uk)](https://fingertips.phe.org.uk/profile/tobacco-control/data#page/1/gid/1938132885/pat/6/par/E12000007/ati/401/are/E09000016/iid/92443/age/168/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0) [↑](#footnote-ref-2)
3. <https://evidence.nihr.ac.uk/alert/community-pharmacies-may-be-a-useful-place-to-deliver-stop-smoking-services/> [↑](#footnote-ref-3)
4. clients who are 12 years and also Gillick competent [↑](#footnote-ref-4)