

SCHEDULE 2 – THE SERVICES

A. Service Specification (B1)

Service specification Number	Tobacco cessation in community pharmacies
Commissioner Lead	Queen Mary University of London
Provider Lead	Community Pharmacists in Tower Hamlets
Period	1 st April 2023 to 31 st March 2026
Date of review	January 2026

1. Population needs

1.1 Local context and Evidence base

National 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. In 2017 alone, there were around 78,000 deaths attributable to smoking, representing 16% of all deaths across the UK¹.

Smoking and health inequalities

*Towards a Smokefree Generation: A Tobacco Control Plan for England*² states that tobacco use remains one of our most significant public health challenges and that smoking is the single biggest cause of inequalities in death rates between the richest and poorest in our communities. As smoking prevalence has declined, it has become increasingly concentrated among more disadvantaged communities and groups:

- 1) Around 1 in 4 people in routine and manual occupations smoked, compared with 1 in 10 people in managerial and professional occupations
- 2) People who are unemployed are almost twice as likely to smoke as those in work
- 3) Smoking prevalence among adults with a serious mental illness is over two and a half times the national average
- 4) Smoking and pregnancy:
 - smoking prevalence among pregnant women in more disadvantaged groups and those aged under 20 remains considerably higher than in older and more affluent groups
 - mothers in routine and manual occupations are 5 times more likely to have smoked throughout pregnancy compared to women in managerial and professional occupations

¹ Health matters: stopping smoking – what works? <https://www.gov.uk/government/publications/health-matters-stopping-smoking-what-works/health-matters-stopping-smoking-what-works>

² Towards a Smokefree Generation: A Tobacco Control Plan for England 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

Reducing the prevalence of smoking and addressing health inequalities in smoking is a key commitment of the NHS Long Term Plan.

Local context

The aim of Tower Hamlets Tobacco Cessation in Community Pharmacies service is to reduce the prevalence of tobacco use in Tower Hamlets through enhancing the quantity and quality of support by community pharmacists for smokers and tobacco users especially those from priority groups, living and working in Tower Hamlets who wish to stop smoking and to stop using tobacco.

According to latest data from Public Health profiles³:

- There are over 37,000 smokers in Tower Hamlets (15.1% of the population, 2019)
– This is the 6th highest in London. The prevalence has decreased from 20.3% in 2018 however remains higher than both London and England (12.9%/13.9%).
- Deaths attributable to smoking in Tower Hamlets are 2nd highest in London 317.9 per 100,000.
- The smoking prevalence among adults in routine and manual occupations (18 – 64) In 2018 was 42%, much higher than both London and England (23.6%/25.4%).
- 3.6% of pregnant women are smokers at the point of delivery, which is lower than both London and England (4.8/10.6%) – this equates to 150 pregnant women who smoked in 2019/20.
- Our 4-week smoking quit of 3,435 per 100,000 smokers is 5th highest in London – this was over 1700 actual quits in 2018-19.

2. Scope

2.0 Service description / care pathway

Queen Mary University of London are seeking Community Pharmacy Stop Smoking Providers to commence in April 2023. The providers will cover areas of high deprivation and smoking prevalence within Tower Hamlets.

The Community Pharmacy Stop Smoking Providers will contribute 242 quit outcomes per annum. Should this target be reached within a the year, service provision will cease and resume in the next financial year. (See payments see section 11.3)

2.1 Up to 8 weeks treatment programme: Pharmacies will provide a **maximum** of 8-week and **minimum** of 4 weeks smoking cessation programme, of which the Quit Right Tower Hamlets Team at QMUL will fund the medications for the 8 weeks.

2.1.1 Composition of the The 8 weeks of the programme will be in line with the NICE and NCSCT best practice for behavioral support using Pharmacotherapy. See Appendix 1 for weekly breakdown. **Weekly support for the first 4 weeks where client does not quit the NRT will be be paid up to the 6 products.**

Dual NRT product / (formulary) See Appendix 2

2.1.2 Offer Nicotine Replacement Therapies (NRT) choice: To encourage greater quit success, pharmacies will offer advice on the different NRT available to ensure that it is appropriate and suitable for the client. In line with best practice, pharmacies will offer combination NRT to maximise the quit success.

- Maximum NRT: Please note, the absolute maximum NRT products funded by QMUL will be **10** products for a client who quits successfully. QMUL reserves the right to hold or restrict the funding for NRT dispensing if the guidance or best practice changes.
- QMUL have restricted high-cost medication and will work with pharmacies to limit prescribing certain high-cost medications depending on the budgetary implications. Please see attached formulary. NRT will be reimbursed at NHS Drug Tariff price.
- For those clients **who do not complete the quit journey** for a number of reasons, a maximum of 4 to 6 NRT products will be funded by QMUL.
- NRT combination is the recommended best practice guidance to achieve maximum quits. In Tower

³ Local Tobacco Control Profiles <https://fingertips.phe.org.uk/profile/tobacco-control/data#page/0/gid/1938132885/pat/6/par/E12000007/ati/102/are/E09000030/cid/4/page-options/ovw-do-0>

- If further NRT or medication is needed beyond 8 weeks, the pharmacist or advisor should: 1) advise client to purchase over the counter NRT
2) Refer client to specialist smoking cessation service Quit Right Tower Hamlets based at Queen Mary see details below.
- 2.1.3 **CO reading:** Each initial smoking cessation consultation and validation of a quit will require a carbon monoxide reading unless in exceptional circumstances where this will be inappropriate or unsafe to do so. When a CO reading is taken, in a validated quit reading is expected to be between 0 to 6ppm.
- 2.1.4 **Resources:** Individual pharmacy will be responsible for looking after resources including carbon monoxide monitors (Smokalizer), calibration, D pieces and disposable mouth pieces. All equipment
- 2.1.5 Queen Mary University of London will purchase CO Monitors, D-pieces and mouthpieces. D-pieces should be changed every 4 to 6 weeks depends on number of patients seen per month. Please refer to the latest NCSCCT guidelines. Please inform your QMUL contact.
- 2.1.6 **Brief interventions:** Pharmacies will offer a high quality and effective brief intervention and opportunistic tobacco cessation advice by taking a 'make every contact counts' approach. Pharmacy teams 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 such as high blood pressure, COPD, diabetes or heart disease.

Our specialist stop smoking service provider details are:

Quit Right Tower Hamlet

Address: main clinic is located at The Health and Lifestyle Research Unit, Queen Mary University of London, 2 Stayner's Road, Stepney Green, E1 4AH Tel: 020 7882 8230

Website: <http://quitrightth.org/> Email: clinicbookings@qmul.ac.uk

2.2 Eligibility

This service is for those who live, work or study in Tower Hamlets, or registered with a GP in Tower Hamlets.

2.3 Repeat access of service

All smokers who have been through stop smoking services and failed to quit can return to the stop smoking service in pharmacies 12 weeks (about 3 months) after their previous quit attempt when they set the quit date.

2.4 Pharmacies will ensure that client quit data are recorded on PharmOutcomes using laptops/computers during the consultation to ensure data accuracy. If there are any exceptional reasons why this is not possible, the pharmacy shall notify QMUL by contacting 020 7882 8230 or emailing clinicbookings@qmul.ac.uk

2.5 Pharmacies will ensure that clients are seen in a designated consultation room for privacy unless there are exceptional reasons such as a pandemic.

3. Training

3.1 The identified pharmacist must have successfully completed the training package for smoking cessation support (including varenicline training)* on the National Centre for Smoking Cessation Training website (NCSCT) and thus be accredited to provide this service. Other staff including counter assistant(s) and dispensing staff can also be trained as smoking cessation advisors through undergoing the NCSCT training. All trained staff will need to undergo a refresher training provided by the NCSCT every two years.

* Please note Varenicline and Bupropion is no longer available and will not be supported until further guidance is received.

3.2 Level 2 training is an essential requirement for those staff who support clients to quit. All advisors (including pharmacists) will be trained to the required standard through the NCSCT level 2 smoking cessation training (eLearning) <https://elearning.ncsct.co.uk/england>

3.3 Pharmacy staff to notify QMUL of training needs and provide a copy of the Practitioner Training certificate once complete.

3.4 The identified pharmacist will be responsible for ensuring that two accredited level 2 advisors are available within the pharmacy for a minimum of four days a week; one of whom is strongly recommended to be a pharmacist. This will allow for continuity of service during periods of leave or sickness and to facilitate internal peer clinical support.

3.5 Brief intervention training provided by NCSCT <https://elearning.ncsct.co.uk/england>. All frontline staff are strongly recommended to have this training whether they provide the core tobacco cessation service or not.

3.6 The identified pharmacist will ensure that they continue to update their skills by attending additional courses/forums when necessary and refresher training provided by Queen Mary University of London's Stop Smoking Specialists.

3.7 A list of accredited pharmacists or Locums' with their GPCH registration, who meet the criteria, must be provided to the QMUL representatives by each commissioned pharmacy. The lead pharmacist has the responsibility to provide locums with the tobacco smoking cessation service specification including any other relevant service information.

3.7 Upon awarding the contract, each commissioned pharmacy must submit to public health team the information on number of staff who are Level 2 trained. This information will be updated annually.

4. Contract monitoring

4.1 The QMUL team will carefully examine monthly invoices and check PharmOutcomes data to validate claims. Pharmacies will cooperate with enquiries from the QMUL team and respond in a timely manner.

4.2 Pharmacies will ensure timely and accurate completion of client's quit journey and quit outcome on the agreed PharmOutcomes system.

4.3 Individual pharmacy shall attend contract management meetings at least once a year and when required by the commissioner giving a minimum of 28 days' notice. Pharmacies are encouraged to provide constructive feedback to improve the service.

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

5. Medication dispensing

5.1 NRT dispensing
As per 2.1.1 and 2.1.2.

5.2 Smoking Cessation Prescription Pharmacotherapy
Individual pharmacies will need to sign the Patient Group Direction (PGD) by attending any training provided by the QMUL team if any new Pharmacotherapy for smoking cessation is released.

6. Safeguarding

6.1 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 QMUL must be considered satisfactory for working with children.

6.2 Pharmacies shall have safeguarding policies in place and fully comply with Tower Hamlets' Adults Safeguarding Procedures (https://www.towerhamlets.gov.uk/Documents/Adult-care-services/Safeguarding-adults/LBTH_Safeguarding_Procedures.pdf) and Tower Hamlets' Safeguarding Children Board procedures (<http://www.childrenandfamiliestrust.co.uk/the-lscb/protocols-and-procedures/>), including making referrals to appropriate services if any concerns raised.

7. National standards

7.1 The identified pharmacist will adhere to the Tower Hamlets tobacco cessation service specification and PGD for any new prescription smoking cessation medication. Bupropion and Varenicline are no longer available.

7.2 Pharmacies are expected 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)

7.3 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>

8. Partnership working

- 8.1 Pharmacies will ensure services are young people friendly and work in close partnership with the sexual health and substance misuse services for young people ([Safe East](#)).
- 8.2 Pharmacies will work in close partnership with the local specialist smoking service (currently provided by Quit Right).
- 8.3 In line with best practice, pharmacies will ensure clinical safety at all times. In the event of an adverse incident (significant clinical events, dispensing errors, adverse drug reactions) or near miss, the pharmacist will fill in an incident reporting form and forward a copy to the CCG medicines management team and the Tower Hamlets Director of Public Health within seven days.
- 8.4 Pharmacies will closely work with the Queen Mary's Quit Right TH team for support in achieving the requirement(s) of this enhanced service. Public health team will provide appropriate support with the NCSCT online training.

9. Data collection

- 9.1 Pharmacies should collate timely and accurate data using the PharmOutcomes web- based system (or other reporting / monitoring platform as advised by Queen Mary University of London) to collate data on clients, including those who are lost to follow-up and meet local information governance guidelines.
- 9.2 In order to successfully get paid for the smoking related activities and for the NRT or Varenicline (Champix) dispensing, pharmacies must:
- Enter accurate and timely client's quit journey data onto the PharmOutcomes system. This is critical for generating monthly pharmacy claims. Please note there is a separate data entry requirement for Champix dispensing.
 - All clients' quit outcomes **MUST** be recorded onto PharmOutcomes between **25** days to **42** days from the quit date set (weekly data entry is strongly recommended).
 - Each interaction with the client **MUST** be entered onto PharmOutcomes within **ONE** month from the interaction date (within the grace period). If the entry is not completed within one month (within the grace period), the claim for the smoking cessation activities will not be paid.

10. Key performance indicators for the service

10.1 Audit and review

- A minimum of 5 quits to be achieved at year end, with at least one quit per quarter
- A successful quit rate at 4 weeks to be at least 45%
- 85% of quits at 4 weeks to be CO validated unless exceptional circumstances such as a pandemic
- Reduction in the number of lost to follow up
- To increase referrals to the specialist tobacco cessation service by proactively engaging clients in priority groups especially pregnant smokers, tobacco chewers, smokers living with severe mental illness, smokers with severe long-term conditions e.g. COPD and young people aged 12-17. (aged 12 - 17).

- To increase the number of smokers using nicotine replacement therapy (NRT) in order to quit.
- To reduce numbers not being successful in the cessation attempt.
- To increase recruitment of those who have previously been unsuccessful in their attempt to stop smoking.

10.2 Each pharmacy will receive an audit from QMUL annually and monitoring visits as and when required from an QMUL public health officer and/or programme manager.

10.3 Pharmacies whose activity falls below the minimum quit activity will be reviewed by Public Health team. An improvement plan will be agreed with the pharmacy; in the event that poor performance continues for more than two quarters services can be suspended by QMUL until such a time as a further improvement plan has been agreed and implemented. QMUL reserves the right to terminate the service agreement if the required standards are not met after review.

11. Finance for the service

11.1 QMUL shall, in consideration of the pharmacist providing the service, pay the commissioned pharmacies the appropriate fee (as per 11.3), for the activities carried out. This would be subject to pharmacies' data entry onto PharmOutcomes in a timely manner to meet claims deadlines.

11.2 Payment(s) will be made on a monthly basis to individual pharmacies upon the receipt of timely and accurate claims sent via the PharmOutcome system.

11.3 Payment and reimbursement structure

This enhanced service operates within a fixed budget with performance and affordability reviewed on a quarterly basis. In the unlikely event that performance may exceed the cost of the fixed budget, activity may need to be reviewed.

First visit – with quit date set – CO verified*	£20
Quit at 4 weeks – CO verified* / self-reported	£110
Total for all quits	£130
Additional payments	
N/A	

*National or local coronavirus restrictions have been discontinued resumption of face-to-face consultations are expected. Use of CO monitors should be resumed wherever face-to-face service provision is being delivered, provided that the manufacturer's guidance on the safe handling/ cleaning of monitors and additional COVID-19 specific guidance are followed.

**Referral data will be reviewed together with Quit Right, and payments will only be made for those referrals being successfully contacted by the Quit Right team.

Pharmacotherapy costs are covered by Queen Mary University of London though it will be restricted to a mutually agreed list according to QMUL's Quit Right TH dispensing list and Nicotine Replacement Therapies Protocol.

Appendix 1: Weekly treatment breakdown

		Payments
Week 1 Registration and First Appointment	Face to face Initial Counselling and setting a 'Quit Date' NRT and Behavioral support	£20 plus 2 NRT products
Week 2 Follow up Behavioral support and NRT	Face to face or telephone NRT and behavioral support maintenance advice	2 NRT products
Week 3 Follow up Behavioral support and NRT	Face to face or telephone NRT and behavioral support maintenance advice	1 NRT product
Week 4 - Week 5 Quit Outcome appointment 28- 42 Days since quit date	Face to face or telephone NRT and behavioral support, *** CO reading or self-verified quit.	£130 plus Wk4 x 1 NRT Wk 5 x 1 NRT
Week 6 – 8	Face to face or telephone Subject to a successful quit outcome please continue NRT up to week 8	Wk 6 x 1 NRT product Wk 7 x 1 NRT product 8 NRT x 1 NRT product
		Maximum of 10 NRT products for a patient who completes 8 weeks

Appendix 2 NRT use and prescribing

Please see

<https://www.ncsct.co.uk/usr/pub/NCSCCT%20stop%20smoking%20aids%20quick%20reference.pdf> quick guide for stop smoking aids quick reference.

Nicotine replacement therapy (NRT)

- NRT is both effective in increasing success with stopping smoking and safe.
- Most common side effects are mild.
- Combining the NRT patch with fast-acting NRT products (e.g. gum, inhalator, mouth spray) has been shown to increase success with quitting.
- NRT products are typically used for 8–12 weeks. (8 Weeks for Tower Hamlets)
- It is important to use the full course of the medications to increase success with quitting long-term. The amount of NRT can be reduced over this time period or full dose can be maintained. Some clients will benefit from using NRT for extended periods of time and this is safe practice.

Guidelines for individualised dosing of NRT:

- It is important for clients to use enough NRT.
- The initial dose of NRT can be determined based on heaviness of smoking index (number of cigarettes and time to first cigarette in the morning). In heavily dependent smokers, higher doses of NRT (>42mg) have been shown to be more effective than standard doses (21mg) in reducing withdrawal symptoms and cravings.
- Client experience with withdrawal and cravings can be used to guide the need to adjust the initial dose. Both the dose of NRT patch and the frequency of using the fast-acting NRT can be increased as needed to address withdrawal and cravings.