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NHS England

Community pharmacy advanced service specification

NHS Smoking Cessation Service (SCS)

Version 2, 5 June 2023

Contents

Service background

The NHS Long Term Plan 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.

1. Service objectives

1.1 This service has been designed to enable NHS trusts to undertake a transfer of care on patient discharge, referring patients (directly or indirectly and 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

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 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 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 and effectively using this service, due to their race, gender, disability, sexual orientation, religion or belief, gender reassignment, marriage or civil partnership status, pregnancy or maternity, or age.

2.3 The service must be provided by a pharmacist or pharmacy technician.

2.4 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.

2.5 The pharmacy contractor must have a standard operating procedure (SOP) in place covering the provision of 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.

2.6 The pharmacy is required to report any patient safety incidents in line with the Clinical Governance Approved Particulars for pharmacies.

2.7 Pharmacists/pharmacy technicians should be aware of locally commissioned smoking cessation services to enable signposting.

Premises requirements

2.8 Pharmacy contractors must have a consultation room at the pharmacy, which meets the applicable requirements of the Pharmaceutical Services Regulations.

2.9 Remote consultations are also permitted to be used to provide the service. When undertaking remote consultations, the contractor must ensure that there are arrangements in place at the pharmacy which enable staff to communicate confidentially with the person receiving the service by telephone or another live audio link or a live video link. NHS Guidance to support community pharmacy teams can help to plan for this.

Equipment

2.10 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/pharmacy technicians 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 Annex A: Breath carbon monoxide monitor minimum technical specification.

2.11 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

Essential training

3.1 Pharmacists/pharmacy technicians 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 or pharmacy technicians who 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).
- The NCSCT module on using e-cigarettes.

3.2 Pharmacists/pharmacy technicians must have read the NCSCT Standard Treatment Programme (STP), which will be used to support consultations.

3.3 The pharmacy contractor must keep evidence that pharmacists/pharmacy technicians involved in the provision of the service have successfully completed the relevant training and this may be requested by NHS England.

4. Service description

4.1 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.

4.2 The flowchart provided in Annex B: SCS patient flow diagram provides an overview of the patient flow through the SCS.

Inclusion criteria

4.3 The inclusion criteria for this service are as follows:

- 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.

Exclusion criteria

4.4 A person will not be eligible for this service if they are:

- Children and adolescents under the age of 18 years.
- People who have completed a 12-week smoking cessation programme while in hospital as a result of an extended duration as an inpatient.

Clinically significant drug interactions

4.5 Although **not** considered an exclusion, the NHS Specialist Pharmacy Service (SPS) has compiled a list of drugs that have been identified as having a significant interaction with tobacco smoking:

- Some of these may require dose adjustment or increased monitoring when patients change their smoking status.
- Further advice includes:
  - Certain drugs may require does adjustment.
  - Close monitoring of plasma levels (where useful), clinical progress and adverse effect occurrence and severity is essential when patients change their smoking status.
  - Patients taking narrow-therapeutic-index drugs should be monitored closely when any lifestyle modification is made.
  - If the affected drug is prescribed under the supervision of a specialist, their input should be sought if the patient changes their smoking status.

Identification of patients and transfer of care

4.6 Refer to Annex B: SCS patient flow diagram B for a patient flow diagram.

4.7 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 referral (see Annex C: Dataset for transfer from NHS trusts

[or third party commissioned service] to community pharmacies). 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.

4.8 The information which will be included in a referral from an NHS trust is listed in Annex C: Dataset for transfer from NHS trusts (or third party commissioned service) to community pharmacies.

4.9 The community pharmacy must have in place a process for receiving NHSmail referrals as a minimum IT requirement and then will complete the steps described in Annex B: SCS patient flow diagram.

4.10 Following receipt of the referral, the pharmacy will contact the patient within five working days to confirm participation in the service 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.

4.11 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.

4.12 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.

Consultations

4.13 The pharmacist/pharmacy technician 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 the pharmacist/pharmacy technician).

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
- supply of NRT.
  - This will be determined by the details of NRT supplied at discharge from hospital.
  - The pharmacy will supply a maximum of two weeks of 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.

4.14 At the initial consultation, the pharmacist/pharmacy technician 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.

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

Outcomes and next steps

4.16 The NRT will be supplied to the patient free of charge. Pharmacy contractors will be reimbursed in accordance with the drug tariff determination.

4.17 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.

4.18 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.

4.19 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 preferrable to the patient, they can be signposted to a locally commissioned service at this point.

Patients who wish to re-start their quit attempt after the planned four-week review date should be signposted to a locally commissioned service.

4.20 The 12-week (or final) 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.

4.21 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.

4.22 Ongoing support will be provided for patients that have been successful at reaching four weeks post-quit for up to 12 weeks from their quit date, including the provision of NRT as required.

4.23 Details of the consultations must be recorded in the pharmacy's clinical record for the service.

4.24 The pharmacy contractor will ensure that a notification of the provision of the service is sent to the patient's general practice on the day of provision or on the following working day.

Where possible, this should be sent as a structured message in real-time; however in the absence of an automated digital solution, this should be sent via NHSmail or hard copy.

(See Annex D: Data to be sent to the patient's GP for the information that should be shared with the patient's GP).

4.25 A summary of the outcomes of the service provision must also be shared with the referring NHS trust. This data is detailed in Annex E: Dataset to be shared with the NHS trust tobacco dependency team.

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.
- The sharing of information about the service with NHS England as part of the service monitoring and evaluation.
- The sharing of information about the service with the NHSBSA and NHS England for the purpose of contract management and as part of post-payment verification.
- The sharing of information with the NHS trust tobacco dependency team for the purpose of the NHS Digital smoking return (see Annex E: Dataset to be shared with the NHS trust tobacco dependency team).

5.2 Where IT solutions which meet the minimum digital requirements of the service (as specified within the technical toolkits and including an application programming interface (API) to facilitate transfer of data into the NHSBSA Manage Your Service (MYS) platform) are available, contractors must utilise one of these systems within the timeframe agreed by NHSE, DHSC and PSNC.

5.3 The data which is submitted to the MYS platform via the API will be used by the NHSBSA for payment and post-payment verification purposes. Some of this data, which has been anonymised, will be shared with NHS England for monitoring and service evaluation purposes.

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

Post-event messaging and record keeping

5.5 If secure electronic data interchange is used and a problem occurs with this notification system, the pharmacy contractor must ensure a copy of the paperwork is sent or emailed to the general practice.

5.6 The information which must be sent to the patient's general practice as set out in Annex D: Data to be sent to the patient's GP.

5.7 Any records must be managed in line with Records Management Code of Practice for Health and Social Care .2

5.8 The pharmacy contractor must maintain appropriate records to ensure effective ongoing service delivery. The minimum requirements for the information which should be included in a contractor's clinical record for the service are the mandatory sections indicated within the dataset which is set out in Annex D: Data to be sent to the patient's GP.

6. Payment arrangements

6.1 Please refer to the drug tariff determination.

6.2 Claims for payment should be submitted within one month of, and no later than three months from the claim period for the chargeable activity provided. Claims which relate to work completed more than three months after the claim period in question, will not be paid.

7. Withdrawal from the service

7.1 If the pharmacy contractor wishes to stop providing the service, 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. Contractors will be asked for a reason as to why they wish to stop providing the service.

7.2 If the pharmacy contractor de-registers from the service or ceases trading within 30 days of registration, they will not qualify for the £1,000 set up fee. In this event, if the £1,000 has already been paid to the contractor, this money will be claimed back.

8. Monitoring and post-payment verification

Monitoring

8.1 In addition to meeting the service requirements, the pharmacy contractor shall ensure the pharmacy has the following and that these are available for inspection should the local primary care commissioning team undertake a site visit:

- A working and appropriately calibrated CO monitor (see section X).
- A suitable quantity of NRT products to enable efficient and direct supply to the person attending and ensure continuation of supply.

Post-payment verification

8.2 NHS England has a duty to be assured that where contractors make claims for payment for activity in services, that they meet all the specified requirements of the service. NHS England will work with the NHSBSA Provider Assurance team to undertake pre- and post-payment verification checks on claims made.

8.3 Additional evidence may be requested directly from contractors. The verification checks include comparing the information provided by contractors

in their claims against datasets and evidence sources that are available to the NHSBSA Provider Assurance team.

8.4 It is the contractor's responsibility to be able to provide evidence of claims when requested by the NHSBSA for post-payment verification.

8.5 In cases where evidence is not available or does not demonstrate that the service activity was delivered, and so these claims cannot be verified, they may be referred to the Pharmaceutical Services Regulations Committee to decide whether an overpayment has been made.

In such cases, where the PSRC decides that an overpayment has been made, and will need to be recovered, contractors will be contacted by the NHSBSA and notified of the overpayment recovery process.

Any overpayment recovery would not prejudice any action that the NHS may also seek to take under the performance related sanctions and market exit powers within The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

8.6 Accurate record keeping is an essential part of the service provision. The necessary records specified in the service specification required for reimbursement must be kept for a period of three years to demonstrate service delivery in accordance with the service specification, and to assist with post-payment assurance activities. These records must be provided by a contractor when requested by the NHSBSA Provider Assurance team.

8.7 The Commissioner reserves the right to audit or conduct PPV on the information and data held at the pharmacy in respect of this service.

Annex A: Breath carbon monoxide monitor minimum technical specification

Minimum concentration range	0-99ppm
Repeatability	≤±2ppm or +/- 5% (whichever is greater)
Accuracy	≤±2ppm /5% (whichever is greater)
Sensor operating life	Minimum two 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 five years / two 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.

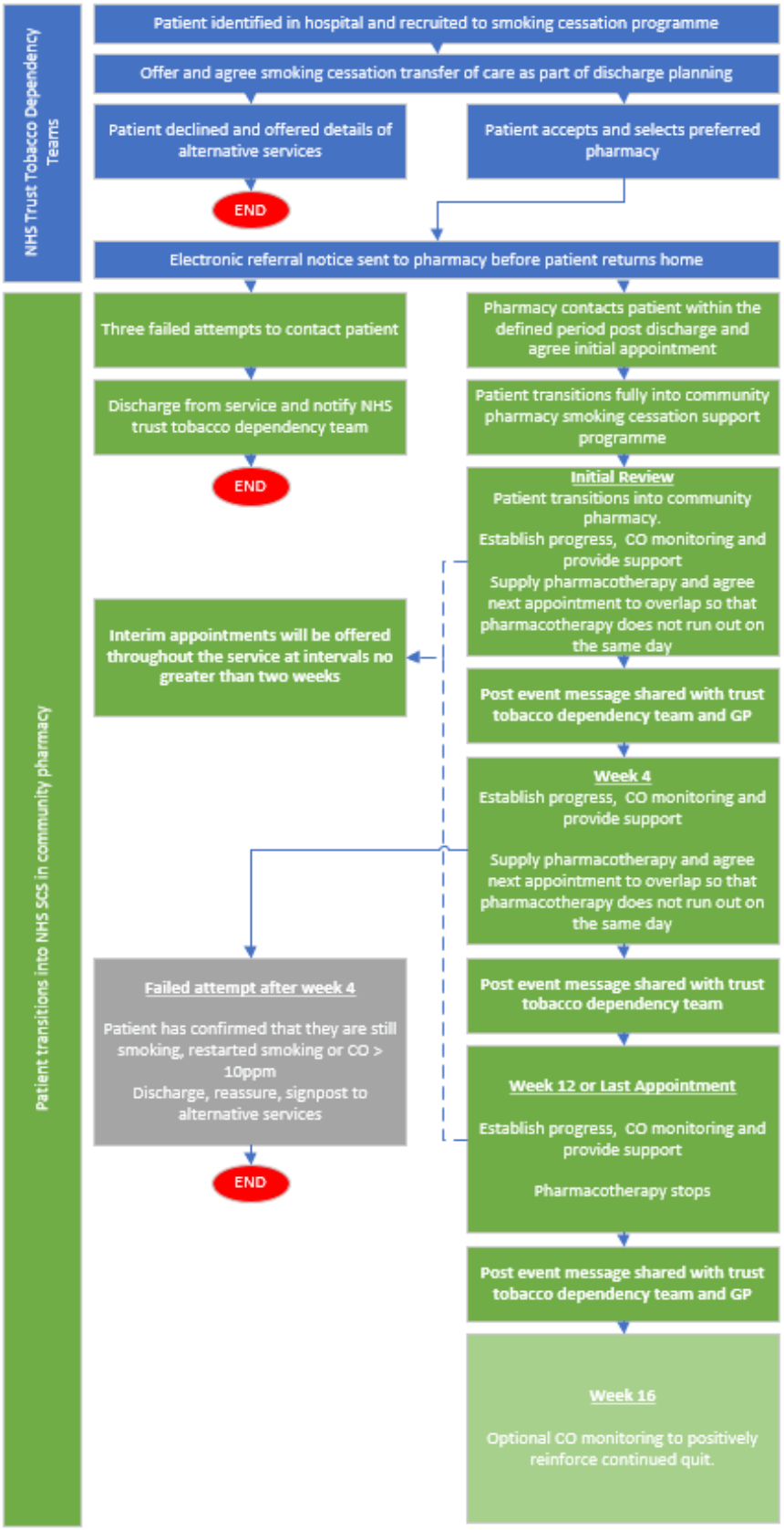
Sensor expiry

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.

Annex B: SCS patient flow diagram



Annex C: Dataset for transfer from NHS trusts (or third party commissioned service) to community pharmacies

- Person's Full Name
- NHS number
- Date of Birth
- Gender
- Address
- Postcode
- Telephone number(s)
- 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
- Referral date [add in]

Annex 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 while 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 / final consultations and no longer requires support

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

Annex 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 while 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.(verified with CO monitoring)
- **Ptname** has recorded a successful 4 week quit attempt.(Self reported)
- **Ptname** has recorded a successful 12 week / Final consultation quit attempt.(verified with CO monitoring)
- **Ptname** has recorded a successful 12 week quit attempt.(Self reported)

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

Annex 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:

- Professional role (value set = pharmacist/pharmacy technician)
- System ID
- NHS number
- Gender:
- GP practice identifier
- Referral date
- Date of discharge (if available)
- Referrer organisation identifier
- Organisation identifier
- Date and time of the assessment
- Service that was provided (ie ‘initial consultation’, ‘interim consultation’, ‘final consultation’)
- Consultation method (ie ‘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) and confirmation of whether this confirmed with CO measurement or Self-reported.
- Final consultation or 12 weeks post quit (indication of whether the person has quit smoking for 12 weeks) and confirmation of whether this confirmed with CO measurement or Self-reported.
- Pregnancy status
- e-cigarettes used
- Nicotine Replacement Therapy used
- Medication name
- Quantity supplied
- Receiving organisation identifier
- Onward referral date
- Prescription charge exemption

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