

**Community Pharmacy
Advanced Service Specification -
NHS Smoking Cessation Service
(SCS)**

Draft Service Specification



This service specification is draft and therefore may be subject to change.

Version Control

Revision History

Version Number	Date	Author title	Status	Reason for issue
0.1	November 2021	NHS England & Improvement	Draft	New service document
0.2	February 2022	NHS England & Improvement	Final draft	New service document

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Service background

The [NHS Long Term Plan \(LTP\)](#) has adopted the Ottawa Model for Smoking Cessation (OMSC). The Ottawa Model establishes the smoking status of all patients admitted to hospital followed by brief advice, personalised bedside counselling, timely nicotine replacement therapy (NRT) or pharmacotherapy, and follow-up after discharge. All people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services.

The National Institute for Health and Care Excellence (NICE) [Guideline NG209](#) sets out what is required of stop smoking interventions and services for everyone aged 12 years and over across all care sectors. Guideline NG209 highlights access to behavioural support, very brief advice and provision of licensed medicinal products such as NRT and varenicline should be available for adults who smoke. It also clearly sets out the monitoring required for smoking cessation services in primary care and community settings and guidance for referral of people from secondary care to local stop-smoking support to ensure continuity of care.

A Pharmacy Integration Fund pilot on Smoking Cessation Transfer of Care began in 2020/21 to test a new model of working in which community pharmacies manage the continuing provision of smoking cessation support initiated in secondary care following patient discharge from hospital. This pilot has informed the design of this Advanced service.

The early findings from the pilot indicate that a consistent, national offer can be achieved through community pharmacy, and that this will create the capacity needed to enable NHS trusts to transfer patients for smoking cessation support in the community. The NHS LTP commitment is to also include follow up from maternity and mental health services, therefore the patients referred into community pharmacy may also start to include these referrals depending on local arrangements.

1. Aims and objectives

- 1.1. This service has been designed to enable NHS trusts to undertake a transfer of care on patient discharge, referring patients (where they consent) to a community pharmacy of their choice to continue their smoking cessation treatment, including providing medication and support as required. The ambition is for referral from NHS trusts to community pharmacy to create additional capacity in the smoking cessation pathway.
- 1.2. The aim of the service is to reduce morbidity and mortality from smoking, and to reduce health inequalities associated with higher rates of smoking.
- 1.3. The objective of the service is to ensure that any patients referred by NHS trusts to community pharmacy for the SCS receive a consistent and effective offer, in line with NICE guidelines and the OMSC.

2. Requirements for service provision, including premises and equipment

- 2.1. Prior to provision of the service, the pharmacy contractor must:

- a. be satisfactorily complying with their obligations under Schedule 4 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations (Terms of Service of NHS pharmacists) in respect of the provision of Essential services and an acceptable system of clinical governance; and
 - b. notify NHS England and NHS Improvement (NHSE&I) that they intend to provide the service by completion of an electronic registration declaration through the NHS Business Services Authority (NHSBSA) Manage Your Service (MYS) platform.
- 2.2. The service must be provided by a pharmacist. The pharmacy contractor must ensure all pharmacists providing the service are appropriately trained and competent to do so as stated in section 3 of this service specification.
- 2.3. The pharmacy contractor must seek to ensure that referrals can be received throughout the pharmacy's core and supplementary hours. The pharmacy will agree with the patient the date and time of their first appointment and then subsequent appointments.
- 2.4. The pharmacy contractor must have a standard operating procedure (SOP) in place covering the provision of the service, including key contact details for the service. The SOP must cover equipment maintenance and validation. This should be reviewed regularly and following any significant incident or change to the service. The pharmacy contractor must ensure that all pharmacy staff involved in the provision of the service are familiar with and adhere to the SOP.
- 2.5. The pharmacist and patient will have a discussion in the pharmacy's consultation room or remotely (via telephone, another live audio link or live video link) if agreed to be suitable by the patient and the pharmacist.
- 2.6. Remote consultations with patients should take place in circumstances where the conversation cannot be overheard, except by someone whom the patient wants to hear the conversation, for example, a carer.
- 2.7. The pharmacy is required to report any patient safety incidents in line with the [Clinical Governance Approved Particulars for pharmacies](#).
- 2.8. Pharmacists should be aware of locally commissioned smoking cessation services to enable signposting.
- 2.9. Premises Requirements
 - 2.9.1. Pharmacy contractors must have a consultation room at the pharmacy, which meets the applicable requirements of the Pharmaceutical Services Regulations.
- 2.10. Equipment
 - 2.10.1. Pharmacy contractors must have a working carbon monoxide (CO) monitor (which is suitable for use with pregnant women) and sufficient disposable mouthpieces to meet the likely demand when providing the service via face-to-face consultations in the pharmacy. Pharmacists using the monitor must be trained in its use and it must be maintained in line with the recommendations of the manufacturer or supplier. A minimum technical specification for CO monitors used in this service can be found in **Appendix A**.

- 2.10.2. Infection prevention and control measures and cleaning must be carried out on all CO monitors as per the instructions of the manufacturer or supplier and in line with current infection prevention and control guidance.

3. Training

3.1. Essential Training

- 3.1.1. The pharmacy contractor will keep evidence that pharmacists involved in the provision of the service have successfully completed the relevant training and this may be requested by NHSE&I.
- 3.1.2. Pharmacists must have satisfactorily completed the below training and passed the associated assessment (where applicable):
- the [National Centre of Smoking Cessation Treatment \(NCSCT\) Stop Smoking Practitioner Certification](#) (pharmacists that are already certified do not need to repeat their training for the purposes of this service);
 - Specialist NCSCT modules to support treatment for people with a mental health condition and pregnant women (these must be completed after the NCSCT Practitioner training has been successfully completed); and
 - the NCSCT module on using e-cigarettes.
- 3.1.3. Pharmacists must have read the [NCSCT Standard Treatment Programme](#) (STP), which will be used to support consultations.

3.2. Additional Support Available

- 3.2.1. The NCSCT offers a Clinical Enquiries Service which supports clinical practice. The enquiries team can be emailed clinical enquiries that are usually triaged and sent to a specialist clinical consultant: enquiries@ncsct.co.uk.

4. Service description

- 4.1. The NRT will be supplied at no charge to the patient at NHS expense.
- 4.2. The pharmacy contractor must ensure the service is accessible, appropriate and sensitive to the needs of all patients. No eligible patient shall be excluded or experience particular difficulty in accessing this service, with regards to protected characteristics.
- 4.3. The service will be provided to patients meeting the specified inclusion criteria detailed below. Any patients found not to meet the inclusion criteria should be signposted to a suitable locally commissioned pathway.
- 4.4. The flowchart provided in **Appendix B** provides an overview of the patient flow through the SCS.
- 4.5. 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 for such people.

4.6. 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.

4.7. Identification of Patients and Transfer of Care

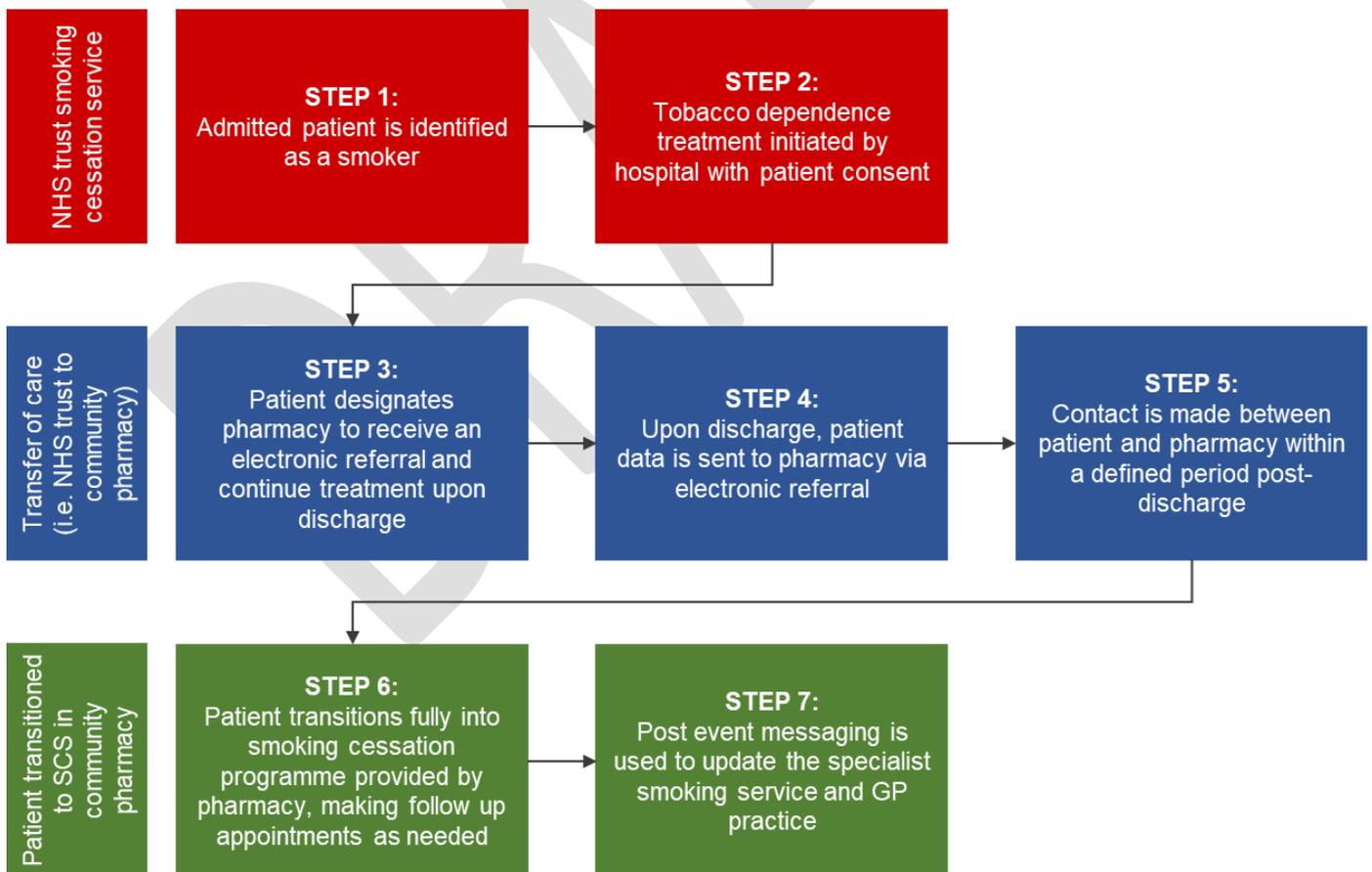


Figure 1: SCS Model of Care

4.7.1. NHS trusts will identify people who smoke, provide a pre-quit assessment and start treatment. Patients will be discharged from hospital with an initial supply of NRT.

The quantity of NRT supplied on discharge will be made known to the pharmacy in the information provided by the NHS trust as part of the referral (see **Appendix C**). With consent, patients will be offered referral to a participating community pharmacy on discharge. The referral will be made using a secure electronic referral system at discharge from hospital. The patient will choose to which community pharmacy, participating in the service, they wish to be referred.

- 4.7.2. The information which will be included in a referral from an NHS trust is listed in **Appendix C**.
 - 4.7.3. The community pharmacy must have in place a process for receiving NHSmail referrals as a minimum IT requirement for Step 4 and then will complete Step 5, Step 6, and Step 7 as described in the Model of Care (see Figure 1).
 - 4.7.4. Following receipt of the referral, the pharmacy will contact the patient within five working days to confirm participation in the SCS and arrange an initial consultation. At least three attempts to contact the patient (the last of which must be on the fifth working day following receipt of referral to ensure the patient has a continuous supply of NRT) must be made before closing the referral if the patient does not respond. In that circumstance, the NHS trust tobacco dependency team should be notified that no contact with the patient was made.
 - 4.7.5. If the pharmacy is able to contact the patient, but the patient then declines the referral or does not wish to stop smoking at this time, they should be given details of alternative smoking cessation services should they wish to seek support in the future. Where disclosed by the patient, the reason for not continuing should be captured in the clinical record for the service before the referral is closed. The NHS trust tobacco dependency team should be informed of the patient's decision to withdraw from the service.
 - 4.7.6. If the circumstance arises where the patient needs to attend a different pharmacy, for example if they have moved to a different area, the patient's care and data can be transferred to another pharmacy providing the service, with the patient's consent. Once the pharmacy accepts the referral, the patient's referral details should be forwarded via a secure electronic message.
- 4.8. Consultations
- 4.8.1. The service will be explained to the patient and verbal consent must be sought and recorded in the pharmacy's clinical record for the service.
 - 4.8.2. The pharmacist will then conduct an initial face-to-face consultation in the pharmacy consultation room (or a remote consultation if agreed to be suitable by the patient and pharmacist). This and ongoing consultations will follow the consultation structure within the [NCSCT Standard Treatment Programme](#) as applicable to discharge patients and will include:
 - Undertaking a CO test;
 - Provision of behavioural support; and

- Supply of NRT¹. This will be determined by the details of NRT supplied at discharge from hospital. The pharmacy will supply a maximum of two weeks NRT at a time. The course length should not exceed 12 weeks treatment from the defined quit date. This includes any treatment supplied to the patient while in hospital and at the point of discharge.

4.8.3. At the initial consultation, the pharmacist and patient should agree a follow-up appointment cycle to monitor progress and provide support. These interim appointments should be no more than two weeks apart to overlap NRT supply so that it does not run out on the day of the appointment. Formal reviews must be held at four and twelve weeks post-quit; the agreed interim appointment cycle should coincide with these formal review dates.

4.8.4. A regularly reviewed list of General Sales List NRT products which may be supplied as part of the service will be published in the Drug Tariff.

4.9. Outcomes and Next Steps

4.9.1. A successful quit is defined as self-reported abstinence checked using CO 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 four weeks (NG209 NICE, 2021) and it is important to continue to support adherence and avoid relapse if the patient wishes to continue with NRT for the full 12-week programme. Throughout the service provision, patients will self-report abstinence, which will be checked using CO monitoring.

4.9.2. The four-week post-quit review will include self-reported smoking status, followed by a CO test for validation and advice to support ongoing remission.

4.9.3. If a patient does not continue with the service up to their planned four-week review, the pharmacy should seek to re-engage with them and continue the service. If preferable to the patient, they can be signposted to a locally commissioned service at this point. Patients that wish to re-start their quit attempt after the planned four-week review date should be signposted to a locally commissioned service.

4.9.4. The twelve-week post-quit date review will include self-reported smoking status, followed by a CO test to re-check the success of the quit attempt for validation and advice to support ongoing remission.

4.9.5. If a CO test is not able to be carried out due to the consultation being remote or being declined by the patient, this must be noted in the clinical record, along with the self-reported smoking status.

4.9.6. Ongoing support will be provided for patients that have been successful at reaching four weeks post-quit for up to twelve weeks from their quit date, including the provision of NRT as required.

4.9.7. Details of the consultations must be recorded in the pharmacy's clinical record for the service. The patient's GP must be notified of the outcome of the service provision

¹ Supply of varenicline was considered as a second treatment option for this service, however due to long-term product availability issues, it has been removed from the SCS.

<https://www.cas.mhra.gov.uk/ViewandAcknowledgment/ViewAlert.aspx?AlertID=103160>

and any other key information (see **Appendix D** for the information that should be shared with the patient's GP).

4.9.8. A summary of the outcomes of the service provision must also be shared with the referring NHS trust. This data is detailed in **Appendix E**.

5. Data and information management

5.1. Before the patient can continue to receive treatment from the community pharmacy, verbal consent to receiving the service must be sought from them and recorded in the pharmacy's clinical record for the service. This consent should cover the full provision of the service and patients should also be advised of the following information sharing that will take place:

- The sharing of information between the pharmacy and the patient's general practice to allow appropriate recording of the details of the service in their general practice record (see **Appendix D** for the information that should be shared with the patient's GP);
- The sharing of information about the service with NHSE&I as part of the service monitoring and evaluation;
- The sharing of information about the service with the NHSBSA and NHSE&I for the purpose of contract management and as part of post-payment verification; and
- The sharing of information with the NHS trust tobacco dependency team for the purpose of the NHS Digital smoking return (see **Appendix E**).

5.2. Where a patient transfers to a different pharmacy to continue their treatment (paragraph 4.7.6) the new pharmacy must capture the patient's consent to continue as part of the first consultation that they carry out with them.

5.3. The pharmacy will maintain a clinical record of the consultation (including the CO test results and any NRT supplied). These records will include the dataset to be reported to the NHSBSA's MYS platform detailed in **Appendix F**.

5.4. All relevant records must be managed in line with the Records Management Code of Practice for Health and Social Care.²

6. Withdrawing from the service

6.1. If the pharmacy contractor wishes to stop providing the SCS, they must notify the Commissioner that they are no longer going to provide the service via the MYS platform, giving at least one month's notice prior to the cessation of the service, to ensure that accurate payments can be made.

² <https://www.gov.uk/government/publications/records-management-code-of-practice-for-health-and-social-care>

7. Payment

- 7.1. Claims for payments for this service should be made monthly, via the NHSBSA's MYS platform, in accordance with the usual Drug Tariff claims process.
- 7.2. Pharmacy contractors delivering the service will be paid as outlined below:
- A set-up fee of £1,000 which will be paid following registration on MYS to provide the service, having declared the pharmacy is ready to provide the service and relevant staff have satisfactorily completed the essential training specified in section 3 of the service specification and passed the e-assessments (where applicable)
 - For each patient:
 - a fee for the first consultation of £30
 - a fee for each interim consultation of £10
 - a fee for the last consultation of £40 for each patient (the last consultation may be at any point from and including the four-week review up until the 12-week review)
- 7.3. No consultation fees can be claimed where the pharmacist cannot make any contact with the referred patient, or where the patient declines the referral on first contact.
- 7.4. Only the cost of medicines on the list of products which may be supplied as part of the service which is published in the Drug Tariff will be eligible for reimbursement. The cost of those medicines, if supplied as part of the service, will be reimbursed using the basic price specified in Drug Tariff Part II Clause 8 – Basic Price. No other elements of the Drug Tariff in relation to reimbursement of medicines apply to this service. An allowance at the applicable VAT rate will be paid to cover the VAT incurred when purchasing the supplied medicine.

Appendix A: Breath carbon monoxide monitor minimum technical specification

Min. concentration range	0-99ppm
Repeatability	$\leq \pm 2$ ppm or $\pm 5\%$ (whichever is greater)
Accuracy	$\leq \pm 2$ ppm /5% (whichever is greater)
Sensor operating life	Minimum 2 years
Sensor sensitivity	Minimum 1ppm
Sensor drift	<2% per month
CE marked device	Mandatory
IEC 60601 Electrical Safety Standard compliant	Mandatory
Useful life of Device / Sensor	Minimum 5 years / 2 years

Calibration Checks (quality control procedure)

Calibration should be possible to be performed by the appropriately trained user.

The manufacturer should provide the user with appropriate calibration verification equipment (gas canister and calibration accessories) and the operating instructions, which serves as the high-level control.

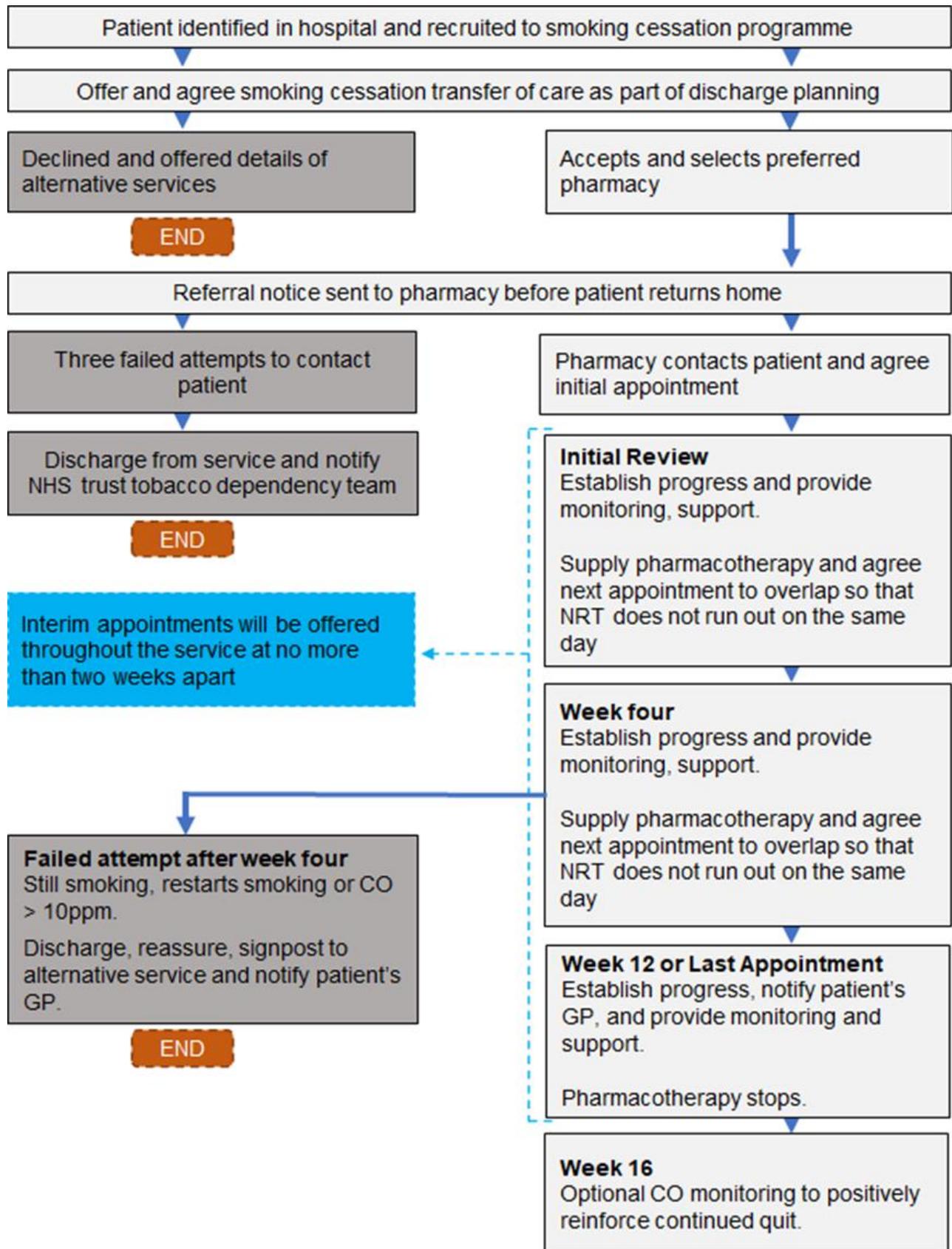
Sensor Expiry

When the sensor has expired, it will become impossible to obtain a correct calibration. When this occurs, the device must be replaced or returned to the supplier for sensor replacement.

Servicing

Details of the calibration requirements will be available from the supplier. The supplier should offer contact details for service and or repair advice and provision.

Appendix B: SCS patient flow diagram



Appendix C: Dataset for transfer from NHS trusts to pharmacies

- Name
- NHS number
- Date of Birth
- Gender
- Address
- Postcode
- Telephone number(s)
- Ethnic group
- Reason for hospital admission
- Quit date
- NRT 1 supplied on discharge
- Quantity of NRT 1 (Days)
- NRT 2 supplied on discharge
- Quantity of NRT 2 (Days)
- GP Practice identifier – where patient is registered
- Contact details of the referring Tobacco Dependency Team
- NHS Trust ODS code
- Notes including any Fagestrom Score and adverse drug reaction

Appendix D: Data to be sent to the patient's GP

The below template outlines the data to be sent to the patient's GP as a post event message when they are discharged from the pharmacy service.

PRIVATE & CONFIDENTIAL

GP name

**GP Practice
GP Address**

GPPostcode

PharmacyName

PractitionerName

Direct Line:

Email:

Our Ref: **Insert**

Date: **TodayDate**

Dear **GP name**

RE: **Pt name, Pt Address Date of Birth**

NHS No:

Ptname was identified as a smoker and was offered behavioural support and stop smoking medication whilst an inpatient at the **XXXX** Hospital.

Upon discharge **Ptname** was referred to this Pharmacy for ongoing support with their quit attempt.

Please update your records with the following: **(select the applicable response)**

- **Ptname** has been supplied Nicotine Replacement Therapy (NRT) to support their quit attempt.
- **Ptname** has recorded a successful 4 week quit attempt.
- **Ptname** has recorded a successful 12 week quit attempt.

Ptname has been **successful / unsuccessful** with their quit attempt and discharged from the service.

Appendix E: Dataset to be shared with the NHS trust tobacco dependency team

The below template sets out the core data to be sent to the NHS trust tobacco dependency team. Where agreed locally, additional data may be shared on a voluntary basis.

PRIVATE & CONFIDENTIAL

Tobacco Dependency Team

NHS Trust name

NHS Trust address

NHS Trust postcode

PharmacyName

PractitionerName

Direct Line:

Email:

Our Ref: **Insert**

Date: **TodayDate**

Dear **Tobacco Dependency Team**

RE: **Pt name, Pt Address Date of Birth**

NHS No:

Hospital Number:

Ptname was identified as a smoker and was offered behavioural support and stop smoking medication whilst an inpatient at the **XXXX** Hospital.

Upon discharge **Ptname** was referred to this Pharmacy for ongoing support with their quit attempt.

Please update your records with the following: **(select the applicable response)**

- **Ptname** advised that they did not want to participate in the service/did not want to stop smoking at this stage.
- **Ptname** was not contactable/did not attend their appointment.
- **Ptname** has been supplied Nicotine Replacement Therapy (NRT) to support their quit attempt.
- **Ptname** has recorded a successful 4 week quit attempt.
- **Ptname** has recorded a successful 12 week quit attempt.

Ptname has been **successful / unsuccessful** with their quit attempt and discharged from the service.

Appendix F: Dataset required for monitoring, evaluation and reimbursement

Data will be collected automatically via an application programming interface (API) for this service. For each service provision, the dataset outlined below will be reported through the NHSBSA MYS portal for payment, monitoring and evaluation purposes:

- System ID
- NHS number
- GP practice identifier
- Referral date
- Referrer organisation identifier
- Organisation identifier
- Date and time of the assessment
- Service that was provided (i.e. "initial consultation", "interim consultation", "final consultation")
- Consultation method (i.e. "face to face", "telephone")
- Set quit date
- Smoking Status
- Total number of consultations undertaken
- Duration of community pharmacy support
- 4 weeks post quit (indication of whether the person has quit smoking for 4 weeks)
- 12 weeks post quit (indication of whether the person has quit smoking for 12 weeks)
- Pregnancy status
- e-cigarettes used
- Nicotine Replacement Therapy used
- Medication name
- Quantity supplied
- Receiving organisation identifier
- Onward referral date