

NHS Community Pharmacy Contractual Framework Enhanced Service – Stop Smoking

1. Service description

- 1.1 The Stop Smoking service is one in which pharmacies will provide one to one support and advice to people who want to give up smoking. When commissioned, the service will help to increase choice and improve access to NHS Stop Smoking Services, especially for 'hard to reach' groups, such as pregnant mothers and young people.
- 1.2 The pharmacy will provide one to one support and advice to the user and referral to specialist services if necessary.
- 1.3 The pharmacy will help facilitate access to, and where appropriate supply, appropriate stop smoking drugs and aids.
- 1.4 This Enhanced service reflects the one to one NHS stop smoking service and is to be provided in addition to the Essential service 'Promotion of healthy lifestyles (Public Health)' (ES4).

2. Aims and intended service outcomes

- 2.1 To improve access to and choice of stop smoking services, including access to pharmacological and non-pharmacological stop smoking aids.
- 2.2 To assist in the delivery of the Public Service Agreement (PSA) targets included in the NHS Improvement Plan.
- 2.3 To reduce smoking related illnesses and deaths by helping people to give up smoking.
- 2.4 To improve the health of the population by reducing exposure to passive smoke.
- 2.5 To help service users access additional treatment by offering referral to specialist services where appropriate.

3. Service outline

- 3.1 The part of the pharmacy used for provision of the service provides a sufficient level of privacy and safety and meets other locally agreed criteria.
- 3.2 The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service.
- 3.3 The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service are aware of and act in accordance with local protocols and NICE guidance.
- 3.4 Access routes to this service will be determined locally, however they could include:
 - pharmacy referral as a result of the 'Promotion of healthy lifestyles (Public Health)' or 'Signposting' Essential services;
 - direct referral by the individual; or
 - referral by another health or social care worker.The pharmacy would have to confirm the eligibility of the person to access the service, based on local guidelines.
- 3.5 The **initial assessment** should include:
 - an assessment of the person's readiness to make a quit attempt; and
 - an assessment of the person's willingness to use appropriate treatments.
- 3.6 The **initial consultation** should:
 - include a carbon monoxide (CO) test and an explanation of its use as a motivational aid;
 - include a description of the effects of passive smoking on children and adults;
 - include an explanation of the benefits of quitting smoking;

- include a description of the main features of the tobacco withdrawal syndrome and the common barriers to quitting;
 - identify treatment options that have proven effectiveness;
 - describe what a typical treatment programme might look like, its aims, length, how it works and its benefits;
 - maximise commitment to the target quit date;
 - apply appropriate behavioural support strategies to help the person quit; and
 - conclude with an agreement on the chosen treatment pathway, ensuring the person understands the ongoing support and monitoring arrangements.
- 3.7 If considered appropriate, the pharmacist may supply treatment from a locally agreed formulary and will advise on its use. Direct supply, Patient Group Directions or Supplementary Prescribing are all routes which may be used for supply.
- 3.8 Supply of treatment must be recorded on the person's pharmacy medication record. Consideration should be given to communicating this information to the person's GP where clinically appropriate, e.g. Bupropion interactions.
- 3.9 **Follow up consultations**, in line with NICE guidelines, should be agreed with the person and will include smoking status validation using a CO test. A further supply of treatment could be made at these consultations.
- 3.10 The **4-week follow up** should include self-reported smoking status, followed by a CO test for validation.
- 3.11 People not wishing to initially engage or those who choose not to complete the programme may be offered appropriate health literature or referral to an alternative stop smoking service.
- 3.12 A successful quitter is as defined by the DH stop smoking guidelines.
- 3.13 The pharmacy should maintain appropriate records to ensure effective ongoing service delivery and audit.
- 3.14 A completed record consists of the minimum data set as defined within the 'NHS smoking cessation services: service and monitoring guidance' *Appendix 1* (www.dh.gov.uk/assetRoot/04/07/81/16/04078116.pdf).
- 3.15 The materials and equipment required, including CO monitors and disposable mouthpieces, are supplied free of charge to the pharmacy by the PCO.
- 3.16 The PCO reimburses the pharmacy for the cost of NRT or other treatments supplied.
- 3.17 The PCO will need to provide a framework for the recording of relevant service information for the purposes of audit and the claiming of payment.
- 3.18 The PCO will be responsible for the promotion of the service locally, including the development of publicity materials, which pharmacies can use to promote the service to the public.
- 3.19 The PCO should consider obtaining or producing health promotion material relevant to the service users and making this available to pharmacies.
- 3.20 The PCO will need to provide details of relevant referral points which pharmacy staff can use to signpost service users who require further assistance.
- 3.21 The PCO should arrange at least one contractor meeting per year to promote service development and update the knowledge of pharmacy staff.

4. Suggested Quality Indicators

- 4.1 The pharmacy has appropriate PCO provided health promotion material available for the user group and promotes its uptake.
- 4.2 The pharmacy reviews its standard operating procedures and the referral pathways for the service on an annual basis.
- 4.3 The pharmacy can demonstrate that pharmacists and staff involved in the provision of the service have undertaken CPD relevant to this service.

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- 4.4 The four week quit rate meets the PCTs target.
- 4.5 The pharmacy participates in an annual PCO organised audit of service provision.
- 4.6 The pharmacy co-operates with any locally agreed PCO-led assessment of service user experience.

Background information – *not part of the service specification*

Enhanced service 10 – Patient Group Directions may be used in association with this service, for example for the supply of Bupropion (template PGD available at: www.pharmacyhealthlink.org.uk/pdf/pgd/Smoking-Cessation.pdf).

NICE/RPSGB/Pharmacy HealthLink:

Helping smokers to stop: advice for pharmacists in England, August 2005, <http://www.publichealth.nice.org.uk/page.aspx?o=517943>

NHS smoking cessation services: service and monitoring guidance (www.dh.gov.uk/assetRoot/04/07/81/16/04078116.pdf)

CPPE training which may support this service:

Public Health: Smoking Cessation workshop
Smoking cessation CD ROM open learning.