

SCHEDULE 2

SERVICE SPECIFICATION

FOR

**LOCALLY COMMISSIONED SERVICE (LCS): SMOKING CESSATION IN COMMUNITY
PHARMACIES – MANAGED BY SOLUTIONS 4 HEALTH**

INTEGRATED COMMISSIONING UNIT

APRIL 2023

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1 Introduction

Summary of Services

- 1.1 Southampton City Council are hereby commissioning a smoking cessation service in community pharmacies known as the “Provider”. The service is managed by Solutions 4 Health Limited, referred to as the “Lead Provider” to support clients aged 18 years and older to give up smoking using one-to-one interventions.

Background and context

- 1.2 According to PHE guidelines¹, supported use of pharmacotherapy through prescriptions and appointments can boost quit rates by 50-100% when used properly. This would involve dual form NRT (transdermal patch and a fast-acting form) as well as an initial consultation and follow up appointments lasting over 4 weeks. Research found that pharmacy-based smoking cessation services are feasible and effective, as well as overall cost-effective².
- 1.3 The vast majority of the population use community pharmacies or otherwise know where they are. Community pharmacies are experienced in supporting patients with tact and diplomacy. People are already using community pharmacies for their NRT prescriptions, to purchase NRT and for medication and advice with a wide range of health conditions exacerbated by smoking. Community pharmacies in Southampton historically offered stop smoking support and there is a national template agreed by the national Pharmaceutical Services Negotiating Committee (PSNC). This local offer is based on the national template and the historic local agreement. The service will see Pharmacies supporting people to plan and execute a quit attempt. Ideally support will be provided in a number of accessible locations throughout the city.

2 Outcomes

- 2.1 The overall aim of the service is to commission local community pharmacies to deliver smoking cessation services that will lead to a reduction of smoking by individuals in Southampton. Specialist stop smoking services have been shown to be highly effective in engaging smokers and offering them the best possible chance of quitting. Smokers who use these services are around three times more likely to successfully quit than those attempting to quit unassisted.

3 Scope of the Service

- 3.1 The Service Provider and its agents and/or employees shall carry out its obligations under the agreement in a timely manner and with reasonable care and skill.

1 Public Health England (2018). Models of delivery for stop smoking services. Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/647069/models_of_delivery_for_stop_smoking_services.pdf

2 Brown, T. J., Todd, A., O'Malley, C., Moore, H. J., Husband, A. K., Bamba, C., ... & Nield, L. (2016). Community pharmacy-delivered interventions for public health priorities: a systematic review of interventions for alcohol reduction, smoking cessation and weight management, including meta-analysis for smoking cessation. *BMJ open*, 6(2), e009828.

- 3.2 The service shall have appropriate smoking cessation material available for the user group and promotes its uptake. This may include:
- Posters with QR codes.
 - Brief advice leaflets.
 - Small “business cards”/flyers with the national website and telephone line details. These will be supplied by Solutions 4 Health Limited, typically twice a year. Materials sourced by or provided to pharmacies for other smoking cessation work may also be used where they provide essentially the same information.
 - Carbon Monoxide Monitor and consumables. These are to be supplied and maintained by the provider.
- 3.3 The Service Provider should actively promote the national NHS smoking cessation website and (<https://www.nhs.uk/better-health/quit-smoking/>) and Smokefree app alongside their smoking cessation service. Promotional material should be on display for national campaigns including, but not limited to, Stoptober and National No-Smoking Day. These materials will either be signposted as part of usual health promotion campaigns, provided by the Commissioner of this Locally Commissioned Service or the standard materials provided for this Locally Commissioned Service can be used.
- 3.4 The Service Provider shall participate in an annual service review with Solutions 4 Health Limited and LPC and other reviews in exceptional circumstances. This is likely to consist of brief written feedback and possibly brief commentary on activity data.
- 3.5 The Lead Provider retains the right to cap activity if delivery exceeds available funding.

4 Service to be provided

- 4.1 The Service Provider has a duty to ensure that staff involved in the provision of the service is aware of and act in accordance with local protocols and NICE guidance.
- 4.2 Qualified staff (see section 7) shall deliver evidence based one-to-one smoking cessation support consisting of the following elements.

The **initial assessment (5-10 minutes)** includes:

- asking if the client would like to make an attempt to stop smoking and receive up to weekly advice and support to stop
- assessing how ready the client is to make a change
- assess if client can be prescribed NRT
- booking the next appointment

The **initial treatment session (30 minutes)**:

- complete Pharmoutcomes templates
- complete a carbon monoxide (CO) test and an explanation of its use as a motivational aid;
- briefly describe of the effects of passive smoking on children and adults;
- explain of the benefits of quitting smoking;
- describe the main features of the tobacco withdrawal syndrome and the common barriers to quitting;
- identify treatment options that have proven effectiveness;
- describe a typical treatment programme, its aims, length, how it works and its benefits;
- set a quit date and agree action plan;

- maximise commitment to the target quit date;
- apply appropriate basic 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.
- identify if the person is on antipsychotic medication and, if so, ask them for consent to let their prescriber know that they are stopping smoking and, if applicable starting NRT, so their medication can be kept under review. Subsequently communicate with the prescriber. This will be through Pharmoutcomes where possible. This is because some people need their doses changed during quit attempts. Being on an antipsychotic is not a barrier to this service or to stopping smoking.

The **subsequent treatment sessions as agreed in the action plan (15 minutes)** to include:

- Reflection on the previous week(s), addressing any key issues or problem areas
- Self-reported smoking status preferably followed by a CO test for validation (and ensuring this is recorded)
- Reinforcing success
- Making further appointments
- A further supply of product at each treatment session
- Following up missed appointments with telephone contact and / or written contact
- Ensure Pharmoutcomes is up to date and accurate
- For clients on antipsychotic medication, update the prescriber of the medication

The **4 week quit assessment/ final appointment (15 minutes)** includes:

- Self-reported smoking status, followed by a CO test for validation (and ensuring this is recorded)
- Review progress
- Congratulating the patient on their quitting success or discussing barriers to achieving successful quit
- Ensure Pharmoutcomes is up to date and accurate
- Providing additional supply of product up to week 8
- Agree actions for future and plan for relapse prevention
- Provision of self-help aids (refer to national website/app)
- For clients on antipsychotic medication, update the prescriber of the medication

- 4.3 Each person should receive at least one 5-minute initial assessment, one 30-minute initial consultation, and one 15-minute follow up appointment. People are likely to need varying levels of support, it is up to the Provider to offer more or less time to different people. Further appointments can be offered during the quit attempt.
- 4.4 If appropriate, provide one or two 4-week courses of NRT (dual NRT for the first 4 weeks, and, if required, single NRT for weeks 5-8). Service providers can support people to stop smoking with basic behaviour change advice and encouragement irrespective of whether the person wishes or is able to use NRT. This Locally Commissioned Service does not require the Service Provider to provide NRT where it is contraindicated.
- 4.5 Any NRT should be provided in line with the product information and national guidance, including:
<https://www.medicines.org.uk>
<https://bnf.nice.org.uk/drug/nicotine.html>
<https://www.nice.org.uk/guidance/ng209>

- 4.6 NRT is provided free of charge to the patient under this LCS, for up to two consecutive 4-week courses. NRT cannot be provided for free indefinitely under this LCS.
- 4.7 If appropriate, support service users to use e-cigarettes if that is their preference, after the other options have been described. E-cigarettes cannot be directly supplied as part of this Locally Commissioned Service. However, any Service Provider who also sells e-cigarettes is welcome to highlight their availability to the service user and support them with a purchase as part of their usual work outside of this Locally Commissioned Service. This Locally Commissioned Service does not support or endorse any particular brand. The use of non-licensed support to quit smoking (such as e-cigarettes) should be recorded on Pharmoutcomes.
- 4.8 People who have not successfully quit smoking by week 4, should be congratulated on any progress they have made. They should be signposted to self-help resources, typically the NHS website, encouraged to reduce smoking and to return when they are more ready to quit. The intention of the service is to offer targeted support to people ready to quit, rather than indefinite support. They should usually be encouraged to wait at least three months before accessing the service again to make sure they are at a stage to achieve successful behaviour change.
- 4.9 People who have unsuccessfully attempted to quit using NRT (or are not eligible to use NRT) should be advised to seek help from their GP about possible pharmacotherapy.
- 4.10 People who are on antipsychotic medication should be encouraged to inform their prescriber before they stop smoking as it may affect the dose of antipsychotic medicine they need. The Service Provider of this Locally Commissioned Service should also, with consent, liaise with the prescriber or otherwise not offer support if they feel it is unsafe to do so.
- 4.11 Service users requiring Bupropion can be supported through this service but will need to be signposted to their GP practice for prescribing. These cannot be directly supplied under this LCS. It will be confirmed by commissioners if and how providers need to liaise with GP prescribers accordingly.
- 4.12 The Service Provider must ensure their CO monitors are calibrated and in good working order. Any monitor that is no longer accurate must be replaced. Service Providers are required to source their own monitors, but the Commissioners will offer a sign-up payment to cover the initial start-up cost.
- 4.13 The Service Provider must ensure CO monitors are calibrated regularly in line with manufacturers' recommendations.
- 4.14 The Service Provider should maintain Pharmoutcomes (www.pharmoutcomes.org) to ensure effective ongoing service delivery, audit, payment and to enable commissioners to submit aggregate data to the Department of Health at a city-level.

5 Service Eligibility Criteria and Referrals

- 5.1 This service is for people who live in Southampton City or who are registered with a GP practice that is part of Southampton Place ICB.
- 5.2 This service is intended for adults, however, young people aged 16 or 17 may access the service at the Providers' discretion. There is no obligation for the service provider

to provide support where they do not feel it is safe to do so. Young people can be signposted to their school/college nurse; No Limits, particularly if they have other needs too e.g. with alcohol or illegal drugs; as well as to the NHS website and, if applicable, their GP practice.

- 5.3 Access routes to this service will be determined locally, however they could include:
- direct access by the individual
 - opportunistic identification of people who smoke by pharmacy staff
 - referral by another health or social care worker.

6 Location of Service

- 6.1 The community pharmacies must be based within the Southampton City Boundary, or provide a service to Southampton City Council residents.
- 6.2 The Service Provider shall ensure that the premises and equipment used for the services conform to industry standards and are reasonably suitable for the delivery of the services. The part of the pharmacy used for provision of the service must provide a sufficient level of privacy and safety.

7 Professional Standards

- 7.1 The Service Provider has a duty to ensure that staff involved in the provision of the service is appropriately trained in the operation of the service.
- 7.2 All staff providing one-to-one smoking cessation counselling must be accredited as National Centre for Smoking Cessation and Training (NCSCCT) Stop Smoking Practitioners. Training is available free online and should be completed before any one-to-one interventions are provided. Staff providing cessation counselling must also complete the additional modules on:
- Supporting people with mental health conditions
 - Pregnant women.
 - E-cigarettes
 - Stop smoking medications
- 7.2 Some of the content of these modules is aimed at people in other settings, but it provides useful context and knowledge overall. Where providers' staff have otherwise previously completed locally accredited training, a period of 12 months will be permitted to complete the NCSCCT online courses from commencement of this contract. Backfill payment will be offered for up to 7 hours for staff members to complete online training.
- 7.3 At least 1 member of staff per pharmacy must attend annual online or local face-to-face training, provided by Southampton Smokefree Solutions. The training will complement but not replace the abovementioned online NCSCCT training. Staff will ideally: a) complete the online NCSCCT training before attending annual training; b) complete the annual training before supporting clients to stop smoking. Training will typically be for up to 3 hours. Payment for backfill will be given to pharmacies to release staff.
- 7.4 The service is required to demonstrate that members of staff involved in the provision of the service have undertaken CPD as relevant to this service. This CPD needs to be

updated on an annual basis or according to need. This involves staff members who are delivering behavioural support attending (at least) 6-monthly Smoking Cessation Network meetings, organised by Southampton Smokefree Solutions and annual Practitioner Update training. Payment for backfill will be given to pharmacies to release staff.

- 7.5 A pharmacist who is involved in the provision of healthcare to a vulnerable person is recommended to undergo a Disclosure and Barring Service (DBS) check. Further guidance regarding how to go about this can be requested from Solutions 4 Health Limited.
- 7.6 The Service Providers are encouraged to contact the Lead Provider if they identify unmet training needs.
- 7.7 National guidance and definitions are available from http://www.ncsct.co.uk/pub_dh-Guidance.php.

8. Monitoring

- 8.1 Reporting for the service will be via Pharmoutcomes (www.pharmoutcomes.org). The Service Provider is encouraged to ensure this is up to date and accurate. For payment and onward reporting to the Department of Health, data must be accurate within 4 weeks of activity. It is expected that Pharmoutcomes will be maintained more promptly than this as part of safe clinical record-keeping.
- 8.2 The pharmacist or pharmacy manager in charge will be responsible for quality assurance and improvement in relation to this service.
- 8.3 Payments will be made quarterly, up to 2 months in arrears based on activity extracted from Pharmoutcomes (www.pharmoutcomes.org).
- 8.4 Service Providers may be asked to complete an annual audit and provide feedback in year to help inform future commissioning.

9. Unit Costs

- 9.1 Solutions 4 Health agrees to pay the following:

£100	For a Department of Health and Social Care 4 week quit of a pregnant woman, person on anti-psychotic medication or person under the care of homeless healthcare or specialist substance misuse services (Higher payment rate)
£70	For a Department of Health and Social Care 4 week quit for anyone else (Standard payment rate)
£20	For an unsuccessful quit at week 4 (follow-up consultation)
£15	For completing an initial consultation and setting a quit date
£20	For a successful quit during weeks 5-8 (this would be added to the payment for an unsuccessful quit at 4 weeks).

Solutions 4 Health Limited will also reimburse the cost of NRT at drug tariff cost price plus 5% VAT on the basis of information supplied through Pharmoutcomes.	
Additionally, in recognition of possible start-up costs, the following will also be paid:	
£270	Towards the purchase of a CO monitor and backfill for initial training
£150	Towards backfill for attending 2 network meetings per year and additional CPD. This will be paid in quarter 4, every year.

9.2 For example:

A pregnant woman achieving a 4 week quit date would attract a payment of £115 plus the reimbursement of NRT costs.

A person attempting to quit but still smoking at 4 weeks would attract a payment of £35 plus the reimbursement of NRT costs.

9.3 The current definition of a CO-verified 4-week quitter is from guidance from 2014: “..a treated smoker who reports not smoking for at least days 15-28 of a quit attempt and whose CO reading is assessed 28 days from their quit attempt (-3 or +14 days) and is less than 10ppm” (page 90 of http://www.ncsct.co.uk/usr/pub/LSSS_service_delivery_guidance.pdf)

9.4 This means somebody using e-cigarettes counts as a successful quitter if their CO reading is less than 10ppm after 4 weeks.