Pharmacy Integration Fund

NHS Smoking Cessation Service Pilot: Transfer of Care to Community Pharmacy from Secondary Care

Toolkit for Pharmacy Staff

Pharmacy Local Enhanced Service

NHS England and NHS Improvement

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## Introduction

This toolkit is a practical guide on how to provide NHS Smoking Cessation Transfer of Care (SCTC). The toolkit does not replace the service specification published by NHS England, which must be read by all pharmacists providing the service. Pharmacy staff must make sure that they have understood the service specification and work within the requirements of relevant professional guidance and legislation.

If you are a pharmacist intending to provide the service, please read the service specification before reading this toolkit. For the rest of the pharmacy team, this toolkit provides practical guidance that should help you in the successful provision of NHS SCTC.

The NHS Long Term Plan focuses on the importance of preventing avoidable illness and more active management of the health of the population. Treating tobacco dependence is specifically identified as a key service that can improve the prevention of avoidable illness. It suggests that existing smoking cessation services can be re-designed to better support patients who are looking to quit smoking as well as those affected by second-hand smoke (NHS England, 2019).

Smoking-related illness puts a considerable strain on NHS resources. In 2015-16 there were 474,000 hospital admissions and 79,000 deaths caused by smoking.

It is estimated that smoking has cost the NHS in England £2.6 billion per year[[1]](#footnote-2).

Smoking cessation services currently exist in primary care, and community and mental health care services. The NHS Long Term Plan also commits to providing NHS funded tobacco treatment to all patients admitted to hospital and pregnant women by 2023/24. This pilot aims to address an observed disconnect in the handover from secondary to primary care by creating capacity in primary care with a service commissioned through community pharmacy that will test a model for the transfer of care following hospital discharge.

# Part A for the whole pharmacy team

The following sections cover:

* An overview of the service
* Getting started
* How to provide the service and
* How to claim payment for the service

It is important that all staff involved in providing the service have read and are familiar with the content of Part A.

## Aims and intended outcomes

The NHS Smoking Cessation Transfer of Care (SCTC) service will test a care pathway for patients who wish to continue their tobacco dependence treatment in community pharmacy after discharge from hospital. Access to smoking cessation services in primary care will be improved and re-designed to accept referrals from secondary care. Addressing this gap in handover between primary and secondary care will reduce smoking related harm by helping people to stop smoking, reduce the risk of harm from second-hand smoke to friends, family and the wider community by reducing levels of smoking, and promote healthy behaviours in people using the service.

Working together to solve problems across the healthcare interface will improve working relationships between primary and secondary care providers. Full details of the aims and intended outcomes of this service can be found in the service specification.

## Service description

Where appropriate, people will be referred from hospital to community pharmacy using an electronic referral system. This will be determined by the hospital pharmacy discharge process and may vary between hospitals.

### Inclusion criteria

* People aged 18 years and older who have started treatment for tobacco dependence in hospital and have chosen to continue their treatment in community pharmacy after discharge.
* This service does not exclude women who are pregnant or people who suffer from non-complex mental health problems although alternative local arrangements may already be in place to direct such people to.

### Exclusion criteria

* People who are unable to give consent to participate.
* People who choose not to use community pharmacy to continue their smoking cessation programme after discharge.
* Children and adolescents under the age of 18 years.
* People with complex mental health problems. These people will be encouraged by the hospital smoking team to receive follow-up care from specialist smoking cessation advisors in the community.
* People who have completed a 12-week smoking cessation programme while in hospital as a result of an extended duration as an inpatient.

### The Model of Care

Hospital Trusts will identify people who are smokers, provide a pre‑quit assessment, and start treatment. With consent, service users will be offered referral to a participating community pharmacy. The referral will be made using an electronic system following discharge from hospital. The service user will choose which community pharmacy they wish to be referred to.

The referral notice will include a description of the items and quantities supplied to support smoking cessation. The community pharmacy will complete Step 5, Step 6, and Step 7 as described in the Model of Care (see figure 1).

Figure 1 The Model of Care

Following receipt of the referral community pharmacy staff will contact the service user within five working days to confirm inclusion in pilot. The community pharmacy will attempt to contact the service user at least three times (the last of which must be on the fifth working day following receipt of referral) before closing the referral if the patient does not respond.

People who wish to decline the referral or do not wish to stop smoking at this time should be given details of alternative smoking cessation services should they wish to seek support in the future. The reason for not continuing will be captured digitally before the referral is closed.

People who wish to continue their smoking cessation programme will be offered support appropriate to their needs. The pharmacy will supply a maximum of two weeks medication treatment at a time. The course length may not exceed 12 weeks treatment from the defined quit date. This may include treatment supplied to the service user while in hospital and at the point of discharge.

People who have completed their 12-week smoking cessation programme during an extended stay in hospital but are at risk of relapse should be given details of alternative community-based stop smoking service that can support their continued treatment.

There are two levels of service and community pharmacies are commissioned to deliver both. The levels of service are set out in appendix D.

**COVID-19** Updated guidance from National Centre for Smoking Cessation Training (NCSCT) recommends that carbon monoxide monitoring will need to be paused for the time being. [[2]](#footnote-3) Therefore, carbon monoxide (CO) validation may not be relevant for initial go-live, but it may become an active part of the service in the future should the guidance change. Self-reported smoking status will be used and accepted while CO monitoring is recommended to be paused.

At each level of service, self-reported abstinence is checked using carbon monoxide monitoring. A successful quit attempt is defined as a CO test reading of less than 10 parts per million (ppm) four weeks after the quit date. This does not imply that treatment should stop at four weeks (NICE 2018, Stop smoking interventions and services). If a service user is lost to the service at their week four evaluation the pharmacy should take the opportunity to re-engage with them. Ongoing support will be provided for successful week four quitters for up to 12 weeks from their quit date.

## How can the pharmacy team get involved?

A well-informed pharmacy team makes it easier to operate new services. Depending how your team works, you may have a briefing session to bring you up to date and let you ask questions. There is also a one-page summary in appendix A as a quick reference guide.

Team members should be clear about daily tasks such as checking for and receiving referrals and greeting service users. Working collectively, the whole team will make the service a success and help people to stop smoking.

## Getting started with the service

### What do I need to do to get ready to provide the NHS SCTC service?

It is important that you start by reading the service specification as this will provide you with a complete overview of what is entailed in providing the service.

Many pharmacies already provide some form of smoking cessation service. Pharmacists, locums, and other pharmacy staff may already have the necessary knowledge and skills to provide the service. It is important that anyone involved with the service ensure that they:

* Have an up to date understanding of the Human Medicines Regulations (HMR) in relation to the supply of P and POM medicines.
* Can communicate with and advise patients appropriately and effectively and are able to apply good shared decision-making skills.
* Are familiar with the NHS SCTC service specification and have reflected on whether they feel they have enough knowledge to handle consultations related to these.
* Can assess the needs of patients.
* Can act on the referrals received and make appropriate referrals to other healthcare professionals.
* Can explain the service and give appropriate smoking cessation advice.
* Have observed a consultation by an experienced advisor and have been observed providing the behavioural support element of a consultation.

Training and development materials to support pharmacists, locums, and staff to offer smoking cessation services is available from several providers, including CPPE [[3]](#footnote-4) and the National Centre for Smoking Cessation and Training (NCSCT) [[4]](#footnote-5) . Undertaking specific training courses is mandatory for pharmacists; they must be satisfied that they are competent to provide the service and able to complete a declaration of competence. If in any doubt, further training as suggested through CPPE and NCSCT should be sought before services are provided. CPPE have developed a self-assessment framework, available on the [CPPE website](https://www.cppe.ac.uk/services/smoking-cessation), which pharmacists can use to identify gaps in their knowledge. It is recommended that pharmacists use this framework to plan their learning ahead of providing the service.

### How do I sign up for NHS SCTC?

Once they have reviewed the service specification, all pharmacy contractors wanting to provide the service must register via the [NHS BSA website](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/smoking-cessation-referral-secondary-care-community-pharmacy-service-pilot). Only pharmacies within the agreed pilot areas will be able to sign up.

If you work for a multiple pharmacy group, you should check with your management team how they want pharmacies to register to provide the service BEFORE you go ahead with registration. Your head office is likely to have already provided guidance on this matter.

To register, the contractor must complete the NHS SCTC registration declaration within the NHS BSA registration portal.

### What equipment do I need?

**COVID-19** Updated guidance from National Centre for Smoking Cessation Training (NCSCT) recommends that carbon monoxide monitoring will need to be paused for the time being. [[5]](#footnote-6) Therefore, carbon monoxide (CO) validation may not be relevant for initial go-live, but it may become an active part of the service in the future should the guidance change. Self-reported smoking status will be used and accepted while CO monitoring is recommended to be paused.

A carbon monoxide (CO) monitor is used to validate self-declared smoking status and provide motivation. Community pharmacies that already provide smoking cessation services will already have access to a calibrated CO monitor.

If you do not have a CO monitor the local NHS England primary care commissioning team may arrange for a CO monitor and sundries to be provided. Alternatively, the pharmacy may be advised to purchase the equipment, any cost to the pharmacy will be reimbursed with proof of purchase. Suppliers providing the monitors will also provide access to training. Pharmacy teams must undertake to complete training on the proper use of CO monitors before providing the service. Further information on training is available in the service specification.

### How do I know if patients are referred to the pharmacy?

The referral for NHS SCTC is made using an electronic system. You will need to login regularly to the system to check if you have any referrals. The electronic system should be checked for referrals throughout the day. You may want to assign responsibility for checking for referrals to appropriate members of your team.

People referred to this service may come to the pharmacy without prior notice. If someone requests advice on smoking cessation your team should ask if they have been referred from hospital so that the electronic system can be checked.

### What to do if a patient presents but you have not received a referral?

If a service user phones or presents in the pharmacy and you have not received a referral:

* Double check that they have recently been discharged from hospital.
* Check with them the name of the pharmacy that they chose to be referred to.
* If the service user has been referred to the correct pharmacy, re-check the electronic referral system and the shared NHSmail account, as this may be the means of receiving the electronic referral.
* If no referral message is found, then the pharmacist should contact the referring service and ask for the referral to be re-sent. This should be recorded in the pharmacy and reported to both the local NHS England primary care commissioning team and the referring service provider as an incident. You can find all the contact details in the supporting pre go-live documentation and web-based portal.
* Additionally, if no referral message is found, the pharmacist will have a duty of care for that patient and should ensure they make an assessment to determine next steps appropriate for the service user’s smoking cessation programme.

## Requirements for service provision

Full details of the requirements that pharmacies must meet before and while they provide the NHS SCTC service are provided in the service specification.

Several of the important points include:

* The service must not be used to divert or attempt to change the patient’s use of their usual pharmacy.
* Pharmacy contractors must ensure relevant members of the pharmacy team, including locums and relief pharmacists, have access to and know how to use the electronic referral system, NHSmail and the NHS Summary Care Record (SCR) and can provide the service competently.
* During the pharmacy’s opening hours, the electronic referral system must be checked with an appropriate regularity, to pick up referrals in a timely manner. This includes checking the pharmacy’s shared NHSmail account when a pharmacy opens and before the pharmacy closes each day to ensure that no messages have been missed that may have been sent to the NHSmail mailbox during any period of outage within the electronic referral system. NHSmail may be the agreed electronic referral system in place. Pharmacy contractors should determine the regularity of checking for referrals and make sure relevant pharmacy team members are aware of when this should be undertaken.

## Service availability

The pharmacy contractor must ensure that the service is available to patients throughout the pharmacy’s full opening hours (i.e. core and supplementary).

Ensure all pharmacy team members, including locums and relief pharmacists, are aware of the procedures to be followed in the event of a temporary suspension of the service and have easy access to the key contact numbers for the service (they should be recorded in the SOP for the service).

Ensure all pharmacy team members, including locums and relief pharmacists, are aware of how to contact the support team for the electronic referral system in the event that there is a problem with the system. Include the contact details in the SOP for the service.

When locums are being booked to work at the pharmacy, make sure the locum is made aware that the NHS SCTC service is being provided and ensure they are able to provide the service. Undertaking specific training courses is mandatory for all pharmacists; they must be competent to provide the service and able to confirm how they meet that competency. If in any doubt, further training should be sought before services are provided.

All other staff must have completed the online NCSCT practitioner training course and the additional speciality modules ‘Mental health and smoking cessation’ and ‘Pregnancy and smoking cessation’ to be able to provide the service.

## Service promotion

The Hospital Trust will be responsible for promoting this service. The service should not be actively promoted directly to the public by the community pharmacy. The service is specifically for people referred from secondary care who choose to continue their tobacco dependence treatment in community pharmacy following discharge from hospital, by committing to a standard smoking cessation programme. The service may not otherwise be used as an alternative to existing, locally commissioned specialist stop smoking support.

The service only applies to referrals from secondary care. Patients presenting at the pharmacy without a referral having been sent are not eligible for the service and should be treated in the same way as other patients who present directly at the pharmacy.

The pharmacy should display an appropriate range of national Smoke Free branded material to support any person in the pharmacy to access a route suited to stop smoking. Participation in health promotion campaigns such as national No Smoking Day in March and Stoptober in October are encouraged.

## How to claim payment

Payments vary depending on the level of service and type of activity being provided. Refer to the service specification for full details.

Claims for payments should be made monthly, via the relevant submission form provided under the Local Payment Application. Contractors should confirm with their electronic referral system provider whether they will need to submit a manual payment claim, or whether the electronic referral system will create a month end collated activity report or payment claim for their approval prior to it being submitted by the agreed Local Payment Application.

## How to withdraw from providing the service

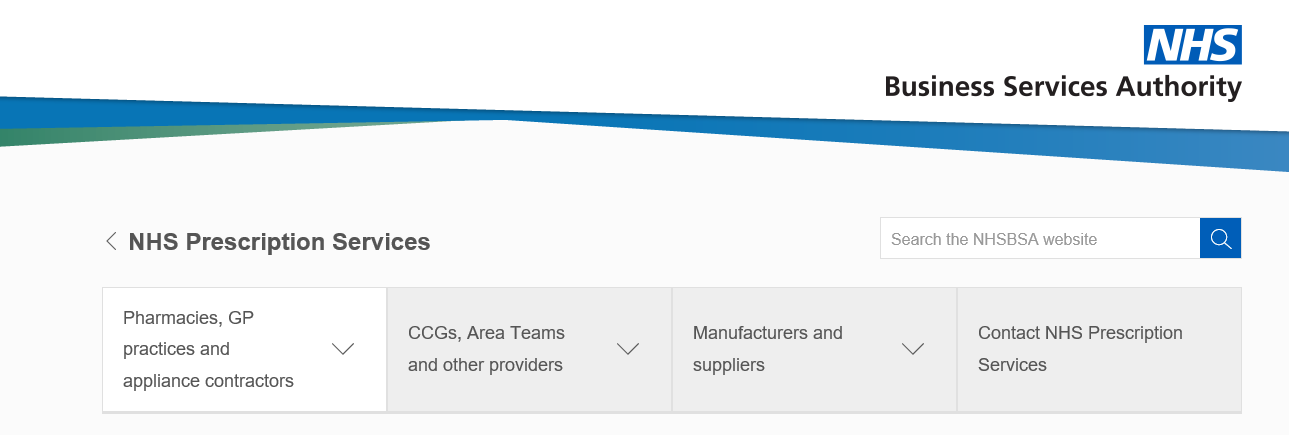
If the pharmacy contractor wishes to stop providing the service, they must notify NHS England that they are no longer going to provide the service via email [england.pharmacyintegration@nhs.net](mailto:england.pharmacyintegration@nhs.net), giving at least one month’s notice prior to cessation of the service, to ensure that accurate payments can be made and all referrals are closed.

# Part B for pharmacists providing the service and others that need more detailed information

This part of the toolkit provides more detail to help with the provision of each element of the service and should be read in conjunction with the service level agreement and the service specification.

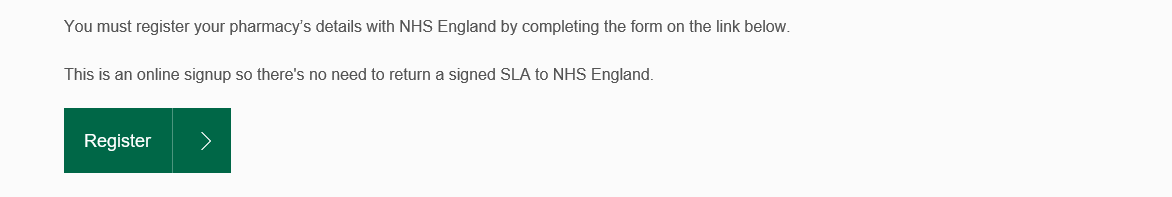
## Registering for the NHS SCTC service

Please follow the following link <https://www.nhsbsa.nhs.uk/smoking-cessation-referral-secondary-care-community-pharmacy-service-pilot>

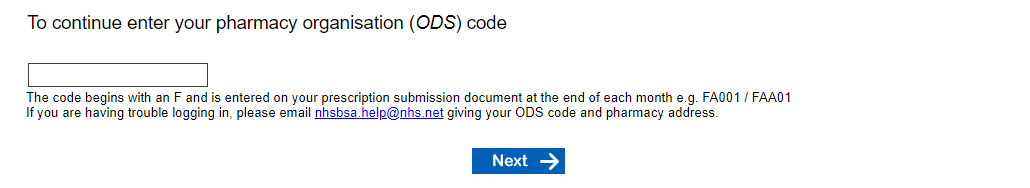


Once on the Registration page, it is recommended that you read the information about the project and ensure you understand your requirements for providing the service and the service specification, if you have not already done so.

If you have already read and understand the requirements for providing the service and the service specification, and you wish to register for this pilot service, select “Register” at the bottom of the page.



Please answer all the questions as prompted and click next to proceed.



You will be asked to confirm that the email shown in the box is the correct shared NHSmail email address (which must be in the following format: nhspharmacy.location.pharmacynameODScode@nhs.net).

**This email is either the back-up to the electronic referral system, or the primary means of referral, and it is important that this is checked and that it is correct.**

Finally, click the “Register” button. The message below will then appear to confirm that your registration request has been sent and received at the NHS BSA.

A confirmation email will be sent to your shared NHSmail account. Once this is received, you are registered to provide the service.

**Pharmacy contractors who wish to provide the NHS SCTC service and who previously provided other NHS Smoking cessation services MUST still register to provide the NHS SCTC service.**

## How should I involve my pharmacy team?

It is always easier to provide any new pharmacy service if the full team are aware of what is being introduced and know how the service will operate. You may want to consider:

* Holding a briefing session for your team.
* Providing them with the one-page overview on how the service will work (Appendix A).
* Discussing as a team how you can work collectively to make the service a success.
* Making sure team members and locums are clear on the daily activity required, such as checking for referrals.
* Making sure team members and locums know how to identify a walk-in patient who may have been referred from NHS 111.

## NHS Smoking Cessation Transfer of Care

### Referral from secondary care

Check the electronic referral system regularly. The pharmacy will receive a referral at the point of discharge. Service users will be discharged from hospital with a two-week supply of NRT or varenicline\* and asked to contact the pharmacy within five working days to arrange an appointment. If their treatment is proving to be ineffective the service user may contact the pharmacy soon after discharge.

\* Varenicline starter pack should be supplied by the hospital team, and if started prior to discharge the service user may have less than a two-week supply remaining.

Pharmacies are also requested to attempt to contact service users as detailed in the service specification.

### Consultation with the service user

**COVID-19** Updated guidance from National Centre for Smoking Cessation Training (NCSCT) recommends that carbon monoxide monitoring will need to be paused for the time being. [[6]](#footnote-7) Therefore, carbon monoxide (CO) validation may not be relevant for initial go-live, but it may become an active part of the service in the future should the guidance change. Self-reported smoking status will be used and accepted while CO monitoring is recommended to be paused.

The following should routinely take place during a consultation:

* CO monitoring and recording with an explanation of the benefit as a motivational tool.
* Helping patients to avoid, escape from or cope with urges to smoke and to manage withdrawal symptoms.
* Maximising patient motivation to remain abstinent and achieve the goal of permanent cessation.
* Boosting self-confidence of the patient.
* Maximising self-control.
* Optimising the use of pharmacotherapy.

During the initial consultation it may be beneficial to consider offering the patient:

* A brief discussion about nutrition, physical activity, and alcohol consumption.
* General advice to promote healthy behaviours and reducing risk factors in line with the usual advice and information provided.

Where necessary, supplementary written information, links to online resources, or signposting to other support services. Record any advice and signposting provided.

### Service user did not attend

If the service user did not attend (DNA) an agreed appointment at the community pharmacy, the pharmacy team should make three attempts to contact the service user to rearrange the appointment. After three attempts, if the pharmacy team cannot contact the service user, record a DNA entry on the electronic referral system. It will be assumed that this is a failed attempt to stop smoking.

The pharmacist should use professional judgement to decide whether it is appropriate to notify the service user’s GP of the DNA. Particular consideration should be given to people in vulnerable groups.

### Decision to supply

Following a telephone or face to face consultation, the pharmacist should use their professional judgement, with reference to the GSL protocols (Appendix E), to determine whether they may supply NRT or varenicline in accordance with the requirements of the Human Medicines Regulations and the service specification.

A quantity sufficient for a maximum of two week’s treatment should be supplied to coincide with the next appointment. Items and quantities to be supplied

### Prescription charges and exemptions

The pharmacy should follow local processes to record supply through the web‑based tool and for collecting prescription charges or exemption status (as per FP10 declaration).

In all cases, the patient or their representative should be asked for evidence of entitlement to exemption from NHS prescription charges, as per the process applied by pharmacies to NHS prescriptions. Where a patient is unable to provide evidence of their exemption from NHS prescription charges, the pharmacy contractor will record this on the reverse on the web-based clinical tool.

Records should be maintained for the supply of NRT or varenicline. These should be used to verify any claims submitted.

Please note that some web based clinical tools **may** generate the claim automatically.

### Decision to not supply

The pharmacist may decide it is not appropriate to make a supply of NRT or varenicline. In deciding whether or not to make a supply, the pharmacist must consider the impact on the service user. If the pharmacist decides not to make a supply, it must be clearly explained, and the patient should ideally agree with this decision. If the patient requires support from another healthcare professional, the pharmacist must organise this for the patient.

Where no items are supplied to the patient, it is important that the reasons are captured within the electronic referral system to support the evaluation of the service.

### Onward referral when an item is out of stock

Agree future appointment dates with the service user that overlap the length of treatment supplied so that they are not due to run out on the day of their appointment. Wherever possible the required stock or a suitable alternative should be obtained and supplied so that the service user can benefit from continuity of support and not referred on.

If the required product cannot be supplied in time to maintain continuous treatment discuss alternative formulations that they may choose to continue with from the same pharmacy. If the option of continuing at the same pharmacy is not acceptable to the service user, then agreement should be made with them for referral to another NHS SCTC pharmacy. Contact the pharmacy and check that the product is in stock and that they are willing to accept the referral.

If the pharmacy does not have the items in stock, then the pharmacist should use their professional judgement as to the number of alternative NHS SCTC pharmacies that should be tried.

Once a pharmacy with the required product that can take the referral is found, transfer the service user’s details by forwarding the referral details to the new pharmacy via the electronic referral system (where this functionality exists) or via NHSmail. Provide the patient with the details of the pharmacy to which they have been referred.

### Service users unable to travel to the pharmacy

**COVID-19** Updated guidance from National Centre for Smoking Cessation Training (NCSCT) recommends that carbon monoxide monitoring will need to be paused for the time being. [[7]](#footnote-8) Therefore, carbon monoxide (CO) validation may not be relevant for initial go-live, but it may become an active part of the service in the future should the guidance change. Self-reported smoking status will be used and accepted while CO monitoring is recommended to be paused.

NHS SCTC is primarily intended as a face to face service. On occasion there may be a requirement to provide behavioural support, monitoring, or follow up remotely, for example, telephone or video consultations. Apart from in exceptional circumstances such as the COVID-19 pandemic, where the telephone consultations are recommended, remote consultation may only be considered if it will meet the requirements of the service specification and must only be provided with the service user’s informed consent. Pharmacists must be able to demonstrate that any technology used to provide a remote consultation meets all relevant professional, regulatory, and national standards for provision of such consultations.

If the service user is unable to travel to the pharmacy, they should be asked for a representative who can collect the NRT or varenicline products on their behalf. Pharmacies are not expected to deliver to patients as part of NHS SCTC but should follow their usual practice to support patients in gaining access to medicines.

### Diversion of medicines

Although unlikely, pharmacists must be aware that diversion of medicines occurs and use their professional judgement to not supply a product if there is cause for concern. The pharmacist must discuss the reasons for no supply with the patient and raise an issue with NHS England local pharmacy contracting team.

### Record keeping

Supply of NRT or varenicline should be entered onto the Patient Medication Record (PMR) and product supplied should be labelled.

Records in the electronic referral system must also be fully completed to ensure an accurate clinical record is maintained of the consultation, correct payments for provision of the service are claimed, and accurate information is available to support the management and evaluation of the service.

Pharmacy contractors may be required to provide reports for service evaluation and monitoring purposes. Examples of data that may be requested are given in the service specification.

## Governance

The pharmacy is required to report any incidents related to patient safety, near misses, the referral process, or operational issues. An incident reporting form is included within the electronic referral system for submission to the local NHS England primary care commissioning team. Complaints about the service, untoward incidents including violence and aggression towards pharmacy staff, and customer falls should be reported to the local NHS England primary care commissioning team within 24 hours.

In response to incidents or near-misses the pharmacy should reflect on current practice and, if appropriate, implement changes to reduce the risk of a similar event and improve the quality of care provided.

**Appendix A – service overview**

Electronic referral received as part of hospital discharge process.

Three attempts to contact the service user and arrange an initial appointment.

Initial appointment to establish progress.

Provide monitoring, support, and pharmacotherapy appropriate to the level of service.

Agree an appointment cycle to overlap supply so that the NRT does not run out on the day of the appointment.

At week four, check for a successful quit attempt using a CO monitor for validation.

Attempt to re-engage with people lost to the service at week four.

At week 12, re-check success of the quit attempt and discontinue pharmacotherapy if not already discontinued.

Record progress using the electronic system and notify the service user’s GP.

## Appendix B – implementation checklist

|  |  |
| --- | --- |
| **Action** | **Complete** |
| The pharmacy is registered with NHSBSA to provide the service.  **Note**: some multiple pharmacy groups may complete this process centrally, please check your internal communications where appropriate to confirm the process to follow for your pharmacy to register for NHS SCTC. | ☐ |
| Responsible staff have read the NHS SCTC service specification and SOP. | ☐ |
| Responsible staff are aware of the information within the NHS SCTC toolkit and know where to access this when needed. | ☐ |
| Responsible staff feel competent to provide support to people who wish to stop smoking. | ☐ |
| The pharmacy team have logon credentials to access the electronic referral system. | ☐ |
| The pharmacy team have a process in place to check for referrals at appropriate intervals. | ☐ |
| The pharmacy team have access to the pharmacy’s NHSmail shared mailbox on every day the pharmacy is open. | ☐ |
| Pharmacists and pharmacy technicians can access the NHS Summary Care Record (SCR). | ☐ |
| Locums and relief pharmacists can readily access the NHS SCTC service specification, SOP and toolkit and have the required logon credentials for the electronic referral system and NHSmail shared mailbox for the pharmacy. | ☐ |
| Pharmacists, locums, and other staff who will be delivering the service have been signposted to the CPPE self-assessment tool and NSCST inform their training needs. | ☐ |

## Appendix C – patient flow

Declined and offered details of alternative services.

Accepts and selects preferred pharmacy.

Referral notice sent to pharmacy before patient returns home.

Pharmacy contacts the patient and agrees initial appointment.

Three failed attempts to contact patient.

Patient identified in hospital and recruited to smoking cessation programme.

Offer and agree smoking cessation transfer of care as part of discharge planning.

Discharge from service.

**Initial review**

Establish progress and provide monitoring, support.

Supply pharmacotherapy and agree next appointment to overlap so that NRT does not run out on the same day.

**Failed attempt**

Still smoking, restarts smoking or CO > 10 ppm.

Discharge, reassure, and signpost to alternative service.

**Week four**

Establish progress and provide monitoring, support.

Supply pharmacotherapy and agree appointment cycle to overlap supply so that NRT does not run out on the same day.

**Week 12**

Establish progress and provide monitoring, support.

Pharmacotherapy stops.

**Week 16**

Optional CO monitoring to positively reinforce continued quit.

It is required that appointments are offered at two weekly periods.

## Appendix D – levels of service

Each level of service provides a baseline assessment followed by progress reviews and checkpoint assessments. Each service user can expect the following from their first community pharmacy appointment.

Payment will be made in accordance with the service specification.

**COVID-19** Updated guidance from National Centre for Smoking Cessation Training (NCSCT) recommends that carbon monoxide monitoring will need to be paused for the time being. [[8]](#footnote-9) Therefore, carbon monoxide (CO) validation may not be relevant for initial go-live, but it may become an active part of the service in the future should the guidance change. Self-reported smoking status will be used and accepted while CO monitoring is recommended to be paused.

### Initial assessment – level 2

* A verification of the accuracy of the referral.
* An initial carbon monoxide test (CO test) with an explanation of its use as a motivational aid.
* An explanation of the benefits of stopping smoking.
* A description of the main features of tobacco withdrawal and the common barriers to stopping smoking including advice on how to cope with cravings.
* A discussion of suitability of discharge treatment and if appropriate alternate options that have proven effectiveness.
* A description of what a typical treatment programme might look like, its aims, how long it takes, how it works, and the benefits.
* Emphasis to maximise the commitment to not smoke a single puff.
* Appropriate behavioural support strategies to help the person quit.
* Consent from the person to enable information to be shared with their GP and the local NHS England primary care commissioning team.

The service user’s GP should be notified within 48 hours of the person being seen, or in the case of weekends and bank holidays, the next working day. The GP will be notified about continued participation in the smoking cessation programme and the items and quantities supplied to support smoking cessation.

Follow-up consultations to monitor progress include CO tests at specified intervals with the option for more frequent testing for motivational purposes if the service user is keen to see their CO readings more often. Agree future consultation dates with the service user that overlap the length of treatment supplied so that they are not due to run out on the day of their appointment. Extra face to face or telephone consultations will help maximise the chance of success. The pharmacy can decide how often it would be appropriate to have these extra consultations.

Service users accessing the level 3 service and using varenicline usually require fewer visits for supplies of medication but extra motivational visits, or telephone calls, or texts.

### Level 2 – behavioural support, follow up, monitoring and recording.

Service users are given motivational and behavioural support to set a quit date, stop smoking and remain smoke-free. NRT products are supplied as a part of this service for which pharmacies will be paid accordingly. Level 2 service provides behavioural support to service users, identification, and supply of suitable NRT products and assessment of progress.

The pharmacy must have a consultation area to be used for the provision of the service. This area must provide sufficient level of privacy and safety for such consultations. Support in addition to the consultation may also be delivered by telephone, messaging service (if available) or a brief intervention at the pharmacy premises.

Progress is measured at week four and week twelve using carbon monoxide (CO) verification. CO monitoring can be used at other times during a quit attempt as a motivational aid if the person is keen to see their CO readings more often. (see COVID-19 note above).

The pharmacy should identify treatment options that have proven effectiveness, maximise the person’s commitment to meet their quit date and ensure they understand the ongoing support and monitoring arrangements. If a service user wishes to use varenicline to support the quit attempt it may only be supplied under level 3 of this service. The PGD will make clear when the level 3 service is appropriate and what to do if it is not. Bupropion is not an option for this service.

The pharmacy will supply a maximum of two weeks treatment at a time. The course length may not exceed 12 weeks treatment, which includes treatment supplied to the service user while in hospital and at the point of discharge.

### Level 3 – varenicline supply

This covers the supply of varenicline under Patient Group Direction (PGD). Level 3 service is delivered in addition to level 2 where varenicline is the preferred pharmacotherapy.

**Varenicline may only be supplied in accordance with the criteria set out in a PGD**

The pharmacist will ensure that varenicline is a clinically appropriate and that the service user meets the criteria set out in the PGD. If they do not meet the criteria for initiation or continued supply, then refer to their GP.

Varenicline is usually started one or two weeks before the chosen quit date but can be at any time within the 12-week programme. For the purpose of this pilot programme the initial supply will be made by the hospital trust.

| Schedule of community pharmacy support |
| --- |
| Electronic referral received in community pharmacy Contact the service user within five working days. Arrange the first appointment. |
| Initial appointment Provide a CO test and check progression and appropriate use of pharmacotherapy. Give a one- or two-week supply to coincide with the next appointment.  **Level 2 and Level 3** Give positive reinforcement to maintain the quit attempt.  **Level 3** Assess the suitability of varenicline for the service users and complete the appropriate assessment form. |
| Failed attempt **Level 2** If at any stage the service user is still smoking or has a CO test result greater than 10 ppm then discharge them from this service.  **Level 3** If the service user starts smoking again after the quit date or has a CO test result greater than 10 ppm then discharge them from this service.  **Level 2, and Level 3** Reassure the service user that a number of quit attempts might be required to be successful and refer them to, or provide information on, alternative local smoking cessation services. |
| Progress check Provide appointments for progress check at one or two weekly intervals to coincide with the first formal review at four weeks.  **Level 2** Check progression and appropriate use of pharmacotherapy. Give a one- or two-week supply to coincide with the next appointment.  **Level 2 and Level 3** Offer an optional CO test if it will help with the quit attempt. Give positive reinforcement to maintain the quit attempt. |
| Week four review **Level 2** Provide a CO test and check progression and appropriate use of pharmacotherapy. Give a one- or two-week supply to coincide with the next appointment. Make a record of progress using the electronic referral system.  **Level 2 and Level 3** Give positive reinforcement to maintain the quit attempt. |
| Progress check Provide appointments for progress checks at one or two weekly intervals to coincide with the second formal review at 12 weeks.  **Level 2** Check progression and appropriate use of pharmacotherapy. Give a one- or two-week supply to coincide with the next appointment.  **Level 2 and Level 3** Offer an optional CO test if it will help with the quit attempt. Give positive reinforcement to maintain the quit attempt. |
| Week 12 review **Level 2** Provide a CO test and check for a successful quit. Make a record of progress using the electronic referral system and notify the service user’s GP. Give positive reinforcement to maintain the quit. |
| Progress check **Level 2 and Level 3** Check continued success four weeks after completing the 12-week programme. Offer an optional CO test if it will help a continued quit. Give positive reinforcement to maintain the quit. |

## Appendix E – GSL Protocols

## Protocol for the supply of nicotine replacement therapies (NRT) – patch, lozenge, inhalator

### Note packs supplied under this protocol must be GSL packs.

|  |  |
| --- | --- |
| 1. Staff competencies | |
| Authorised staff | *Insert detail of healthcare professionals who can operate under this protocol as local agreement* |
| Additional requirements | *Insert detail as local agreement to include: staff grade levels as appropriate; requirements of training to be undertaken before accessed as competent; any going training/CPD requirements.* |
| **2. Clinical condition or situation** | |
| Clinical situation | People over 18 years identified has having tobacco dependence and require NRT |
| Individuals included | * Individuals who consent to treatment. * People aged 18 years of age or over. * Current habitual smoker wishing to stop smoking or previous habitual smoker already using NRT |
| Individuals excluded | * People under 18 years of age. * Hypersensitivity to any of the ingredients of the preparation (see SPC [www.medicines.org.uk](http://www.medicines.org.uk)). * People who do not smoke or non-habitual smokers. * People already managed suitably on preparations for smoking cessation. * Individual currently prescribed clozapine, warfarin, theophylline, aminophylline, lithium, insulin, olanzapine. |
| Action for individuals excluded | * Complete with local pathway |
| Action if individual declines | As for excluded individuals |
| **3. Description of treatment** | |
| Medicine to be supplied | * NRT patches: 14mg, 21mg; NRT lozenges: 1mg, 2mg; NRT inhalator 15mg; NRT Gum: 2mg, 4mg; NRT Mini Lozenge 1.5mg, 4mg; NRT 500mcg nasal spray; NRT Microtab 2mg; NRT 1mg/dose Quickmist mouthspray. * Legal status: GSL |
| Dose schedule | NRT patches  * **Dose:** people who smoke more than 20 cigarettes per day, apply one 21 mg patch once daily; people who smoke less than 20 cigarettes per day, apply one 14 mg patch once daily. * **Frequency:** one patch applied daily. * **Maximum daily dose:** one patch applied in each 24-hour period. * **Route:** topical   Apply the patch. Select a clean, dry, hairless intact area of skin (e.g. hip, upper arm, or chest). When removing patch, dispose of in accordance with the PIL. Avoid applying patch to the same site two days running. Avoid using patch on broken or irritated skin. NRT lozenges  * **Dose:** one lozenge to be slowly sucked. * **Frequency:** every 2-3 hours. * **Maximum daily dose:** maximum of 12 lozenges in 24 hours. * **Route:** oral  NRT inhalator  * **Dose:** one cartridge * **Frequency:** one cartridge can be used for eight times for five minutes each time. Each cartridge lasts approximately 40 minutes.   To be used as required; the cartridges can be used when the urge to smoke occurs or to prevent cravings.   * **Maximum daily dose:** individuals should not exceed six cartridges of the 15 mg strength daily. * **Route:** inhaled  NRT gum  * **Dose:** people who smoke 20 cigarettes or less a day, 2mg gum is indicated. If more than 20 cigarettes a day are smoked, 4mg gum will be needed. ‘Chew and rest’ and discard after 30 minutes. * **Frequency:** whenever there is a strong urge to smoke. * **Maximum daily dose:** maximum of 15 pieces in 24 hours. * **Route:** oral  NRT mini lozenges  * **Dose:** people who smoke 20 cigarettes or less a day, 1.5mg mini lozenge is indicated. If more than 20 cigarettes a day are smoked, 4mg mini lozenge will be suitable. One lozenge placed in mouth and allowed to dissolve. * **Frequency:** whenever there is a strong urge to smoke. * **Maximum daily dose:** maximum of 15 lozenges in 24 hours. * **Route:** oral  NRT nasal spray  * **Dose:** One spray as directed into each nostril * **Frequency:** depends on the previous smoking habit of the individual * **Maximum daily dose:** 64 sprays which is the equivalent of 2 sprays in each nostril every hour for 16 hours. * **Route:** nasal  NRT microtab  * **Dose:** people who smoke 20 cigarettes or less a day, 1 microtab per hour. If more than 20 cigarettes a day are smoked, 2 microtabs per hour. One microtab placed under the tongue and allowed to dissolve * **Frequency:** 1-2 microtabs every hour. * **Maximum daily dose:** 40 microtabs per day. * **Route:** Sub-lingual  NRT Quickmist 1mg/spray mouthspray  * **Dose:** 1-2 sprays as close to the open mouth as possible when cigarettes would normally have been smoked or if cravings emerge. * **Frequency:** 1-2 sprays every 30 mins to 1 hour. * **Maximum daily dose:** 4 sprays per hour. 64 sprays in any 24-hour period. * **Route:** Oral |
| Quantity of medication to be supplied  (supply in original GSL pack only which has full dosage instructions on the packaging) | Patches: Two original GSL packs containing a maximum of seven patches,  Inhalator: 36 inhalator cartridges (plus mouthpiece),  Lozenge: 80 lozenges,  Gum: 105 pieces,  Mini Lozenge: 20 mini lozenges,  Nasal spray: 10ml pack,  Microtab: 105 microtabs,  Quickmist oralspray: Duo pack (2 devices each containing 150 sprays)  **There should be sufficient supply to support the patient beyond their next appointment.** |
| Follow up or individual advice | * Inform people of the medicine being supplied and rationale. * Provide a Patient Information Leaflet. * Inform people of how and when to seek further medical advice. |
| Record keeping | The following must be recorded on the Pharmacy PMR.   * Date and time of supply. * The person’s details such as name, date of birth, hospital, or NHS number (where applicable), allergies, previous adverse events, and the criteria under which the patent fits the protocol. * Details of the medicine supplied including name, strength dose, route. * Quantity supplied. * A statement that supply is under a protocol. * Name and signature (which may be electronic) of healthcare professional acting under the protocol to supply the medication. * Relevant information that was given to the individual. * Record whether consent was gained or refused – if consent was refused record actions taken. Consent is required for the service to be provided. |

1. <https://www.gov.uk/government/publications/cost-of-smoking-to-the-nhs-in-england-2015/cost-of-smoking-to-the-nhs-in-england-2015> [↑](#footnote-ref-2)
2. NCSCT (2020). Protecting smokers from COVID-19. <https://www.ncsct.co.uk/usr/pub/COVID-19%20bulletin%2018:03:20.pdf> [↑](#footnote-ref-3)
3. CPPE <https://www.cppe.ac.uk/gateway/smoking> [↑](#footnote-ref-4)
4. NCSCT <https://www.ncsct.co.uk/index.php> [↑](#footnote-ref-5)
5. NCSCT (2020). Protecting smokers from COVID-19. <https://www.ncsct.co.uk/usr/pub/COVID-19%20bulletin%2018:03:20.pdf> [↑](#footnote-ref-6)
6. NCSCT (2020). Protecting smokers from COVID-19. <https://www.ncsct.co.uk/usr/pub/COVID-19%20bulletin%2018:03:20.pdf> [↑](#footnote-ref-7)
7. NCSCT (2020). Protecting smokers from COVID-19. <https://www.ncsct.co.uk/usr/pub/COVID-19%20bulletin%2018:03:20.pdf> [↑](#footnote-ref-8)
8. NCSCT (2020). Protecting smokers from COVID-19. <https://www.ncsct.co.uk/usr/pub/COVID-19%20bulletin%2018:03:20.pdf> [↑](#footnote-ref-9)