

## SERVICE SPECIFICATION: SSSP2324

<b>Service</b>	<b>Herefordshire Stop Smoking Services (Pharmacotherapy)</b>
<b>Commissioner Lead</b>	<b>Lindsay MacHardy</b>
<b>Period of Delivery</b>	<b>1<sup>st</sup> April 2023 – 31<sup>st</sup> March 2024</b>

### 1. INTRODUCTION

#### 1.1 National/Local Context

Smoking remains the single largest cause of preventable deaths and one of the largest causes of health inequalities in England. There are still 7.3 million adult smokers and more than 200 people a day die from smoking related illness which could have been prevented.

Smoking causes around 79,000 preventable deaths in England and is estimated to cost the economy in excess of £11 billion per year.

The Government's tobacco control plan aims to reduce the prevalence of smoking in 15 year olds to 3% or less by 2022.

One of the most effective ways to reduce the number of young people smoking is to reduce the number of adults who smoke and it is therefore important to continue to provide stop smoking services for the estimated 22,000 people in Herefordshire who still smoke.

Continuing to reduce the number of smokers locally will also help to reduce the estimated annual £42.9M local costs of smoking, 1.5 times the tobacco duty paid locally.

This in turn will support the council's four strategic priorities:

- Enable residents to live safe, healthy and independent lives
- Keep children and young people safe and give them a great start in life
- Support the growth of our economy
- Secure better services, quality of life and value for money

#### 1.2 Evidence Base

The most recent Cochrane review (2016) of 53 studies found that a combination of regular one to one or group support, combined with pharmacotherapy (nicotine replacement therapy (NRT), varenicline or bupropion) almost double's an individual's chances of quitting when compared with brief advice or less intense behavioural support alone. This is in line with an earlier (2008) study which found that medication alone doubled the quit rate when compared with no intervention and behavioural support plus medication trebled the quit rate. NICE guidance (PH10 and PH26) therefore recommends the provision of both behavioural support and appropriate pharmacotherapy in structured interventions to stop smoking. The latest guidance (2017) confirms behavioural support and pharmacotherapy as the most effective method but suggests reducing costs by providing group rather than individual support and using social media to motivate quitters and remind them of appointments.

## **2. BACKGROUND**

Recent contract experience has shown that any qualified provider model of behavioural support provision is difficult to both market and manage.

We have therefore chosen to use the Healthy Lifestyle Service as the single provider of behavioural support in the County.

The Healthy Lifestyle Service (HLS) will liaise with pharmacotherapy providers to ensure a seamless service from the point of view of the service user.

This specification describes the behavioural support service requirements that will form the basis of the Council's Service Level Agreement with HLS and the relationship between pharmacotherapy providers and HLS

## **3. SERVICE PROVISION**

### **3.1 Service Description**

Herefordshire Stop Smoking Services are commissioned to provide accessible, evidence-based and cost effective clinical services to support smokers who want to stop

### **3.2 Aims and Objectives of Herefordshire Stop Smoking Services**

The service aims to:

- ❖ Reduce the prevalence of smoking in the County through provision of an evidence-based cessation service in line with National Institute for Health and Care Excellence (NICE) and Department of Health guidance, implementing best practice and quality standards.
- ❖ Provide pharmacotherapy, as identified by the Stop Smoking behavioural support provider.

### **3.3 Overview of Stop Smoking Pharmacotherapy Service Model**

The providing community pharmacy will dispense stop smoking pharmacotherapy to:

- All clients who produce a voucher demonstrating their choice of pharmacotherapy has been arrived at through discussion with the approved provider of stop smoking behavioural support.

The council HLS now preferred method of voucher generation is to use an e-voucher which the person subsequently presents to the community pharmacy for dispensing. Development of and use of e-vouchers has largely replaced paper based voucher detail and is preferred by patients, pharmacies and the HLS.

Where a voucher is presented it will have been signed by the Stop Smoking Practitioner (SSP), providing behavioural support, and will provide information on the preferred pharmacotherapy option agreed between the client and the SSP.

The community pharmacy will provide stop smoking medicines directly to clients with reference to the HW ICS Use of NRT Prescribing Guidance (Appendix 1)

### **3.4 Role of the Pharmacotherapy Provider (NHS Community Pharmacy)**

The Provider must ensure that all pharmacy staff involved in the provision of the service operate within the current guidelines, protocols and should have Standard Operating Procedures (SOPs) in place to ensure consistent and safe provision of advice and supply of NRT for stop smoking pharmacotherapies.

The Provider must assess the client for suitability for the treatment being requested and record the outcome using PharmOutcomes® and the patient's medication record (PMR) at the pharmacy as required by the commissioner.

Where clients are exempt from prescription charges evidence of exemption must be seen and the reason for exemption recorded on PharmOutcomes®.

For NRT products only, the pharmacist may decide to extend treatment beyond 12 weeks, for example a further 2 weeks.

### **3.5 Population covered**

Herefordshire County-wide

### **3.6 Acceptance and exclusion criteria**

Any patient with a valid voucher issued by a Healthy Lifestyle Trainer Service Stop Smoking Practitioner.

### **3.7 Interdependencies with other services**

The Service will maintain efficient working relationships with allied services (e.g. NHS Health Check Programme); agencies and stakeholders (e.g. GPs, pharmacies, midwives, health visitors, school nurses ) to enhance the quality of care delivered; ensure the holistic nature of the Service and to strengthen and extend established partnerships across the local health economy. In particular this service will need to have close working relationships with the HLS SSPs. The role of the HLS in relation to Stop Smoking behavioural support is outlined in Appendix 3 for information.

## **4 APPLICABLE STANDARDS AND GUIDANCE**

### **4.1 Applicable national standards**

The Provider will deliver the Service in line with the NHS (Pharmaceutical Services) Regulations 2005 as updated and any other relevant professional standards.

The Provider will take account of any NICE guidelines that are relevant to the Service.

The Provider will deliver the Services in accordance with best practice in health care and will comply in all respect with the standards and recommendations contained in:

- i. National Service Frameworks and National Strategies
- ii. National Patient Safety Agency alerts and guidance
- iii. Human Medicines Regulations 2012 as updated
- iv. and such other quality standards agreed in writing between the Service Provider and the Council.

The Provider will at all times comply with the most recent guidance on medicines from the Medicines and Healthcare products Regulatory Agency (MHRA).

## **4.2 Applicable local standards**

The service must comply with the following local standards for safeguarding:

- a) Children's Safeguarding Policies and Procedures  
<https://www.herefordshiresafeguardingboards.org.uk/professional-resources/childrens-policies-guidance>
- b) Safeguarding Adults Policies and Procedures  
<https://www.herefordshiresafeguardingboards.org.uk/professional-resources/adults-policies-guidance>

Service delivery must comply with the Herefordshire Council/Herefordshire ICB/ICS Prescribing Guidance on the Use of Stop Smoking Medicines which will be available via PharmOutcomes® for approved providers.

## **4.3 Training**

The HLS will provide overall support and advice regarding delivery of integrated stop smoking services and will be responsible for identifying and organising training for pharmacotherapy providers.

## **5. ACCESSIBILITY**

The Service will be available throughout the pharmacy's usual opening hours (both core and supplementary). The Provider will maintain an acceptable level of staffing at all times, and will provide suitably accredited, skilled, trained and experienced staff to provide the Service during those hours.

Each provider will inform the HLS of their planned schedule of provision and inform it of any changes to the schedule.

The Service will be accessible to all and will take account of culture, religion, race, gender, age, disability and sexuality. The Provider will ensure that it meets legal obligations with regards to all relevant equality and human rights legislation.

## **6. OPERATING PRINCIPLES**

### **Pharmacy Provider**

The Provider will ensure that Standard Operating Procedures (SOPs) are in place for the service and ensure that all pharmacists and members of staff involved in delivering the service are aware of them and work in accordance with them.

Clients will be seen as individuals, and the Service will be personalised to the needs of the individual and dedicated to promoting the independence, well-being and dignity of every client who engages with the Service.

The Provider will ensure that information acquired during the course of providing the Service is only shared and disclosed with the consent of the client as outlined in the NHS code of confidentiality and other associated documents.

The Provider will ensure that there are necessary safeguards for, and appropriate use of, client and personal information to ensure that such information is dealt with legally, securely, efficiently and effectively, in order to deliver the best possible high quality care. This will be in accordance with relevant legislation and best practice guidelines such as the Data Protection Act (1998) and the Caldicott Principles.

The Provider will not make any significant changes to the Service, without prior consultation with the Council.

## **7. CLINICAL GOVERNANCE**

Pharmacists will ensure that it is safe for patients/ clients to use the pharmacotherapy product for smoking cessation contacting the behavioural support provider if necessary in the case of query.

Pharmacists will have in place appropriate professional indemnity arrangements of responding to vouchers taking account of the fact that all SSPs have been trained and will refer to the Prescribing Guidance when supporting their client to make their choice of pharmacotherapy.

The Provider must remain compliant with all the essential services under the Community Pharmacy Contractual Framework where applicable as part of this agreement.

Activity data in relation to this service should be entered on to PharmOutcomes® at the time of provision of supply of pharmacotherapy to the patient and only, by exception, be entered at a later time. The Commissioner reserves the right to discuss late entries with the provider towards this requirement. A grace period is employed within the PharmOutcomes settings and pharmacy providers must ensure that all entries are made before financial year end and each year.

## **8 OUTCOMES**

8.1 The Service will contribute towards the following outcomes:

- i. Help increase the number of smokers who successfully quit smoking, and thereby reduce the prevalence of smoking in Herefordshire.
- ii. Improve and increase access to Stop Smoking Pharmacotherapy in community pharmacies.

## **9 INFORMATION REQUIREMENTS**

Records will need to be kept by the Provider using Pharmoutcomes® to enable performance monitoring, invoicing, payments and audit to be completed.

Records must be kept for 6 years after the final consultation in keeping with the Council's Records Management Policy.

The Provider will participate in any user satisfaction surveys as directed by the Council.

The Provider will participate in any audits of the Service as directed by the Council.

## **10 QUALITY STANDARDS**

The Provider will have robust risk management process in place, including:

- i. Incident reporting and investigation processes
- ii. Complaints processes.

The Provider will report all serious untoward incidents to the Council and provide details of recommendations and actions taken as a result using the form in Appendix 3

## **11 PAYMENT**

Remuneration for costs of NRT products will be according to a locally agreed list of approved products, available on Pharmoutcomes®, which will be updated periodically within the timeframe of this agreement by the Commissioner to reflect changes in prices, availability etc.

Remuneration will be as follows:

### **Level 1**

#### **Remuneration for NRT products supplied through processing of Stop Smoking Service Vouchers.**

The pharmacy will be reimbursed for products dispensed against a voucher within 7 days of issue by the smoking adviser. Reimbursement will be at cost price, as indicated on PharmOutcomes® and updated weekly with reference the Dictionary of Medicines and Devices, plus 50% + VAT at 5%. There is therefore no additional dispensing fee to this service.

Reference to information provided on the voucher will inform the pharmacist of appropriateness of therapy in terms of number of week's progress through the scheme, whether pregnant or breast feeding etc.

Any queries on the details of the voucher should be directed initially to the SSP issuing the voucher whose details will be on the form.

#### Prescription charges

For those eligible to pay prescription charges, one prescription charge will be collected for the 12 week course irrespective of the number and types of products used. The patient should provide evidence of any exemption to the collection of prescription charges and this should be recorded on PharmOutcomes®. Patients should be encouraged to use the same pharmacy if they pay prescription charges in order to facilitate an audit trail in paying one prescription charge throughout the course of their treatment

Claims for re-imbursement for NRT products to the pharmacy will reference prices outlined in the PharmOutcomes® formulary providing a total claim value adjusted for prescription charges collected and will be automatically generated by PharmOutcomes®.

## **12. DEFINITIONS**

### **Closed Group:**

Face-to-face intervention facilitated by stop smoking practitioners, with a number of smokers at a specified time and place. For example, a group may be held once a week, over a specific number of weeks (e.g. every Tuesday evening from 7.00 pm–8.00 pm for six to seven weeks). To account for diminishing client returns, a minimum of six members is recommended to start a closed-group.

### **CO Monitor:**

Is a calibrated device to measure carbon monoxide parts per million in expired breath. An expired carbon monoxide reading of less than 10ppm is considered to be insignificant and counted to be a quit.

### **CO-verified four-week quitter:**

A treated smoker who reports not smoking for at least days 15–28 of a quit attempt and whose CO reading is assessed 28 days from their quit date (-3 or +14 days) and is less than 10ppm. The -3 or +14 day rule allows for cases where it is impossible to carry out a face-to-face follow-up at the normal four-week point (although in most cases it is expected that follow-up will be carried out at four weeks from the quit date).

This means that follow-up must occur 25 to 42 days from the quit date (Russell Standard).

### **General Practitioner (GP):**

A doctor providing general medical treatment for people who live in a particular area, also known as a family doctor.

### **Lost to Follow Up:**

A treated smoker who cannot be contacted either face to face, via telephone, email, letter or text following 3 attempts to contact at different times of the day at 4 weeks from their quit date (or within 25 to 42 days of the quit date).

The 4 week outcome of this client is unknown and should therefore be recorded as lost to follow up in monitoring data.

### **One to One Behavioural Support:**

An intervention between a single stop smoking practitioner and a single smoker, at a specified time and place. It is usually delivered face to face.

### **Proactive Telephone Support:**

An intervention delivered by a stop smoking practitioner over the phone that follows the same specification as one-to-one support. The stop smoking practitioner must ensure that CO monitoring can still be carried out and access to stop smoking pharmacotherapy on prescription is available throughout the treatment episode

**Quit date:**

The date a smoker plans to stop smoking completely with support from a stop smoking practitioner as part of an assisted quit attempt

**Self-reported four-week quitter:**

A treated smoker who reports not smoking for at least days 15–28 of a quit attempt and is followed up 28 days from their quit date (-3 or +14 days).

The -3 or +14 day rule allows for cases where it is impossible to carry out a face-to-face follow-up at the normal four-week point (although in most cases it is expected that follow-up will be carried out at four weeks from the quit date). This means that follow-up must occur 25 to 42 days from the quit date (Russell Standard).

**Stop Smoking Practitioner (SSP):**

An individual who has full NCSCT certification and is employed by a stop smoking behavioural support provider.

**Stop Smoking Behavioural Support Provider:**

A stop smoking behavioural support provider is defined as providing locally commissioned and managed, accessible, evidence-based and cost-effective behavioural support to smokers who want to stop. Service delivery should be in accordance with the quality principles for clinical and financial management contained within this specification.

**Stop Smoking Service Pharmacotherapy Provider (Pharmacy):**

A stop smoking behavioural support provider is defined as providing locally commissioned and managed, accessible, evidence-based and cost-effective pharmacotherapy support to smokers who want to stop. Service delivery should be in accordance with the quality principles for clinical and financial management contained within this specification. This will always be an approved pharmacy.

**Treatment episode:**

At the point of attending one session of a structured, multi-session intervention, consenting to treatment and setting a quit date with a stop smoking practitioner, a client becomes a treated smoker and the treatment episode begins.

The treatment episode ends when a client has been completely abstinent for at least the two weeks prior to the four-week follow-up or is lost to follow-up at the four-week point, or when a four-week follow-up reveals that a client has lapsed during the two weeks immediately prior to the follow-up and is therefore recorded as a non-quitter.

Good practice dictates that if the client wishes to continue treatment after a lapse, treatment should be continued if it seems appropriate, but the client will not count as a four-week quitter for the purposes of that treatment episode.



**Appendix 1: [NRT Prescribing Guidance](#)**

**Appendix 2 : [HW ICB ICS NRT Drug Formulary](#)**

### Appendix 3: Incident Form

Date of incident:		Time of incident (24 hr clock):	
Place of incident:			
Name of person reporting the incident:		Telephone contact:	
Brief description of incident:			
Immediate action taken:			
Further action taken:			
Brief description of cause if identified			
Action taken to prevent repeat of incident			
Signature:		Date:	