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| **Rationale of Checklist** |  |
| This checklist will be completed by the CPSC sub-committee for every new or recommissioned service specification sent to CPSC for comment/consultation. The response summary is completed after consultation and agreement by the sub-committee.The Checklist contains the CPSC sub-committee’s comments/recommendations for any requested changes to the proposed/draft service specification in order to achieve / improve further the green rating. It will be sent to the service commissioner for consideration of amendments ideally prior to go-live of the service.CPSC’s purpose is to work positively with commissioners to ensure high quality outcomes from the service, which are both professionally and commercially viable for contractor participation. |  |
| **Service and Commissioner** |  |
| Portsmouth City CouncilSmoking Cessation Service (separate checklist for NRT voucher section) |  |
| **Response summary feedback from CPSC** |  |
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| CPSC has rated this service specification as Red based on the comments made below. Our recommended actions to further improve the service are:1. Consider initial set up payment for purchase of CO monitor and consumable costs for CO monitor.
2. Consider backfill payment for 2 day local stop smoking training. This is a large up front cost to pharmacy with no guarantee of any income to cover this cost.
3. Consider backfill cost for expected ½ day refresher training every year for every practitioner.
4. Properly funded Varenicline PGD for full pharmacy based service.
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| **Time-line & Next Steps for CPSC** |  |
| CPSC will publish this service participation rating to contractors in **10 days’ time.** Publication of this recommendation will be via individual email and posting on our website.Commissioners are asked to please respond promptly with feedback / proposed changes so that they can be included within CPSC’s recommendation to its contractors. |  |
| **Commissioners response to CPSC feedback** |  |
| Please enter response here, returning promptly to alison.freemantle@cpsc.org.uk1. Providers should already have equipment etc.
2. Training being provided FOC and in times available to Pharmacy staff. Training specification aligns to the minimum standard required by the NCSCT to provide an effective smoking cessation service. Backfill payments do not guarantee us Pharmacies will provide smoking cessation service and represent a significant upfront cost.
3. PDG will be developed if there are sufficient Pharmacies offering NRT Voucher across the PO1 - PO6 area.

Additional: Majority of smoking cessation staff will have already undertaken Level 2 training and will only need to attend Refresher training annually - this can be spread across two evenings to minimise impact on Pharmacy. Maintaining knowledge and skills will aid the effective delivery of SCP.  |  |
| **Point Covered** | **Action or Notes** |  |
|  | **CPSC Consultation** |  |
| CPSC Consulted?  | No |  |
| CPSC Consulted with sufficient time to comment? | No - received service spec same time as contractors. |  |
|  | **Remuneration** |  |
| Does remuneration include/cover set up costs, backfill, consumables etc..? | NoNo remuneration for training requirements (initial and ongoing attendance).No remuneration for CO monitor consumables. |  |
| Does the payment structure use a system that is suitable for all contractors and are the payment terms acceptable? |  Yes. PharmOutcomes. |  |
| Where equipment is required who provides/calibrates/services this? If contractor, does remuneration sufficiently cover the cost of this? | Contractor to provide and calibrate CO monitor.No remuneration for this. |  |
| Is remuneration fair? | No.Large up front investment required by pharmacies for no guaranteed income. |  |
|  | **Is/does the Service.....** |  |
| Sustainable? | No |  |
| Start/ end date | 1st April 2021 – 31st March 2026No funding review during this period. |  |
| Clinically sound and in line with appropriate National or local guidance? | Yes. Smoking is the single greatest cause of preventable and premature death in the UK.https://www.medicines.org.ukhttps://bnf.nice.org.uk/drug/nicotine.htmlhttps://www.nice.org.uk/guidance/ng92 |  |
| Enhance patient care? | Yes, for people over 18 years old living in Portsmouth (PO1 – PO6) or registered with a GP practice within PCC or regularly works in Portsmouth and cannot access service where live. Currently approx. 16% smoking |  |
| Have suitable monitoring arrangements and termination clauses? | YesThere will be a rolling performance review every 6 months (based on PO data, no input required by pharmacy).Termination clauses for poor performance. |  |
| Enhance relationships with other HCPs? | Yes, particularly with staff working at the wellbeing hub for onward referral of more complex cases. |  |
| Deliverable? | Yes |  |
| Attractive enough for contractors to consider it worthwhile? | No. |  |
| Have performance criteria that supports a quality service? | YesQuit rate of at least 50%Every 3 months:Support at least 5 people to 4 wk quit and 3 people to 12 wk quit. |  |
|  | **Service Delivery** |  |
| Are the performance measures reasonable and achievable? | Dependent on patients accessing the pharmacy – something the pharmacy has no control over. |  |
| Is the administration proportional to size or service and remuneration? | Yes |  |
| Are any reporting systems suitable to all contractors? | YesPharmOutcomes |  |
| Is the training required for the service reasonable? Consider accessibility to CPPE for non-pharmacist/technician staff. | NoExcessive face to face daytime training requirement to deliver service.NCSCT modules – reasonable requirement. |  |
| Does record keeping or sharing of information requirements meet current IG regulations. | Yes |  |
|  | **Miscellaneous Information** |  |
| Any other information specific to this service. | Previously graded Amber.Addition of initial Face to Face training requirement and refresher training.CO monitoring currently suspended by NCSCT. |  |
| Suggested RAG Rating |  |  |