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| Service Specification No. | **4** |
| Service | **Intermediate Stop Smoking Service in Community Pharmacy and Nicotine Replacement Voucher Scheme.** |

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| 1. Population Needs |
| **1.1 National/local context and evidence base**  In the UK, health inequalities are widening on some important measures such as life expectancy. Smoking is the single biggest preventable cause of these health inequalities and is responsible for about half the difference in death rates in men based on socioeconomic status. In the UK, in 2021, 13.3% of people aged 18 years and over smoked cigarettes, which equates to around 6.6 million people in the population.    Knowsley is the 2nd most deprived local authority in England based on the 2019 English Index of Multiple Deprivation. The rate of smoking prevalence across the borough has been improving in recent years, however Knowsley remains above England and Northwest averages. 16.0% of adults in Knowsley in 2021 were smokers, higher than the England average of 13%. Knowsley has the 2nd highest smoking prevalence in Cheshire and Merseyside, lower than Liverpool (17.8%).  According to the ASH Ready Reckoner 2022, the estimated cost of smoking to Knowsley is £48.21m. This includes:   * Productivity - £32.24m. * Healthcare - £6.38m. * Social Care - £8.43m. * Fire Costs - £1.15m.   Nationally community pharmacies continue to provide valuable stop smoking services and increase access to nicotine replacement therapies and prescription-only drugs to aid quit attempts. In 2022/23 quit rate among clients using pharmacy services was 22% for 4 week quits and 24% for 12 week quits in Knowsley, supporting 53 residents in their attempts to quit smoking. |
| 2. Key Service Outcomes |
| There are a number of challenges facing smoking cessation services.  Key among them are:   * Declining numbers of clients using stop smoking services * Declining quit verification rate using carbon monoxide (CO) monitoring * Management of clients using electronic cigarettes   The main outcome for this service is improvement in the health of the population by reducing smoking prevalence through improved access to high quality pharmacy-based smoking cessation services in Knowsley. |
| 3. Scope |
| **3.1 Aims and objectives of service**  The overall aim of the service is to improve health of the local population and reduce health inequalities associated with smoking.  The following are the key objectives of the service:   * To improve access to high quality evidence-based smoking cessation services, including access to pharmacological smoking cessation aids. * To improve smoking quit rate at 4 and 12 weeks in Knowsley * To reduce smoking-related illnesses and deaths by helping people to give up smoking * To contribute toward achieving the Public Health Outcomes framework targets.   **3.2 Service description/pathway**  This is a composite service specification encompassing the **Intermediate Stop Smoking Service** and **Nicotine Replacement Therapy (NRT) Voucher Scheme**.  ***Individual contractors may elect to provide any of the two services or both. If required, Pharmacies not signing up to provide both services should refer clients to other providers including other pharmacy providers for the service the pharmacy is not providing.***    **3.2.1 Intermediate Stop Smoking Service**  Theservice will provide one-to-one smoking cessation advice and support to people aged over 16 years who want to stop smoking and live, work, study or are registered with a GP in Knowsley. The service will increase choice and improve access to smoking cessation support, especially for ‘hard-to-reach’ groups.  The provider will ensure appropriately trained smoking cessation advisors are responsible for offering behavioural support in addition to providing information on available pharmacotherapies.  Access to the service would be via:   * + self-referral   + referral/signposting from GP practices, Knowsley Stop Smoking Service, Health Checks programme, hospitals and Walk-in Centres   + signposting from other services including Healthy Knowsley Service or other pharmacies;   The *initial assessment* would include:   * + establishing the person is eligible to access the scheme (see eligibility criteria under “***Population covered”*** section)   + educating clients on the benefits of quitting   + an explanation of what a typical treatment programme could entail   + an assessment of the client’s readiness to start a quit attempt   + an assessment of the client’s suitability and willingness to use available treatment options including pharmacotherapies.   Clients not wishing to commit to a treatment course at this stage should be given the opportunity to return to the service if they change their mind.  Clients wishing to start a treatment course should receive an *initial consultation which* should include:   * an explanation of the benefits of quitting smoking; * an assessment of nicotine dependency using **Fagerstrom Dependency Test** * discussions about the treatment programme, its aims, duration, how it works and its benefits; * applying appropriate behavioural support strategies to help the client quit and supplying relevant supportive literature; * discussion about tobacco withdrawal symptoms and how they could be managed * discussions about common barriers to quitting; * discussion about available treatment options; * the use of carbon monoxide (CO) test as a monitoring and motivational aid; * establishing agreement with the client on a suitable treatment course and a target quit date * ensuring there is a shared understanding in relation to support and monitoring arrangements during treatment.   Follow-upconsultations should be agreed with the client and must include assessment of progress, effectiveness of support being received, and smoking status validated using a CO test.  Based on the pharmacy stop smoking advisor consultation and in accordance with the NRT protocols and guidance, the pharmacy will supply appropriate smoking cessation pharmacotherapy, e.g., NRT, Details of the service to supply NRT and payment are outlined later in this specification. Patients should be referred to their GPs for prescription-only medications if the Pharmacy does not have a PGD to dispense them.  Participating pharmacies should check that clients they intend to support are not registered with the specialist service or any other pharmacy. A person cannot register with a pharmacy if he/she is already registered with the specialist service or another pharmacy.  **Pregnant women**  Pregnant women can access smoking cessation advice and support to help them quit smoking in a participating pharmacy. Sessions for pregnant women should be delivered by advisors who have had the appropriate training i.e. NCSCT speciality training on smoking cessation during pregnancy and the post-partum period. Providers could contact the Knowsley Specialist Stop Smoking Service for details of how to access the training course. A link to the service can be found here: [Smokefree Knowsley](https://www.smokefreeknowsley.org.uk/)  ***Pharmacies which do not have an appropriately trained staff should refer pregnant women for this specialist support to the Knowsley Specialist Stop Smoking Service.***  **Children under 16**  Anyone under the age of 16 years requesting treatment from a participating pharmacy should be referred to the specialist service by ringing 01514267462. Vouchers issued by the Specialist Stop Smoking Service should be honoured by pharmacies.  **NRT Supply**  Pharmacies can supply Nicotine therapies in accordance with the local protocols. Please see below for details of payment for NRTs.  It is recommended that for the first 4 weeks of a quit attempt the pharmacy advisor should see a client weekly to offer behavioural support and review the quantity of NRT supplied to ensure optimum management of client’s cravings and withdrawal symptoms. Once the client reaches the 4-week point the advisor should see the client every 2 weeks and adjust the supply of NRT accordingly. The treatment course should last for 12 weeks.  Generally, NRT supplies should be for 2 weeks. During the 12-week treatment period, NRT supplies may only be given for 4 weeks to a client on some occasions, e.g., it could be offered if the client is going away on holiday or to fit in with shift patterns. This would be at the discretion of the advisor.  **Record keeping**  The provider should maintain appropriate records using PharmOutcomes database to support effective service delivery and audit. Consideration should be given to communicating client’s medication history to his/her GP with the client’s consent.  The provider will ensure all data is inputted onto the database in a timely manner. When consultations take place where there is not access to the electronic database, paper records should be used. Such records should be transferred as soon as possible on to the electronic database and the paper records destroyed in line with data governance.  The provider should record the client’s smoking status (as confirmed by carbon monoxide reading) at 4 weeks and 12 weeks after a set quit date. Knowsley Council will include the figures in the quarterly returns sent to the Health and Social Care Information Centre each quarter.  **Takeover by the Specialist Service**  Clients who have an active quit attempt created by a Pharmacy but with no recorded outcome on **Pharmoutcomes** after 42 days of setting a quit date will be taken over by the Specialist Stop Smoking Service and such records will not be accessible to the Pharmacy. They would be classed as ‘Lost to Follow Up’ and no further payments would be made to the Pharmacy.  In this regard, the Pharmacy advisor should explain to clients they may be contacted by the Specialist Stop Smoking Service provider at 42 days after their quit date, if they lose contact with the pharmacy service, to monitor their status and offer additional support.  **Service Performance**  NICE Public Health Guideline on Stop Smoking Services [NG209](https://www.nice.org.uk/guidance/ng209)) recommends that services should aim for a success rate of at **least 35% at 4 weeks, validated by carbon monoxide monitoring**. Successful quits should be validated by a CO monitor reading of **less than 10 ppm at the 4-week point**. This does not imply that treatment should stop at 4 weeks.  The guideline further recommends that performance data should be routinely and independently audited especially where there are exceptional results – **4-week quit rates lower than 35% or above 70%** – to determine the reasons for unusual performance, and to help identify best practice and ensure it is being followed.  These recommendations would be used in managing performance under this service contract. This would help the commissioner to offer help where possible to improve performance.  **General Medicines Management**   * The advisor must offer stop smoking intervention within their professional competence. * Treatment options provided must comply with relevant NICE guidance. * The advisor must not offer pharmacological treatments that have not been approved for use in Knowsley. Reference should be made to contemporary local formulary * The advisor must not offer pharmacotherapy that is clinically inappropriate for the client. * Stop smoking advisors are required to maintain a record of all pharmacotherapy e.g., by retaining the relevant patient records. * Where appropriate, stop smoking advisors must complete a Yellow Card if an adverse reaction is reported by a client (<http://yellowcard.mhra.gov.uk>)   ***All providers must have a process in place to record incidents and a system for learning from incidents. When an incident occurs, the provider must submit a copy of the incident report to the Commissioner***.  **3.2.2 Nicotine Replacement Therapy (NRT) Voucher Scheme**  The purpose of the voucher scheme is to enable easy and equitable access to NRT. Everyone accessing behavioural support from the Knowsley Stop Smoking Service, for whom NRT is chosen as pharmacotherapy, will be eligible for the voucher scheme.  The provider will:   * + Have available the full range of NRT products listed on the voucher.   + Provide the NRT products in accordance with their respective licenses, including appropriate dosage as indicated by the Smoking Cessation Advisor.   + Support clients to make the appropriate choice of product when appropriate.   + Advertise local specialist stop smoking service by displaying prominently relevant posters as and when required. These would be supplied to providers.   + Record each NRT supply in the manner prescribed for payment.   + Store the vouchers presented and supplied against ***for a period of six months***.   + The provider will notify Knowsley Stop Smoking Service and the Council of any problems relating to the service and/or the data base.   ***Electronic Vouchers***  Knowsley Specialist Stop Smoking Service operates an electronic voucher service namely “***Quit online***” (internet-based vouchers issued via e-mail) and “***Quit Buddy***” (SMS vouchers). Pharmacies signing up to provide the NRT voucher scheme would automatically provide services to support the electronic voucher scheme. Pharmacies should contact the Specialist Stop Smoking Service to arrange the necessary logins if this is not in place at the commencement of this contract.  **3.2.3** **Training**  To provide ***Intermediate Service*** all pharmacy staff delivering the service must be trained to offer brief advice or brief intervention as detailed below:   * Attendance of a training session delivered off site by CHCP ***or*** * Completion of NCSCT online brief advice/intervention module   The Pharmacy must have ***at*** ***least two members of staff*** trained as advisors in providing stop smoking support as detailed below:   * Completion of the NCSCT combined online level 1 (brief intervention) and level 2 (intermediate) training and assessment programme followed by an off-site half-day stop smoking training session provided by the Knowsley Stop Smoking Service (delivered by CHCP). This half-day session is specifically for any new staff being trained as advisers and will be available once a year.   The Knowsley Stop Smoking Service will also provide mop up training sessions for any members of staff who wish to refresh their training. These particular training sessions will be delivered online and will be available twice a year.  **It is expected that on signing up to this contract that pharmacies would fulfil the training requirements within 3 months if they have not already done so.**  ***There is no training required to dispense NRT on the voucher scheme.***  **3.2.4 Responsibilities for the provider**   * Whilst trained and competent pharmacy staff may be authorised by the responsible pharmacist to undertake counselling, monitoring and recording data, the clinical responsibility for supply of NRT lies with the pharmacist. * The provider must have consultation area to be used for the provision of the service. This area must provide sufficient level of privacy and safety for such consultations. * The provider will be responsible for ensuring that accurate and complete records of consultations, advice and treatment provided to each client they manage within the service are recorded along with outcomes using Pharmoutcomes database. * The provider must ensure that all staff involved in the provision of the service have appropriate knowledge and skills to deliver the service and are appropriately trained in the operation of the Service. The Pharmacy should maintain a log of staff training which should be made available to the Council on request. * The provider must ensure that all staff involved in the provision of the Service are aware of and act in accordance with local protocols and national guidance. * If there is staff turnover the pharmacy will ensure that new staff are trained to ensure the delivery of the service. The Pharmacy must inform the Commissioner and the Knowsley Stop Smoking Service of any changes to staff involved in the provision of the service so that any new staff would be appropriately trained. * The Pharmacy staff must confirm the eligibility of the person to access the service. In addition, the pharmacy should check that the person is not registered with the specialist service or any other pharmacy. A client cannot register for the pharmacy-based intermediate service if they are already registered with the specialist service or another pharmacy. This is to ensure that the client’s details are not duplicated leading to confusion and compromised data quality and audit trail. * The advisers should identify treatment options that have proven effectiveness, maximise client’s commitment to a target quit date and ensure clients understand the ongoing support and monitoring arrangements. * Pharmacy staff responsible for the service must participate in any on-going training related to the Service. * The provider will have appropriate stop smoking support material for clients and promote service uptake. This should be material produced by the Council or National Smoke Free branded material. * The provider will review its standard operating procedures (SOPs) and the referral pathways for the service every two years to ensure adherence to best practice. * The provider will demonstrate that all staff involved in the provision of the service have undertaken training relevant to this service and their professional qualification/registration. * The provider will make reasonable adjustments to tackle any features of the service that may act as a barrier to disabled people accessing the service. * The provider should ensure continuity of service by having at least 2 staff trained to provide the service. This would ensure service could be provided in case one staff is absent. * The provider should liaise with the Knowsley Specialist Stop Smoking Service for support with training and specialist advice on service provision. * The provider would participate in local and national stop smoking campaigns such as Stoptober and National No Smoking Day.   **3.2.5 Obligations of the Council and the Knowsley Stop Smoking Service**   * Materials required, including documentation, smoking cessation leaflets and posters will be supplied free of charge to the Contactor by the Specialist Stop Smoking Service or the Council. * The Council will reimburse the Pharmacy the total cost of services including the cost of NRT with an agreed dispensing fee for each voucher processed. Appropriate VAT would be paid where required * The Council will be responsible for providing and maintaining an appropriate electronic database for recording and analysing service data for the purposes of performance monitoring, audit and making payments to providers. * All training for pharmacy staff would be provided by the Knowsley Stop Smoking Service (apart from training delivered by NCSCT). * The Council, with the Knowsley Stop Smoking Service, will support the promotion of the service locally, including the development of publicity materials where appropriate. Providers would use these materials to promote the service to the public. * The Council, with the Knowsley Stop Smoking Service, will provide details of relevant referral points which pharmacy staff can use to signpost service users who require further assistance from the specialist service. * The Commissioner will periodically review the service and update the service specification as and when required.   3.3 Population covered  Theservice is for people aged over 16 years old who want to stop smoking and live, work, study or are registered GP in Knowsley and want to give up smoking. This includes pregnant women.  3.4 Any acceptance and exclusion criteria and thresholds   * Children under 16 years should be referred to the Knowsley Stop Smoking Service. * Pregnant women should be managed by an appropriately trained advisor   3.5 Interdependencies with other services   * Knowsley Stop Smoking Service * Healthy Knowsley Service * Change, Grow, Live * Acute Trust and Maternity Services serving Knowsley * GPs and Practice Nurses * Knowsley 0-25 service (Health Visiting and School Nursing Teams in Knowsley) * Children’s Centres in Knowsley * Dental Practices serving Knowsley residents * Health Checks Service * Other health and social care services in Knowsley |
| 4. Applicable Service Standards |
| 4.1 Applicable national standards e.g., NICE   * Tobacco Control Plan for England (2017) * NICE Public Health (PH48). Guidance Smoking: acute, maternity and mental health services. 2013 * NICE Public Health Guidance NG209 Tobacco: preventing uptake, promoting quitting and treating dependence 2021 * NICE Public Health Guidance 26 (2010) - How to stop smoking in pregnancy and following childbirth * National Institute for Health and Care Excellence (2015). Smoking: Reducing and Preventing Tobacco Use Quality standard [QS82]. <https://www.nice.org.uk/guidance/qs82> * National Institute for Health and Care Excellence. Stop Smoking Interventions and Services (2018). <https://www.nice.org.uk/guidance/ng92> * NICE Technology Appraisal Guidance 123 - Varenicline for Smoking Cessation (2007) * Centre for Smoking Cessation and Training (NCSCT) Standard Treatment Programme <http://www.ncsct.co.uk/>   4.2 Applicable local standards  The Provider must demonstrate their commitment to supporting [Knowsley Council’s social value model](http://www.knowsley.gov.uk/PDF/social-value-model.pdf). Social value in Knowsley is defined as outcomes, measures and activity that will create strong and well connect public e.g., recruiting people to volunteer, providing training, increasing confidence and employability among the local population, developing social networks to help families support each other.   * The Provider will maintain appropriate records to ensure effective ongoing service delivery and audit. * **The Provider must demonstrate that Staff involved in the provision of the service have undertaken training and signed a declaration of competence relevant to this service e.g., CPPE Self-declaration for Smoking Cessation, where appropriate.** |
| 5. Location of Provider Premises |
| The Provider’s Premises are located at various locations in Knowsley. |
| **6. Required Insurances** |
| The provider will ensure that they hold an appropriate level of public liability insurance, employers’ liability insurance and professional indemnity insurance to cover all obligations and activities in respect of this Agreement. |

**CONDITIONS PRECEDENT**

* At least two members of staff trained as advisors in providing stop smoking support

# QUALITY OUTCOMES INDICATORS – Intermediate Stop Smoking Service

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| **Quality Outcomes Indicators** | **Threshold** | **Method of Measurement** | **Consequence of breach** |
| 4-week quit rate | 43% | * Data source: Service data recorded on **Outcomes4Health** * Numerator: Number of clients who quit at 4 weeks * Denominator: Number of clients setting a quit date | As per  <https://www.nice.org.uk/guidance/ng92> . |
| CO verified 4-week quit rate | 35% | * Data source: Service data recorded on **Outcomes4Health** * Numerator: Number of clients who quit at 4 weeks in whom the quit has been CO-verified. * Denominator: Number of clients setting a quit date | As per  <https://www.nice.org.uk/guidance/ng92> . |
| Number of staff trained to deliver the service | Minimum 2 | * Number of staff up to date with the stop smoking service training delivering the intermediate stop smoking service. | As per Clause B29 of the Public Health Services Contract |

**PAYMENT TERMS**

For payment rates see Appendix E: CHARGES.

Payments relating to the **Intermediate Stop Smoking Service** are conditional upon 4 week quit outcomes being recorded within 42 days of the quit date. Failing this, the client would be taken over by the Specialist Service and no further payments would be made to the pharmacy. Payment would be made for any initial recruitment and consultation(s). Payment would be made for NRT for such client’s provided claims are submitted within 180 days.

* **For NRT**, the Provider will be reimbursed for the cost of NRT plus VAT as set out in the NRT Protocol. This charge will be reduced by the current non-refundable levy (in lieu of prescription charge) for any client who is not exempt from paying prescription charges.
* Payments relating to the NRT voucher scheme are conditional upon the claim being submitted within 180 days.