SERVICE SPECIFICATION

COMMUNITY PHARMACY SMOKING CESSATION SERVICE

1. Service Description

This smoking cessation service will be provided by trained community pharmacy staff as an enhanced service. The service will be provided in a pharmacy setting. It will include the provision of one to one advice to support smokers in stopping smoking, either through ongoing support or referral to specialist services. It will include the provision of pharmacological products to aid the cessation attempt.

2. Aims of Service

2.1 To provide one to one advice to those wishing to stop smoking
2.2 To refer to the specialist service where appropriate
2.3 To provide choice to those wishing to make an attempt to stop smoking.
2.4 To improve access to smoking cessation services especially amongst hard to reach groups such as young people and pregnant women
2.5 To provide pharmacological products to support the cessation attempt

3. Outcomes

3.1 To contribute to meeting Public Service Agreement (PSA) targets included in the PCT Local Strategic Plan and the Local Area Agreement.
3.2 To reduce smoking related illnesses and deaths by helping people to give up smoking.
3.3 To improve the health of the population by reducing exposure to second-hand smoke.

3. Background

This service reflects the evidence that community pharmacy can make a contribution to improve the health of the population through providing smoking cessation services (NICE). It is further reflected in “A vision for pharmacy in the New NHS” (DH 2003) and in the new contractual framework for community pharmacists (DH 2004) and in Choosing Health through Pharmacy: a programme for pharmaceutical public health 2005-15.

4. Recipients

4.1 This service may be offered to anyone over the age of 12 years.
5. **Area**

5.1 This service will be provided by pharmacies in the county of Cambridgeshire. Funding will initially be targeted at pharmacists in areas of deprivation where smoking rates are higher but other areas will also be considered.

5.2 The service should be provided in a pharmacy, which must have a suitable area for consultation with patients. This may be a quiet area within the shop, where privacy can be maintained, rather than a separate room.

6. **Core Skills and Training**

6.1 Smoking cessation training is compulsory for every staff member involved in the service. Pharmacy Assistants can offer the service by attending the PCT training. A minimum of one pharmacist per pharmacy should attend the PCTs training programme to become an accredited pharmacy. Consideration will be given to pharmacies that are unable to provide a pharmacist for the PCT training programme where the PCT can be assured that the Pharmacy can satisfy 6.3.

6.2 The pharmacy contractor has the responsibility to ensure that all staff including locums involved in providing the service are appropriately trained i.e. attendance at a PCT organised smoking cessation training programme.

6.3 The pharmacy contractor has the responsibility to ensure that pharmacists and staff involved in the provision of the service are aware of and act in accordance with local protocols and NICE guidance.

6.4 The pharmacy contractor has the responsibility to ensure that their service has the recommended quality controls in place and that the service can demonstrate compliance.

6.5 Training will be provided free of charge by the CAMQUIT Service and will be provided by accredited trainers.

7. **Service Outline**

7.1 In line with NICE Guidance clients should be offered weekly consultations. It is acknowledged that some clients do not need weekly consultations. However, the pharmacy contractor must ensure that the service includes a minimum of three consultations with the Pharmacy Stop Smoking Advisor. It is anticipated that the first consultation will take approximately 30 minutes and will involve an assessment of a person’s readiness to quit. A final consultation at 4 weeks should be undertaken to carry out carbon monoxide monitoring. This will ensure each client is seen prior to quitting and followed up for at least the recommended 4 weeks after their quit date.
The service requirements are summarised in the table below.

<table>
<thead>
<tr>
<th>SPECIFICATION</th>
<th>WHEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Initial assessment (5 minutes)</td>
<td>Can be done separately or together. Ideally give patient information in assessment and ask patient to come back for consultation to set quit date</td>
</tr>
<tr>
<td>1a Initial assessment</td>
<td>- Assessment of person’s readiness to make quit attempt and use appropriate treatments</td>
</tr>
<tr>
<td>1b Initial consultation (15 minutes)</td>
<td>- Set quit date</td>
</tr>
<tr>
<td></td>
<td>- Supply 2 weeks NRT</td>
</tr>
<tr>
<td></td>
<td>- Complete monitoring form</td>
</tr>
<tr>
<td>1c Follow up (10 minutes)</td>
<td>2 weeks post quit date</td>
</tr>
<tr>
<td>1c Follow up</td>
<td>- Second NRT supply</td>
</tr>
<tr>
<td>2 4 week follow up (10 minutes)</td>
<td>4 weeks post quit date</td>
</tr>
<tr>
<td>2 4 week follow up</td>
<td>- Self reported smoking status</td>
</tr>
<tr>
<td></td>
<td>- CO test validation</td>
</tr>
<tr>
<td></td>
<td>- Further supply of NRT if appropriate</td>
</tr>
</tbody>
</table>

7.2 Access routes to this service will be determined locally, however they could include:
- pharmacy referral as a result of the ‘Promotion of healthy lifestyles (Public Health)’ or ‘Signposting’ Essential services
- direct referral by the individual
- referral by another health or social care worker.
- referral from the specialist service

7.3 The pharmacy would have to confirm the eligibility of the person to access the service, based on local guidelines.

7.4 The **initial assessment** should include:
- an assessment of the person’s readiness to make a quit attempt
- an assessment of the person’s willingness to use appropriate treatments.

7.5 The **initial consultation** should include:
- A carbon monoxide (CO) test and an explanation of its use as a motivational aid
- A description of the effects of passive smoking on children and adults and an explanation of the benefits of quitting smoking
- A description of the main benefits of smoking
- A description of the main features of tobacco withdrawal and the common barriers to quitting
- Identify treatment options that have proved effective
- Describe what a typical treatment programme will look like, its aims, length, how it works and its benefits
- Maximise commitment to quit date
- Apply appropriate support strategies to help the person stop smoking
- Conclude with an agreement on the chosen treatment pathway, ensuring the person understands the ongoing support, request consent to follow-up by the Advisor and/or CAMQUIT service and monitoring arrangements the development of a personal behaviour strategy for stopping smoking.
7.6 If considered appropriate the pharmacist may supply NRT and will advise on its use. Supply of treatment must be recorded on the client details and supply form. Supply of NRT should be in line with Cambridgeshire PCT policy on smoking cessation products.

7.7 If patients are exempt from NHS prescription charges then there is no charge to the client for supply of NRT through this scheme. Clients accessing the service who are not exempt from prescription charges will be required to pay one prescription charge for each 4 week cycle of NRT supplied. The cost of NRT will be reimbursed to the pharmacy through the client details and supply form.

7.8 There is not currently a mechanism to supply Zyban (Bupropion) without a prescription. If the client is interested in using this product as an aid to stopping smoking they should be referred to their GP.

7.9 Follow up consultations, in line with NICE guidelines, should be agreed with the person and will include smoking status validation using a CO test. A further supply of treatment could be made at these consultations. Clients can be provided an additional 4 week cycle of NRT providing that they demonstrate making an attempt to quit. If the quit attempt is not successful after 8 weeks NRT, the client should then be advised to wait 6 months before a second quit attempt.

7.10 The 4-week follow up should include self-reported smoking status, followed by a CO test for validation. A person considered to have quit must have not smoked at all for the two weeks previous to the 4 week follow up.

7.11 People not wishing to initially engage or those who choose not to complete the programme may be offered appropriate health literature or referral to an alternative stop smoking service.

7.12 The Advisor using an agreed method should maintain a list of appointments.

7.13 The Advisor will have the responsibility to follow up any clients failing to attend a particular session and encourage them to continue the programme. This should be in accordance to an agreed protocol.

8. Record Keeping

The pharmacy should maintain appropriate records to ensure effective ongoing service delivery and audit. A completed record consists of the minimum data set as defined within the ‘NHS smoking cessation services: service and monitoring guidance’ Appendix 1 (www.dh.gov.uk/assetRoot/04/07/81/16/04078116.pdf).

Client record forms should be kept in locked cabinet.
9 Advisors Absences

9.1 Wherever possible continuity of care should be maintained.

9.2 If the advisor is unexpectedly unavailable for a returning client then the pharmacy staff will telephone the client(s) to offer an alternative advisor if available or cancel and rearrange any appointments.

10 PCO Responsibilities

10.1 The materials and equipment required, including CO monitors and disposable mouthpieces, are supplied free of charge to the pharmacy by the PCO.

10.2 The PCO reimburses the pharmacy for the cost of NRT or other treatments supplied.

10.3 The PCO will provide a framework for the recording of relevant service information for the purposes of audit and the claiming of payment.

10.4 The PCO will be responsible for the promotion of the service locally, including the development of publicity materials, which pharmacies can use to promote the service to the public.

10.5 The PCO should consider obtaining or producing health promotion material relevant to the service users and making this available to pharmacies.

10.6 The PCO will need to provide details of relevant referral points which pharmacy staff can use to signpost service users who require further assistance.

10.7 The PCO will ensure that the smoking cessation services provide support to pharmacies participating in the scheme and in service development.

11 Pharmacy Responsibilities

11.1 The pharmacy must be able to commit to recruiting at least 15 clients per quarter.

11.2 The pharmacy will complete and return the monthly monitoring data required by the PCT.

11.2 The pharmacy has appropriate PCO provided health promotion material available for the user group and promotes its uptake.

11.3 The pharmacy reviews its standard operating procedures and the referral pathways for the service. The pharmacy will maintain links with local smoking cessation services to ensure that referral pathways are maintained.

11.4 The pharmacy can demonstrate that pharmacists and staff involved in the provision of the service have undertaken CPD relevant to this service and PCT organised training provided by accredited trainers.

11.5 The pharmacy participates in an annual PCO organised audit of service provision.
11.6 The pharmacy co-operates with any locally agreed PCO-led assessment of service user experience.

11.7 The pharmacy should inform the PCT if they are no longer able to participate in the scheme due to movement of trained staff or if they no longer wish to participate in the scheme.

11.8 The PCT has been informed by the PSNC that the provision of this service may be liable for VAT. Advice is currently being sought on this from the Inland Revenue and further guidance will be issued once received. It will be the responsibility of the pharmacy to make arrangements for payment of VAT incurred as appropriate.

12 Remuneration

12.1 A finite amount of funding is available for community pharmacy provision of a smoking cessation service. The PCT has set a target of 400 quitters to be obtained though this service with the funding available. The PCT will regularly review provision of the service and funding available and will inform pharmacies when funding has expired and therefore when provision of service must cease.

12.2 The fee structure for community pharmacy participation in the scheme will be:

- A fee of £15 will be paid for return of data on clients entering the scheme and setting a quit date
- An additional fee of £15 will be paid per successful quitter at 4 week follow up

13 Reimbursement

The estimated cost of supply of Nicotine Replacement Therapy linked to this programme is based on the most recent Drug Tariff.
AGREEMENT

I agree to participate in the Community Pharmacy Smoking Cessation Service and to the terms and conditions of the above service specification

Signature………………………………………. Name (PRINT)…………………………………………
(Pharmacist/Pharmacy Manager)

Date………………………………………. Pharmacy…………………………………………

Commencement and Review dates

It is anticipated that the Service will be launched as soon as participating pharmacy staff have been accredited and will be subject to review at 3 monthly intervals.