**Service Specification for Community Pharmacy Provision of Nicotine and Smoking Cessation Services**

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| Service Specification No. 1 |  |
| Service | Nicotine and Smoking Cessation Services in Community Pharmacies including access to Pharmacotherapy. |
| Commissioning Lead | ABL Health |
| Provider Lead | Lead Pharmacist |
| Period | 1st April 2016 – 31st March 2017 |
| Date of Review | 1st March 2017 |

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| 1. Population Needs |
| Smoking remains the primary cause of preventable morbidity and premature death, killing over 79,000 people in England each year, including approximately 680 adults over the age of 35 years and over in the Wirral alone. In addition, there are over 1750 admissions to Wirral hospitals, annually, with problems caused by smoking. The rates of smoking in the Wirral has dropped significantly in recent years. Although the prevalence rate is approximately 18.3% (2013) this figure masks the wide variance of smoking rates across the Borough. Areas of socio-economic deprivation, particularly in Birkenhead, Seacombe, Tranmere and Bidston, report a smoking prevalence of 31.4%, exacerbating health and social inequalities.  Proposed targets for a new national strategy (ASH) are:   1. Reduce smoking in the adult population to 13% by 2020 2. Reduce smoking in the routine and manual socio-economic group to 21% by 2020   Smoking in pregnancy can result in increased risk of miscarriage, preterm birth, low birth weight and still birth. It is associated with sudden unexplained death in infancy (SIDs), childhood respiratory disease, ADHD and behavioural problems in children. The number of women accessing the Stop Smoking Service and quitting since 2013 has increased significantly. This is reflected in the number of women smoking at the time of delivery (SATOD). There is a proposed target to reduce smoking among pregnant women to 8% by 2020 (ASH), therefore robust care pathways need to be maintained to ensure quitting in pregnancy is highlighted at every opportunity.  Reducing smoking prevalence in the Wirral will impact on 3 of the Public Health Domains identified in the Public Health Framework Document.  It will reduce the cost to society which at present is estimated at £77.6 million in the Wirral: -  Lost productivity (smoking breaks) £26.5 million  Lost productivity (early deaths) £20.8 million  Smoking related disease (NHS) £12.8 million  Smoking related social care £7.0 million  Lost productivity (sick days) £6.6 million  Smoking related fires £2.7 million  Secondhand smoke £1.4 million  When net income and smoking expenditure is taken into account 9,107 or 30% of households in Wirral with a smoker fall below the poverty line. If these smokers were to quit, 3,541 households in Wirral would be lifted out of poverty. (ASH 2016)  The challenge for any organisation is to spend its` limited money on services that make the greatest improvement to health. There is a twenty-fold imbalance between spending on cholesterol-lowering drugs and spending money on smoking cessation, yet smoking cessation delivers up to twenty times more value for money in terms of lives and life years saved. A targeted and comprehensive Nicotine and Smoking Cessation will address this inequality. The community pharmacy element of the Nicotine and Stop Smoking service will be a key component of the overall service, reducing health and social inequalities within the overall tobacco control programme. Evidence based Nicotine and Smoking Cessation Services are highly effective both clinically and in terms of cost, with smokers 4 times more likely to quit using the services than going it alone. |
| 1.1 Applicable Service Standards |
| It is essential the service follows national guidance and evidence based best practice, and ensures new guidance is implemented quickly and seamlessly.  Current guidance includes:  Beyond Smoking Kills DH /ASH (2008)  The NHS Stop Smoking Services Monitoring and Guidance 2014/15  10 High Impact Changes for SSS (2010)  Liberating the NHS (2010)  Healthy Lives, Healthy People, A Tobacco Plan for England (2011)  NICE guidance PH1 PH10 TA123 PH5 PH26 PH48  ABL Health Voucher Scheme protocol for the supply of Nicotine Replacement Therapy and the request of Varenicline and Buproprion. |

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| 2.1 Scope |
| **Aims**   1. To improve access to Nicotine and Smoking Cessation Services by maintaining a one to one service within community pharmacies. This will ensure easy, seamless and swift access to an advisor. 2. To contribute to the Wirral locally set Nicotine and Smoking Cessation targets. 3. To reduce health and social inequalities. 4. To develop and sustain a high quality Nicotine and Smoking Cessation Service in accordance to national standards and guidance.   **2.2 Service description**  The Stop Smoking Service should be seen in the same way as any other clinical service and offered to anyone who expresses an interest in stopping smoking or nicotine use. There are two core elements to this service, the provision of pharmacotherapy only and pharmacotherapy and behavioural support.  If the Pharmacy advisor provides behavioural support, they must adhere to the following guidance:   1. The Pharmacy must provide a private consultation area which must enable the client and the advisor can be seated. They must be able to hold a conversation which can remain confidential by speaking in normal volume and cannot be overheard. 2. Each consultation should be able to be conducted without being interrupted. Allocated time should be dedicated to each client in line with the guidance recommended by the Department of Health Stop Smoking Services Monitoring Guidance. 3. The service will consist of up to a **minimum** of **8** consultations with the practitioner. To provide robust support the client should be seen weekly for 4 weeks as a minimum at the start of the programme. Each client will receive a course of treatment tailored to their individual requirements. 4. All weekly treatment sessions must adhere to the guidance set by the National Centre for Smoking Cessation and Training (NCSCT) treatment programme. This must include the recording of accurate CO validation of smoking status at every visit and a comprehensive account of the consultation content. 5. The practitioner will organise appointments at mutually agreed times with the client. 6. The practitioner will follow up any clients who fail to attend a session and encourage them to continue the programme. If the client does not want to continue the reason should be recorded and the clients smoking status confirmed. 7. The service should be advertised in the Pharmacy by prominently displaying posters and leaflets. It will be the duty of the Pharmacy to hold stocks of local and national Nicotine and Smoking Cessation literature and replenish stocks as required. 8. In circumstances where a client cannot be supported by the Pharmacy, the client must be referred directly to the Nicotine and Smoking Cessation Service who will support the client. 9. An evaluation of the service the clients have received, must be carried out by the practitioner to ensure they are satisfied with the service they have received. Where necessary changes with the service delivery must be made in response to any findings. 10. Pregnant women should be referred to the Nicotine and Smoking Cessation Service for intensive support throughout their pregnancy and up to 3 months` post-partum. 11. Any client who has not stopped smoking at their **2nd** weekly follow up must be referred to the Stop Smoking Service. This will enable adherence to NICE Harm Reduction Guidance (2013) 12. Pharmacies may provide behavioural support to clients who are using e-cigarettes to support their quit attempt and add these to their data recording, in accordance with the Russell Standard. 13. To ensure robust service validity and infection control the Nicotine and Smoking Cessation CO monitor protocol must be adhered to. 14. The service must be equitable and staff must make adjustments to meet the needs of the clients. 15. A practitioner who is planning a period of leave must not start a new client on a Nicotine and Stop Smoking programme unless there is another advisor to support the client in their absence. 16. Service providers assigned to this Service Level Agreement may not subcontract service provision to other providers.   **2.3 Key Performance indicators**   |  |  |  | | --- | --- | --- | | **Performance indicator** | **Indicator** | **Threshold** | | CO validation | The percentage of clients whose smoking status was self- reported. | No more than 15% | | 4 week quit rates | Number of clients successfully quit at 4 weeks as a percentage of those eligible for 4 week follow up. | Between 35% - 70 %  Target trajectory aim 50% |   ***For the full definition of smoking quitters, please see The Department of Health, Local Stop Smoking Services, Delivery and Monitoring Guidance 2014.***  **Performance Monitoring**  The Pharmacy staff must adhere within service protocols.  The Nicotine and Smoking Cessation service reserves the right to monitor all parts of the service delivered by the Pharmacy to ensure the quality of the service continues.  Brief intervention should be offered as part of routine care and given at every opportunity. NICE has a developed a range of guidance which should be referred to as part of this SLA.  NICE PH1, PH10, TA123, PH5.   * 1. **Access to the service**   **Inclusion**  There should no barriers to the service   1. Clients may be referred by any health professional. 2. Clients may self- refer. 3. Clients who are already attempting to quit by using NRT or other nicotine containing products and need extra support and guidance. 4. Clients who live or work in the Wirral. 5. Clients who, because of medical treatment programmes, need to access the service.   **Exclusion**   1. Children under the age of 12 years must be referred to ABL Health Nicotine and Smoking Cessation Service. 2. People who do not live or work in the Wirral can be referred to their local Stop Smoking Service. However, this is with the exception of clients undergoing treatment at Clatterbridge Cancer Centre and are accessing services at PharmaC, Clatterbridge.    1. **Training and Accreditation**   Over 1.6 million people access pharmacies each week, opportunities to raise the issue of nicotine and tobacco use should be used to increase the footfall into the service.  Brief Intervention training will be provided to ensure all pharmacy staff have the confidence and competence to raise the issue of nicotine and tobacco use.  Pharmacy staff providing Nicotine and Smoking Cessation Services must be trained to National Centre for Smoking Centre Training (NCSCT) standards, and be assessed as competent to deliver a quality assured service. Names of accredited practitioner will be kept on an enhanced service provider list kept by ABL Health, on whose behalf they are providing the service.  Accreditation is gained by completing **all** NCSCT online assessment training, and attending a minimum 2-day face to face training course provided by ABL Health, which will be followed by assessment and supervision. Guidance through the online assessment training will be provided by ABL Health. Update training should be attended at least once annually. There will not be a charge for either training. Update training is to ensure a high quality standard of service delivery is maintained and practitioners are kept up to date with national and local research relating to Nicotine and Smoking Cessation and the tobacco control agenda. This may result in the need for additional training to comply with core competencies and it is essential practitioners attend the training.  To ensure competence and confidence in practice, all individual staff should assist no less than 30 clients to be nicotine free annually. (NCSCT guidance)  Where there are concerns regarding poor performance will be addressed as a clinical governance issue.  If a practitioner has not delivered the service in compliance with the NCSCT guidance and has not attended update training their name will be removed from the register of Pharmacy practitioners. |

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| * 1. Pharmacotherapy and validation |
| 1. Practitioners should adhere to the ABL Health protocol for the supply of Nicotine Replacement Products, Buproprion and requests of Varenicline. 2. Practitioners can supply all forms of NRT following appropriate assessment. 3. The practitioner is responsible to ensure the client meets the inclusion criteria for the supply of NRT.   If a client is interested in using Varenicline, the client must be assessed by the Pharmacist and be provided with the medication in line with the PGD for Varenicline However, the Pharmacist must have attended the training and be recognised as accredited in line with the PGD. The practitioner must provide on-going behavioural support.   1. It is essential the Pharmacist ensures the client meets all the inclusion criteria for the supply of Varenicline. 2. Clients who are eligible to pay prescription charges will pay a fee for each item. These payments will be deducted from the contractor`s reimbursement. 3. Clients who are exempt from paying a prescription charge will not pay for their NRT or Varenicline or Buproprion. 4. All NRT, Varenicline or Buproprion issued, must be recorded on the Patients Medical Record. (PMR)   **NRT products dispensed through the voucher scheme in accordance to the ABL Health Nicotine Replacement Product Voucher Protocol**  All products must be available as first line treatment. If a practitioner or Pharmacist is in doubt about recommending or dispensing any form of NRT they should contact the Nicotine and Smoking Cessation Manager.  **3.2 Carbon Monoxide (CO) Monitors**  Under this agreement ABL Health will issue one CO monitor to each Pharmacy as their staff are trained and accredited as practitioners. ABL Health will be responsible for mouthpieces, and where necessary will be responsible for the calibration of the monitors annually, at the training update sessions. Where appropriate, it is the duty of the Pharmacy staff to ensure they take their CO monitor to the training session for calibration.  To ensure robust service validation and infection control, the service CO monitor protocol must be adhered to.  **Record keeping**   1. Must adhere to the National Minimum Standard of Clinical Note Keeping 2. Patient data is confidential and any paperwork must be kept in a lockable cabinet 3. The pharmacy must not use any form of documentation or patient letter which has not been approved by the Nicotine and Stop Smoking Service.     **3.3 Data collection**  It is essential, data and thorough, comprehensive documentation of client`s episodes are up to date at all times.  All documentation must be entered onto the agreed secure data portal or a Nicotine and Smoking Cessation monitoring form. This will contain data collection mandatory fields which meet the Department of Health, Russell standard monitoring requirements. It is essential that all fields are completed to ensure that quality assurance is reflected in data outcomes by the Department of Health and locally. If the pharmacy is unable to do this, the provision of Nicotine and Smoking Cessation Services will not be permitted.  When the data portal becomes live this is how all documentation must be recorded.  Failure to record mandatory data requirements could result in late or non-payment.  **Client follow up**  Clients are required to be followed up at 12- week after their quit date by the pharmacy practitioner. This can normally be carried out via a telephone call to ask the client their smoking status. There should be a minimum of 3 attempts to do this.  Clients will also be required to be followed up at 25 weeks and 52 weeks respectively. This will be carried out by the Nicotine and Smoking Cessation Service. Pharmacists are asked to inform clients of this.  **Service activity**  If a contracted Pharmacy cannot provide a service for a period of more than 3 months, whatever the reason may be, the Pharmacy must inform the local ABL Health Nicotine and Smoking Cessation Service Manager.  **3.4 Significant event recording**  The Pharmacy must have a significant event reporting system in place. This must contain a log of patient safety incidents.  Any incidents regarding Stop Smoking Service delivery must be reported to ABL Health.  Varenicline is a black triangle drug. Any reactions or adverse symptoms must be reported using the yellow card system. |
| Service Delivery Process |
| **Smoking Cessation Service Standard Operating Procedure**  **Identification of clients wanting to stop smoking**  Pharmacy staff should proactively identify the smoking status of clients  Yes    Does the client want to stop smoking  Does the client smoke  Yes  No  No  **Process: Pharmacist assessing motivation and nicotine replacement therapy requirements of the client**  Pharmacist explains the Nicotine and Smoking Cessation Service. This must include the rationale for the frequency of follow up pharmacy visits and the necessity of CO validation  Is the client able to set a quit date?    **Yes**    **No**  **Process: Pharmacist prescribes Nicotine Replacement Therapy**  Pharmacist confirms client`s suitability for Nicotine Replacement Therapy  Pharmacist should use NRT voucher to prescribe Nicotine Replacement Therapy. Vouchers should be issued and dispensed weekly for the 1st 4 weeks  **Process: Pharmacist / pharmacy staff reviews the client**  Pharmacist / pharmacy staff completes 4 week quit form and returns to ABL Health  **Yes**  Is this the clients` 4 week Quit review?      **No**  Pharmacist /pharmacy staff determines whether client has smoked during the previous week and continues Standard Treatment Programme. This must include CO validation in line with the Russell Standard  Has the client smoked    **Yes No**  ***Adapted from the Public Health Services Contract 2013/14, Community Pharmacy Scotland***  ***Smoking Cessation Service Standard Operating Procedure*** |
| Required Insurance |
| Employers Liability £10m minimum  Public Liability £10m minimum  Professional Indemnity £5m minimum |