Pharmacy Integration Fund

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

Service Level Agreement

Pharmacy Local Enhanced Service

NHS England and NHS Improvement



## Document history

### Revision History

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| --- | --- | --- | --- |
| Revision date | Previous revision date | Summary of Changes | Changes marked |
| 05/03/2021 |  | Extension of pilot to 31st July 2021 |  |
| 29/07/2021 |  | Extension of pilot to 31st January 2022 |  |

### Approvals

This document requires the following approvals:

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| Name | Signature | Title |
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## Parties to the agreement

**This agreement is between**

**NHS England** (the commissioner)

[NHS England and NHS Improvement as part of Greater Manchester Health and Social Care Partnership]

**and the Provider** (the pharmacy)

Trading name and address of pharmacy

Contractor ODS code: F

For the provision of services to test a model for the transfer of care into community pharmacy-based smoking cessation services. The pilot service is a Local Enhanced Service as defined by Part 4 paragraph 14(1)(j) of the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 (as amended).

By signing up to this Service Level Agreement (SLA) you are agreeing that you fully comply with the Terms of Service as outlined in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and agree to comply with the full terms and conditions as outlined in this Service Level Agreement and service specification. NHS England and NHS Improvement (NHSE&I) reserves the right to remove you from this pilot if you become unable to meet your terms of service during the pilot period.

Failure to comply with the full terms and conditions as outlined in this SLA and the Service Specification may result in suspension from the pilot. Before any suspension, the pharmacy and commissioner will discuss the reason for the suspension to identify a possible resolution.

Sign up to the service is via the NHS BSA website <https://www.nhsbsa.nhs.uk/smoking-cessation-referral-secondary-care-community-pharmacy-service-pilot>

By registering to sign up to the service you are agreeing to the terms outlined in this SLA for the Service.

## Purpose and scope

The purpose of this pilot is to test a model for community pharmacy teams to manage the continuing provision of smoking cessation services initiated in secondary care. The pilot will implement and test a digital referral system between hospitals and community pharmacies to allow inpatient smokers to continue their stop smoking treatment in a community pharmacy following discharge.

The pilot creates additional capacity and is not a replacement for local authority commissioned services where treatment may be started in a community pharmacy or elsewhere in primary care. This pilot aligns with the priorities of the NHSE&I Policy Prevention team, who have identified the CURE model for smoking cessation as NHSE&I’s nearest adaptation of the Ottawa Model of Smoking Cessation (OMSC). Adaptations of the OMSC are being piloted as from April 2020 with a potential roll out nationally from April 2021.

As part of this pilot project an evaluation of the service will be undertaken to measure the effectiveness of the electronic referral process and completion of treatment of tobacco dependence within pharmacy.

This service is to be provided in addition to the Essential service ‘Promotion of healthy lifestyles (Public Health)’ (ES4).

The pilot is intended to inform the 2021-22 Community Pharmacy Contractual Framework (CPCF) negotiations as part of the 5-year agreement from 2019 - 2024.

## Timescale

This agreement is for the scheme to be available during all pharmacy opening hours.

This agreement and pilot service delivery covers 14th September 2020 to 31st January 2022.

## Termination and notice period

One month’s notice of termination must be given in writing to the commissioner if the pharmacy wishes to terminate the agreement before the given end date.

If the pharmacy ceases to provide the service, they must arrange for the equipment to be returned if this is required by the commissioner.

The commissioner may suspend or terminate this agreement forthwith if there are reasonable grounds for concern including, but not limited to, malpractice, negligence, or fraud on the part of the pharmacy.

## Obligations

The pharmacy will provide the service in accordance with the service specification and ensure that all substantive and locum pharmacists and pharmacy staff are aware of it.

Level 2 service can be provided by a pharmacist or a trained competent member of the pharmacy team. The provision of the service including the clinical responsibility for supply of nicotine replacement therapy (NRT) remains the responsibility of the Responsible Pharmacist. Refer to the toolkit for more information and for the GSL NRT supply protocols.

Level 3 service must be provided by a pharmacist, varenicline will be supplied via a patient group direction (PGD). Pharmacists will need to provide evidence of competency through a Declaration of Competence (DoC) in order to provide the PGD level 3 service.

The pharmacy will participate fully in the pilot evaluation and provide the data set out in the specification within the timescales specified.

The commissioner will manage the service in accordance with the specification.

## Standards

The service will be provided in accordance with the standards detailed in the specification.

## Eligibility criteria

Service providers will need to satisfy the following criteria to demonstrate ability to take part in this pilot.

* Compliant with the Essential Services elements of the Community Pharmacy Contractual Framework (CPCF).
* In good standing with NHS England and NHS Improvement.
* Located within the agreed pilot footprint.
* Registered to provide the service.
* Can comply with all the elements described in the service specification.
* The service must be delivered from inside a consultation room that complies with the GPhC standards for such rooms;
* The service may be delivered by agreement with the Commissioner from a suitable location outside a consultation room that complies with infection control requirements for COVID-19 and supports a confidential patient consultation;
* The service must be available for all the opening hours of the pharmacy

## Confidentiality

Both parties shall adhere to applicable data protection legislation including the General Data Protection Regulation 2018 and to the Freedom of Information Act 2000.

Registered pharmacy professionals are expected to follow the most recent General Pharmaceutical Guidance on Confidentiality (May 2017).

The service provider must have in place a whistleblowing policy. The aim of which is to allow an employee (or locum) to raise at the earliest opportunity, any general concern that they might have about a risk, malpractice or wrongdoing at work, which might affect patients, the public, other staff, or the organisation itself.

Any approaches by the media for comments or interviews must be referred to the commissioner.

## Indemnity

The pharmacy shall maintain adequate insurance for public liability and professional indemnity against any claims which may arise out of the terms and conditions of this agreement. Any litigation resulting from an accident or negligence on the part of the pharmacy is the responsibility of the pharmacy who will meet the costs and any claims for compensation, at no cost to the commissioner.

Pharmacy Integration Fund

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

Service Specification

Pharmacy Local Enhanced Service

NHS England and NHS Improvement



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## Service background

**Clinical evidence and National guidance**

The NHS Long Term Plan (LTP) has adopted the Ottawa Model for Smoking Cessation (OMSC). All people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services.[[1]](#footnote-2) The Ottawa Model establishes smoking status of all admitted patients followed by brief advice, personalised bedside counselling, timely nicotine replacement therapy or pharmacotherapy, and follow-up after discharge. The model has increased 1-year quit rates by 11%[[2]](#footnote-3) and, when implemented, is expected to save the NHS £85 million in healthcare resource use within one year[[3]](#footnote-4).

Wythenshawe hospital in Manchester adopted the OMSC in October 2018 delivered through the CURE project, a comprehensive secondary care treatment programme for tobacco dependence. Evaluation indicated a disconnect between primary and secondary care when people are discharged from hospital. As hospitals increasingly adopt the NHS LTP recommended OMSC, additional capacity will be required in primary care.

*The Community Pharmacy Contractual Framework: 2019 to 2024* sets out how community pharmacy can support delivery of the NHS Long Term Plan. It has given NHS England and NHS Improvement (NHSE&I) the opportunity to explore options to modify existing smoking cessation services. Incorporating community pharmacy into the treatment pathway for people who want to quit smoking will improve the health of England’s population and reduce the burden on NHS resources.

## Aims and objectives

The aims and objectives of this service are to:

* **Pilots**
	+ Apply learning from existing Transfer of Care (e.g. NHS CPCS) initiatives and other discharge medication services to support electronic transfer of patient data to community pharmacy for the follow up smoking cessation
	+ Develop a consistent agreed data set that should be transferred to the community pharmacy independent of any specific IT system
* **Wider programme**
	+ Consider how this model will align with locally commissioned community-based smoking cessation services
	+ Scope the implications for potential national rollout including the involvement of the hospital pharmacy team and implementation in community pharmacy
* **Evaluation**
	+ Understand the user experience, including patient experience, hospital referring team behaviours and experience, and the experience of the community pharmacy accepting referral
	+ Understand how effective the service is within the hospital and the transfer of care process from hospital to community pharmacy
	+ Carry out a cost analysis of the community pharmacy pathway post-discharge and understand the wider implications for potential national rollout including the involvement of the hospital pharmacy team in any post-discharge follow up, the technical implications for community pharmacy to support transfer of information and the operational issues for implementation in community pharmacy
	+ Gain insight through evaluation into accessibility, engagement, and impact in areas of differing demographics and deprivation levels via case studies

## Service sign up and self-declaration

Community pharmacy registration for the pilot will be via the NHS BSA website <https://www.nhsbsa.nhs.uk/smoking-cessation-referral-secondary-care-community-pharmacy-service-pilot>

Registration for the pilot service will require the Responsible Pharmacist to make a self‑declaration of readiness and confirm that they:

* Have completed or will undertake to complete the required training.
* Are satisfied that all pharmacists including locum pharmacists and pharmacy staff involved in the provision of the service are competent to do so.
* Will ensure that other pharmacists working in the pharmacy and pharmacy team members who will provide the service make the same self-declaration of readiness which will be kept on the pharmacy’s records for the duration of the pilot.
* Have access to a shared premises NHS mail address, Summary Care Records, and an electronic referral system.
* Can deliver the service from inside a consultation room that complies with the GPhC standards for such rooms.
* Make the service available for all the opening hours of the pharmacy.
* Will only provide this pilot service using the approved monitoring equipment funded by NHS England and NHS Improvement.
* Are aware of the signposting and escalation processes.

## Service description

Hospital Trusts will identify people who smoke, provide a pre‑quit assessment, and start treatment. With consent, service users will be offered referral to a participating community pharmacy on discharge. The referral will be made using a secure electronic referral 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 tobacco dependence treatment 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

## Outcomes and next steps

**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. [[4]](#footnote-5) 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.

4-week follow-up will include self-reported smoking status, followed by a CO test for validation and advice to support ongoing remission.

12-week follow-up will include self-reported smoking status, followed by a CO test for validation and advice to support ongoing remission.

The service provider should maintain appropriate records to ensure effective ongoing service delivery and audit. The service toolkit provides further guidance about documentation and reporting to support service delivery and evaluation using the pilot web-based tool.

Fees will be payable as detailed in Appendix A.

## Equipment

**Carbon Monoxide (CO) Monitors**

**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. 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.

CO Monitors used in the pilot should meet the specification set out by NHSE&I.

All equipment provided or reimbursed by the commissioner will remain the property of the commissioner on completion of the pilot. The local NHS England primary care commissioning team reserve the right to remove unused equipment from a community pharmacy and redistribute it to other pharmacies in the area.

## Community pharmacy requirements and responsibilities

Prior to commencing provision of the service pharmacy contractors must comply with any service eligibility criteria in the Service Level Agreement.

### Training requirements

The pharmacy contractor must ensure that pharmacists providing the service are competent to do so. Pharmacists should demonstrate to the pharmacy contractor that they have the necessary knowledge and skills to provide the service by completing the Stop smoking Declaration of Competence (DoC) [[5]](#footnote-6). Signing the DoC whilst not meeting the competencies may constitute or be treated as a fitness to practise issue.

**Training evidence**

* The service provider will keep documentary evidence that pharmacists and pharmacy staff (including locums) involved in the provision the service have successfully completed the relevant training.
* Evidence of competencies must be retained within each pharmacy for all pharmacists, locums and staff delivering this service.
* Evidence of competencies must be dated within the last three years and may be requested at pharmacy inspections.
* Before commencement of the service all staff will read the service specification and complete and provide evidence of completion of the following.

**Training**

* Level 2 – all staff delivering the service, including pharmacists, will obtain and evidence [NCSCT Stop Smoking Practitioner Certification.](https://www.cppe.ac.uk/services/smoking-cessation) The protocol for supply of GSL NRT products must be read and understood. The protocol is accessible as an appendix in the toolkit.
* Level 3 – pharmacists will sign the PGD and complete a CPPE Declaration of Competence. The PGD only covers the supply of Varenicline by pharmacists.

**Additional training**

* Smoking cessation training is available through existing training providers such as [CPPE and can be accessed through e-learning](https://www.cppe.ac.uk/services/smoking-cessation) and face to face training.
* Where necessary training will be supported through the pilot for participating pharmacy teams agreed on a per pilot basis.
* Pharmacists, locum pharmacists, and pharmacy team members providing the service must have read and understood the operational processes to provide the service as described in the service specification, standard operating procedures, and the toolkit.
* In addition, where there is not an existing smoking cessation advisor in the community pharmacy, smoking cessation training must be undertaken by an individual employed by the pharmacy. Where there is already a smoking cessation advisor working in the pharmacy, the individual must have achieved their certification from the National Centre of Smoking Cessation Treatment (NCSCT), which can be accessed via CPPE’s website.
* Before providing the service, all practitioners are required to have observed a consultation by an experienced advisor and be observed providing the behavioural support element of a consultation.
* Any additional training / e-learning may be required to align with locally commissioned smoking cessation service provision.
* It is expected that staff complete the [NCSCT module on using e-cigarettes](https://www.cppe.ac.uk/services/smoking-cessation) to aid a quit smoking attempt. This will help pharmacy staff to provide advice to smokers who are using, or interested in using, an e-cigarette for quitting (as recommended by [NICE NG92](https://www.nice.org.uk/guidance/ng92)).
* Specialist NCSCT modules are also available to support treatment for people with a mental health condition and pregnant women too, these must be completed as part of service training and will become available once the practitioner training has been successfully completed.
* Health champions within Healthy Living Pharmacies are also expected to complete the online ‘a very brief advice in smoking cessation’ NCSCT training, unless directly involved in pilot delivery in which case they too will be required to complete the practitioner training described above.

## Data and information management

All parties shall adhere to applicable data protection legislation including the General Data Protection Regulation 2018 and to the Freedom of Information Act 2000. The requirement for confidentiality will be balanced with the needs of 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. 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.

Each practitioner will be required to obtain verbal consent from the service user to proceed with the service. This consent is recorded at the start of the first consultation in the pharmacy as part of the consultation form. This consent is required in order to proceed any further. The consent covers the measurement of the CO and also informs the patient that their information and results will be shared with their GP practice and stored by the pharmacy in line with ‘Records Management Code of Practice for Health and Social Care.’ It also requests consent for their pseudonymised data to be shared with commissioners and evaluation teams for payment of the service and for service evaluation purposes.

**In addition, service users will be asked at the first consultation in the pharmacy if they consent to being contacted by an evaluation team to complete a service user survey.**

Evidence of consent should be retained for an appropriate period of time. As pharmacy contractors are the data controller, it is for each contractor to determine what the appropriate length of time is. Decisions on this matter must be documented and should be in line with ‘Records Management Code of Practice for Health and Social Care.’

## Safety and incident reporting

The pharmacy is required to report any patient safety incidents in line with the 2012 NHS guidance on Clinical Governance Approved Particulars for Pharmacies [[6]](#footnote-7) .

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 resource web portal 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.

NHS England, as the commissioner of the service, will monitor the service alongside other community pharmacy contractual framework services and will work with local system providers to ensure the service is integrated.

The Local Pharmaceutical Committee (LPC) can also be contacted to share any governance concerns contractors may have, and they will be able to collate and share these with the local NHS England primary care commissioning team, and feed into local governance systems.

## Review and evaluation

The Commissioner reserves the right to audit or conduct post payment verification (PPV) on the information and data held at the pharmacy in respect of this service.

As a pilot service, independent evaluation of the service and its outcomes is key to ongoing service development and review of the effectiveness of the pilot. The service provider is required to participate in evaluation by ensuring submission of all relevant data and taking part in a questionnaire or survey, and telephone interview if requested.

Aspects of the service to be examined will include but are not limited to:

* Impact on health inequalities (linking to post codes of those diagnosed).
* Service user experience and satisfaction.
* Pharmacy staff and General Practice staff experience.
* Success of signposting.
* Identification of a clinical pathway for referral from community pharmacy.
* Operational efficiency including numbers of potential service users approached and rates of participation.
* Operational issues with the running of the service, which may prompt changes to its design or future development
* Any variation between pilot areas.
* The cost of implementation including time and resources required.

## Data collection and payments

The pharmacy contractor shall provide information, reports, and other data as and when required by the local NHS England primary care commissioning team and authorised agents.

The pharmacy will be responsible for ensuring that accurate and complete records of consultations, advice and treatment provided to each person is recorded along with outcomes using the web-based reporting tool. The web-based pilot tool shall also be used for the purposes of audit and processing payment. See appendix A for a description of fees for service delivery.

Claims for payments should be made monthly via the relevant submission form provided under the Local Payment Application. Contractors are required to register with the NHSBSA to deliver this service and are advised to do this as soon as possible to ensure registration is complete when they want to make a claim for payment. Refer to the toolkit for details.

Claims will be accepted by Local Payment Application within six months of activity and in accordance with the usual Drug Tariff claims process. Later claims will not be processed.

#### Service Quality Performance Report

The pharmacy contractor shall provide information, reports and other data relating to the provision of this service as and when required by the local NHS England primary care commissioning team Reports may be generated automatically using the pilot web-based reporting tool.

The pharmacy contractor shall record consultations using the pilot web-based tool. The web-based tool shall also be used for the purposes of audit and for generating and submitting invoices.

**Monitoring**

**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. 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 pharmacy contractor shall ensure the pharmacy has the following and that these are available for inspection should the local NHS England primary care commissioning team undertake a site visit:

* A working CO monitor and sufficient disposable mouthpieces for 20 tests (required at the point of CO monitoring restarting as part of a face to face service);
* The service must be delivered from inside a consultation room that complies with the GPhC standards for such rooms;
* The service may be delivered by agreement with the Commissioner from a suitable location outside a consultation room that complies with infection control requirements for COVID-19 and supports a confidential patient consultation;
* ‘Stop Smoking’ health promotional media or evidence of an ability to signpost;
* A suitable quantity of stop smoking pharmacotherapy products to enable efficient and direct supply to the service user and ensure continuation of treatment;
* That the supply of pharmacotherapy products for tobacco prevention is based on clinical suitability and is in no way influenced by sponsorship or by financial incentives.

## Appendix A – fees for service delivery

The commissioner reserves the right to revise fees. The service provider will be given written notification of the commissioner’s intention to change fees three months before the changes take effect.

Claims for payment should be submitted within one month of, and no later than three months of providing the chargeable activity. Claims which relate to work completed more than three months may not be paid.

A successful quit is defined as self-reported abstinence checked using carbon monoxide monitoring of less than 10 parts per million (ppm) at 4 weeks after the quit date. This does not imply that treatment should stop at 4 weeks (NICE, 2018).

**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. 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.

### Level 2

Payment will be based on the claims submitted. The pharmacy will be reimbursed for the NRT supplied and remunerated for dispensing NRT products and providing carbon monoxide monitoring. The product price for NRT supplied will be derived from the NHS Dictionary of Medicine and Devices (dm+d). Discount deduction is not applied.

If the service user is not entitled to exemption from prescription charges or they cannot make an appropriate declaration, then the equivalent of a prescription charge is payable to the pharmacy. A deduction will be taken from the pharmacy’s payment equal to the sum of the charges collected.

The range of NRT pharmacotherapy products available under the GSL NRT protocol is listed as an appendix and allows increased flexibility to the choice of product type available in the hospital setting. The range of NRT available is based on clinical suitability and is in no way influenced by sponsorship or by financial incentives.

|  |
| --- |
| Payments and deductions |
| Product price plus V.A.T. | Payment derived from the dm+d |
| Dispensing activity | Payment of £2.60 per visit |
| Pharmacy / team training | One-off payment of £180 per pharmacy premises |
| Prescription charges | Deduction in line with the NHS Electronic Drug Tariff part XVI – Notes on charges |

Table 1 Payment for supply of nicotine replacement therapy

Reimbursement for CO monitoring support will be paid quarterly on the condition that the pharmacy has provided the service in accordance with the service specification for the previous six months.

NHS prescriptions for NRT supplied to service users from their GP practice should be dispensed as part of the essential service element of the pharmacy’s core NHS terms of service.

### Level 1

Level 1 support is usually considered voucher supply of NRT and very brief advice.

Only patients discharged from hospital who are receiving level 2 and level 3 support will be referred into this community pharmacy service. Level 1 support is **not** required for this pilot project.

### Level 2 and level 3

The payment for level 2 service reflects the behavioural support, monitoring, supply of NRT and advice provided.

The payment for level 3 service reflects the clinical consultation and supply of varenicline. Behavioural support, monitoring, and advice are provided as level 2 service. Pharmacies delivering level 3 service will also be providing level 2 service.

Refer to the Toolkit for further detail on the schedule of medicines supply and behavioural support.

| Payment for behavioural support, monitoring and advice |
| --- |
| Initial appointmentCO recorded and NRT options reviewed. Level 2: £5. Level 3: £10 |
| Regular progress checksFollow-up consultation with patient. Frequency of follow-ups are agreed with patient. Recommend every 1 – 2 weeks for follow-up. CO recording. Ensure the service user is progressing and using NRT products appropriately. Give positive reinforcement to maintain the quit attempt. Level 2: £5. Level 3: £10 |
| Milestone: Week 4 reviewCO verified or self-reported quit recorded. Give positive reinforcement to maintain the quit. If unsuccessful, discharge from the service or where appropriate signpost to locally commissioned service.Level 2: £5. Level 3: £10 |
| Milestone: Week 12 reviewConfirm successful quit.Verified in person with a CO test: level 2, £5; level 3, £10. Verified verbally without a CO test: level 2, £5; level 3, £10. |

Table 2 Payment for support at level 2 and level 3

### Level 3

#### Payment for supply of varenicline

Payment will be based on the claims submitted. The pharmacy will be reimbursed for the varenicline supplied and remunerated for dispensing varenicline and providing behavioural support, monitoring, and advice. The product price for varenicline will be derived from the NHS Dictionary of Medicine and Devices (dm+d). Discount deduction is not applied.

If the service user is not entitled to exemption from prescription charges or they cannot make an appropriate declaration, then a prescription charge is payable to the pharmacy. A deduction will be taken from the pharmacy’s payment equal to the sum of the prescription charges collected.

|  |
| --- |
| Payments and deductions |
| Varenicline price plus V.A.T. | Payment derived from the dm+d |
| Dispensing activity | Payment of £2.60 per visit |
| Behavioural support, monitoring and advice | See Table 2 Payment for support at level 2 and level 3 |
| Prescription charges | Deduction in line with the NHS Electronic Drug Tariff part XVI – Notes on charges |

## Appendix B – quality outcomes indicators

Activity data and patient experience from community pharmacy and hospital teams will be captured:

* The number of referrals sent to pharmacies from hospitals.
* The number of referred patients who have directly contacted the pharmacy, and those that have needed to be contacted by the pharmacy.
* The number of patients who attend follow-up sessions in pharmacies.
* The number of patients who successfully reach their 4 week and 12 week quit date with the support of the service in pharmacies.
* Cost analysis of community pharmacy service to establish if the service offers the NHS value for money.
* Additional evaluation points to be confirmed but to include 4- and 12-week smoking status.
1. <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf> [↑](#footnote-ref-2)
2. Mullen, KA, *et al. Tob Control* 2017; **26**:293—299. Doi: 10.1136/tobaccocontrol-2015-052728.<https://tobaccocontrol.bmj.com/content/tobaccocontrol/26/3/293.full.pdf> [↑](#footnote-ref-3)
3. Royal College of Physicians. *Hiding in plain sight: Treating tobacco dependency in the NHS*. London: RCP, 2018. <https://www.rcplondon.ac.uk/projects/outputs/hiding-plain-sight-treating-tobacco-dependency-nhs> [↑](#footnote-ref-4)
4. NCSCT (2020). Protecting smokers from COVID-19. [https://www.ncsct.co.uk/usr/pub/COVID-19%20bulletin%2018:03:20.pdf](https://www.ncsct.co.uk/usr/pub/COVID-19%20bulletin%2018%3A03%3A20.pdf) [↑](#footnote-ref-5)
5. CPPE. Declaration of Competence. Available at <https://www.cppe.ac.uk/services/declaration-of-competence> [↑](#footnote-ref-6)
6. NHS <https://www.gov.uk/government/publications/clinical-governance-approved-particulars> [↑](#footnote-ref-7)