**Public Health Local Enhanced Service**

**for Stop Smoking Interventions in community pharmacies**

**Service Specification April 2021 – March 2024**

**(Subject to Annual Review)**

**Introduction**

This Service Specification details the Services to be delivered by the Provider in respect of the provision of ‘stop smoking’ interventions.

**Service Aims**

The overall objective of this Service is to support the reduction of smoking prevalence in Gloucestershire and to reduce health inequalities, enabling Service Users to access high quality stop smoking support which best fits their needs.

The Service also aims to:

* Enhance the quality and effectiveness of ‘stop smoking’ services provided by the Provider by ensuring a ‘whole pharmacy approach’ and ensure that a high quality standard of training has been received by those providing the intervention to smokers.
* Provide high quality, comprehensive, accessible, convenient and cost-effective stop smoking services across Gloucestershire.
* Ensure that a large number and variety of healthcare professionals can contribute to the reduction in morbidity and mortality as a result of smoking.
* Proactively identify Service Users wishing to stop smoking and provide support with their quit attempt.
* Ensure more intensive support is offered to Service Users with more complex needs by referral to the Gloucestershire Healthy Lifestyles Service
* Ensure equal access to this Service for people protected under The Equality Act 2010.

|  |
| --- |
| **Service Outline** |
| **Criteria** | **Statement** |
| **Treatment model** | Identify and work with Service Users who are motivated to stop smoking - this entails simple but efficient screening of Service Users to assess their motivation to quit.All Provider Staff engaged in delivery of the Services must be skilled in offering simple structured behavioural intervention advice to Service Users and be encouraged to actively interact with patients who smoke to ensure robust referrals to the Providers stop smoking Advisor(s). The Provider must follow the Tobacco Cessation Care Pathway for Community Pharmacies.**The Provider will:**Provide one or more ‘in-house’ Stop Smoking Advisers at the Provider’s address as named in the contract. **It is a requirement that one of these Advisers is an accredited pharmacist.**Provide a confidential consultation area to allow for privacy during a consultation period.Discuss with Service Users the most appropriate form of pharmacotherapy. Where Champix or Zyban are considered the most appropriate option the Service User will be referred to their General Practitioner to obtain a prescription, but may continue to be supported by the Provider. Ensure that Nicotine Replacement Therapy (NRT) will be prescribed for at least 4 weeks and up to 12 weeks, as recommended under NICE guidance.Ensure that Provider led supply of Nicotine Replacement Therapy is issued using a Patient Group Direction (PGD) for all Service Users .Sign to confirm that it has read and understood the PGD for NRT and this Service Specification, in order to provide support to the Provider Adviser/s.Have weekly contact with every Service User attempting to quit during the first 4 weeks of the quit programme. Continue support where appropriate for up to 12 weeks. In exceptional cases this may be extended to 36 weeks.Unsuccessful Service User quitters may be seen again provided this follows the guidelines in the ‘National Centre for Smoking Cessation and Training Local Stop Smoking Services: Service Delivery and Monitoring Guidance’ which can be accessed here [NCSCT Guidance](http://www.ncsct.co.uk/publication_service_and_delivery_guidance_2014.php)A ’quitter’ is defined as a Service User who has stopped smoking for four weeks or more. Four week smoking status must be established between 25 and 42 days after the agreed quit date.Make at least two attempts to contact Lost To Follow-up (LTF), Service Users to determine whether they have achieved a four-week quit or not. Refer any Service User that would benefit from more intensive specialist support than can be offered by the Provider to the Gloucestershire Healthy Lifestyles Service. This will include pregnant women, adolescents and Service Users under 12 years of age, Service Users with mental health problems or learning difficulties and people who are heavily addicted to nicotine. |
| **Meeting Targets** | The Provider will achieve a target of at least a 45% four-week quit success rate, of which 85% should be Carbon Monoxide (CO) verified.  |
| **Guidance** | The Provider shall ensure that all Advisers carry out ‘one to one’ smoking interventions with Service Users according to the ‘Local Stop Smoking Services: Service Delivery and Monitoring Guidance 2014 (PHE, 2014)’, NICE guidance Public health guideline [PH10] & NICE Quality standard [QS43]. The Provider will comply with the General Pharmaceutical Council standards of conduct, ethics and performance at all times |
| **Consent** | The Provider shall ensure that all Service Users are provided with sufficient information to enable them to make informed choices  |
| **Audit and Data activity requirements**  | It is **mandatory** for the Provider to maintain monitoring records in the QuitManager computer system for ALL Service Users who make a quit attempt. This is regardless of quit status and regardless of which form of treatment has been prescribed. Access will be given to all Provider stop smoking Advisers to the QuitManager system The intuitive interface collects all requirements of the DH Gold Standard Monitoring Form and in addition will alert those using the system to Service User call-backs and follow-ups which will be timesaving and efficient. The Provider must ensure that postcodes are included in the input data to enable monitoring of provision to deprived areas (this is also a valuable feature of QuitManager, which allows postcode look-ups and will alert the system administrator if falling within a super output area of significant deprivation thereby ensuring correct enhanced payments are made).Data from the QuitManager system is used to report smoking cessation activity across the county. Activity is reported quarterly and annually in line with the Council’s performance monitoring requirements. The Council is also responsible for reporting this information to NHS Digital on a quarterly basisData submitted via the QuitManager database must be:* accurately completed
* CO verified
* Inputted within 2 days of quarter end.

Service User smoking status will be recorded in the patients’ Patient Medication Record (PMR) by the Provider with date when ascertained |
| **Pharmacy Protocol** | The Provider must have a protocol that they follow for smoking cessation. This must be shared with the Council on request. The protocol must be Provider specific although it can be based on centrally produced support documents. |
| **Equipment** | The Provider shall use equipment that is safe; fit for purpose; regularly maintained and calibrated; used and stored in accordance with the manufacturer’s instructions; complying with infection control and decontamination guidelines/policies in delivering the Services throughout the Contract Period.**It is the responsibility of the Provider to replace or repair CO monitors and associated equipment and to ensure that monitors are calibrated on a regular basis** |
| **Risk Management** | The Provider shall have a robust Risk Management procedure including compliance with National Patient Safety Alerts (NPSA) |
| **Staff Training and Supervision** | The accredited Provider Adviser will have successfully completed **either** the CPPE smoking cessation course (part 1/ part 2) **or** the NCSCT stage 1 online training programme. In addition to the online training, Advisors must also attend face-to-face smoking cessation training provided by the Healthy Lifestyles Service. This training must be updated biennially.All Provider non-pharmacist stop smoking Advisers (and non accredited pharmacists) will have completed the relevant National Centre for Smoking Cessation and Training (NCSCT) on-line training course and have obtained full NCSCT certification. In addition to the online training Advisors will also attend face-to-face smoking cessation training provided by the Healthy Lifestyles Service. This training must be updated biennially.CPPE and/or NCSCT certificates must be provided to the Council on request.No payment is offered for any training undertaken by Provider Staff.All relevant Staff will have an annual appraisal and Personal Development Plan which will also include any extended role being performedAdvisors will adhere to their individual code of conductAdvisors must be accredited against an agreed competency framework (where in existence) or against other competency frameworks as appropriate.Employment checks will be carried out for all Staff delivering this service on behalf of the Provider and Staff must:1. Be registered with an appropriate professional body if appropriate
2. Have the relevant qualifications, experience and skills to perform the required duties and have been assessed as competent
3. Have current registration with Disclosure and Barring Services
4. Attend appropriate Mandatory training including Safeguarding Children and Vulnerable Adults

All Staff will be covered by adequate indemnity insurance for the provision of the Service in accordance with Clauses 35 and 36 of the Contract. A system and appropriate procedures will be in place to identify and manage poorly performing Staff.All Staff will be made aware of and have access to a system which will enable them to raise, in confidence and without prejudice to their position in the organisation, concerns over any aspect of Service delivery, treatment or management that they consider to have detrimental effect on Service User care or the delivery of Services |

**Remuneration**

All payments will be made quarterly in arrears.

£5.00 will be paid for each Service User setting a quit date

£45.00 will be paid for each successful four week Service User quitter

The following bonus payments will be made for successful four week Service User quitters falling into **one** of the following categories (the bonus payments are not cumulative). The higher payment will apply;

* £20.00 will be paid for each successful four week Service User quitter who is pregnant; or
* £10.00 will be paid for each successful four week Service User quitter who lives in a super output area of significant deprivation; or
* £10.00 will be paid for each successful four week Service User quitter who has severe and enduring mental health problems.

As well as the cost per Service User quitter the Provider will receive the cost of the NRT product at Chemist and Druggist cost price, plus £2 supply fee.

**To enable timely and accurate payments to be made all activity data must be inputted on to QuitManager within 2 days of quarter end, the quarter dates being:**

Q1 – 1st April - 30th June

Q2 – 1st July - 30th September

Q3 – 1st October - 31st December

Q4 – 1st January - 31st March

Late submissions may result in loss of payment.