

SERVICE SPECIFICATION

PHARMACY STOP SMOKING SERVICE - TORBAY

Service	Stop Smoking Service
Authority Lead	Torbay Council
Period	1st October 2021 – 30th September 2023
Date of Review	October 2022

To enable pharmacies in Torbay to provide a high quality, accessible stop smoking service

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1. BACKGROUND

- 1.1.** Smoking is the single greatest cause of preventable illness and premature death in the U.K.
- 1.2.** A person who smokes cigarettes regularly more than doubles their risk of dying before the age of 65.
- 1.3.** More than any other identifiable factor, smoking contributes to the gap in life expectancy between the most deprived and the most affluent. Key information relating to smoking is that:
 - 1.3.1. In Torbay the prevalence of adult smoking is estimated at 15.0% for 2019, down from 17.5% in 2013, which although is higher, the difference is not statistically significant from the South West 14% and the England average 13.9% (Source: Public Health Outcomes Framework).
 - 1.3.2. Smoking in pregnancy (at time of delivery) in Torbay is 11.6% which is higher than the national average of 10.4% it is not statistically significant. It is also slightly above the South West average of 11%. The Torbay rates have been declining since 2010/11 when the rates was 20.9% (Source: Public Health Outcomes Framework).
 - 1.3.3. Helping a patient to stop smoking is one of the most cost effective of all medical Interventions.
 - 1.3.4. Smoking prevalence (or risk of smoking) is higher in a range of populations including (but limited to):
 - 1.3.4.1. Those with mental health issues
 - 1.3.4.2. Those who misuse drug or alcohol
 - 1.3.4.3. Those with learning disabilities
 - 1.3.4.4. Pregnant smokers
 - 1.3.4.5. Routine and manual workers (e.g. bar staff, waitresses, electricians, fitters, train driver, cleaners, labourers, HGV drivers, postal workers, security guards, catering assistants, plumber, printer, receptionists, farm workers etc.)
 - 1.3.5. And these populations should be targeted to engage in stop smoking services to achieve the greater health gains by these populations modifying their behaviours.
- 1.4.** In England it is estimated that smoking causes:
 - 1.4.1. Around 79,000 preventable deaths in England,
 - 1.4.2. Approximately 474,000 smoking related hospital admissions
 - 1.4.3. Smokers also seeing their GP 35% more than non-smokers
 - 1.4.4. Smokers to be absent from work 2.7 days more per year compared to ex and non-smokers.
- 1.5.** Equally smoking costs the national economy upwards of £11 billion per year, with these costs attributed in 2015/16 to:
 - 1.5.1. £2.5 billion fell to the NHS,

1.5.2. £5.3 billion fell to employers through a loss of economic output of around £1.7 billion due to absence and smoking breaks also result in lost output for employers estimated at around £3.6 billion

1.5.3. £4.1 billion fell to wider society Smoking results in the death or absence of people who would otherwise be working: smoking-attributable deaths in 2014 resulted in a total output loss of around £3.1 billion and unemployment and economic inactivity estimated at around £1.0 billion per year.

1.6. The further costs of tobacco Smoking-related ill health also leads to increased costs for the adult social care system at approximately £760 million a year on domiciliary (home) care services.

Source: Towards a Smokefree Generation - A Tobacco Control Plan for England, DH, 2017

2. AIMS OF THE CONTRACT FOR STOP SMOKING SERVICES

2.1. The main aim of this contract is to support the reduction of smoking prevalence in Torbay. To enable smokers to access a choice of high quality support to stop smoking to best suit their needs.

2.2. This contract also aims to:

2.2.1 Provide high quality, accessible, convenient and comprehensive stop smoking services in Torbay.

2.2.2 Ensure that robust data is collected by Torbay and South Devon NHS Foundation Trust in order to measure outcomes and effectiveness of the service, as required by the Department of Health.

2.2.3 Support the achievement of the reduction of smoking prevalence and smoking in Pregnancy prevalence.

3. SERVICE OUTLINE

The Provider (pharmacy) will:

3.1. Provide one or more in-house Stop Smoking Advisers, trained (to level 2 Intermediate Adviser standard) and registered with Torbay Council (see 3.2).

3.2. Offer clients stop smoking appointments with a suitably trained (as above) healthcare professional within their own pharmacy premises. The level 2 stop smoking advisor training requires:

3.2.1. Completion of Making Every Contact Count (MECC) e-learning at www.e-lfh.org.uk/programmes/making-every-contact-count (a certificate will be required). Completion of further face to face MECC Lite training is recommended when available.

3.2.2. One day training coordinated through the Local Authority and delivered through the Health Lifestyle services in Devon/Torbay (this may be virtual or face to face delivery).

3.2.3. Follow up completion of the National Centre for Smoking Cessation and Training (NCSCT) online training and assessment programme for stop smoking practitioners, to achieve NCSCT certification: https://www.ncsct.co.uk/publication_training-and-assessment-programme.php

- 3.3.** At least one stop smoking advisor from each setting must access annual training updates and then disseminate the information to other stop smoking advisors in the setting.
- 3.4.** The service must follow the standard treatment programme as outlined in the NCSCT guidance (notwithstanding point 3.6 below reference Champix/Zyban), accessible here: www.ncsct.co.uk/usr/pdf/Standard%20Treatment%20Programme.pdf
- 3.5.** Face to face delivery of stop smoking support is evidenced to be the most effective model of delivery and is therefore preferred within this service. However, a combination of face to face and virtual support can be given depending on the client's preferences. It is recognised some exceptional circumstances require entirely virtual delivery of this support. This virtual delivery should continue to follow the standard treatment programme as closely as possible. It is recognised that when entirely virtual delivery is necessary, CO monitoring may not be possible.
- 3.6.** Staff must recommend/provide licensed pharmacotherapy, currently nicotine replacement therapy (NRT), in combination with intensive behavioural support. Pharmacotherapy must only be provided for a maximum of 12 weeks for each quit attempt: it should not be continued after a client has been smokefree for 12 weeks. Each further attempt to quit as detailed in 3.15 should be treated as a new attempt.
- 3.7.** Varenicline (Champix) and bupropion (Zyban) are currently available to clients who find it very hard to quit e.g. have multiple failed quit attempts or who relapse frequently. These client who need more intensive support should be referred to specialist stop smoking advisors within Torbay Healthy Lifestyles for support and prescribing via their GP.
- 3.8.** The standard treatment programme consists of a pre-quit assessment (one or two weeks prior to quit date) and weekly sessions until four weeks after the quit date. Guidelines for the content and frequency of these appointments are at Appendix 2.
- 3.9.** Send notification of patient intervention (appendix 5) letter to patient's GP soon as possible, but at least within 1 week of the patient signing for stop smoking services. Notification of progress (appendix 6) at 4 week follow up should also be sent to the GP in the same timescales.
- 3.10.** Provide a suitable consultation room for clients.
- 3.11.** Advertise the availability of support to stop smoking within the pharmacy. Resources are available at: <https://campaignresources.phe.gov.uk/resources>
- 3.12.** Complete all 3 stages of the Torbay Stop Smoking Service on PharmOutcomes. These stages are stage 1) recruitment, stage 2 - NRT supply (on a weekly/2 weekly basis), and stage 3 – 4 week evaluation. For further details of the requirements of these sections please see Appendix 1 Torbay Stop Smoking Service – Reporting and recording requirements.
- 3.13.** Payment for the service can only be made on completion of all three stages of the above Stop Smoking Service on PharmOutcomes. Further information on the payment process can be found in Appendix 1 Torbay Stop Smoking Service – Reporting and recording requirements.
- 3.14.** Perform a Carbon Monoxide breath test (smokerlyzer) to confirm patients have quit smoking at four weeks after their quit date. Results to be recorded on the monitoring form. (DH Service & Monitoring Guidance requires CO validation to be attempted in 85% of four-week quitters).
- 3.15.** It is recommended that pharmacies attempt to make contact with patients "lost to follow-up before completing stage 3 – 4 week evaluation. This should help to re-motivate people who are undecided whether to continue with their quit attempt and should generate increases in activity and therefore remuneration for pharmacies.

- 3.16.** It is recognised some clients require more than 28 days to quit successfully. If a client has not quit at 4 weeks, the stop smoking advisor should assess the client's motivation again and use their professional judgement over whether to continue to provide behavioural support and pharmacotherapy. In such cases, the original data set should be submitted as 'not quit' and a new entry with a new quit date initiated. This procedure should only be used in cases where the stop smoking advisor believes the client is able to quit in the next six weeks. It must not be used where clients appear to be 'cutting down to quit'.
- 3.17. Clients** who have already been supported twice by level 2 intermediate advisors and failed to quit should be offered a referral to specialist stop smoking advisors within Torbay Healthy Lifestyles (see Appendix 1 for the contact details). The pharmacy may continue to support them if that is what the client wishes; however no more than four quit attempts for the same client may be supported in any one financial year.
- 3.18.** Refer those patients who meet the specialist stop smoking service's eligibility criteria to Torbay and South Devon NHS Foundation Trust Specialist Stop Smoking Service:
- 3.18.1. Telephone: 0300 456 1006
 - 3.18.2. Web: <https://www.torbayandsouthdevon.nhs.uk/services/healthy-lifestyles/stop-smoking/>
- 3.19.** The specialist service's eligibility criteria are:
- 3.19.1. A pregnant smoker
 - 3.19.2. Someone with recognised mental health issues,
 - 3.19.3. Someone with recognised substance misuse issues
 - 3.19.4. Someone with learning disability
 - 3.19.5. Several unsuccessful quit attempts and therefore requiring intensive support or prescribing of Varenicline (Champix) and bupropion (Zyban). Posters, flyers & referral forms are available from Torbay and South Devon NHS Foundation Trust).
- 3.20.** Pharmacies agree to undertake additional training (if deemed necessary by the commissioners) if quit rates are less than 35%. Should this situation occur the Local Torbay Stop Smoking Service will contact the pharmacy to discuss further training needs and support and the options available.
- 3.21.** It is recommended that pregnant women are referred to the Local Torbay Stop Smoking Service to help contribute to the National ambition which is to reduce rates of smoking throughout pregnancy to 6% or less by the end of 2022 in England.

4. E-CIGARETTES

- 4.1.** People wishing to use unlicensed nicotine containing products to stop smoking should be encouraged to use a licensed product or other licensed stop smoking medication instead according to NCSCT guidance: http://www.ncsct.co.uk/usr/pub/Electronic_cigarettes._A_briefing_for_stop_smoking_services.pdf. However, if they prefer to use an unlicensed product they can and should receive behavioural support from the service.
- 4.2.** E-cigarettes may be the most acceptable form of nicotine delivery for the smoker. The service must emphasise that current evidence suggests e-cigarettes are far less harmful than smoking tobacco and should actively engage with those choosing this method of support. Advice given

must be in line with the latest evidence reviews from Public Health England: <https://www.gov.uk/government/collections/e-cigarettes-and-vaping-policy-regulation-and-guidance#e-cigarettes-evidence-reviews>

- 4.3. The service is not commissioned to support users of unlicensed nicotine containing products who do not smoke, to stop their use of such products.
- 4.4. The provider is not permitted to provide unlicensed nicotine containing products to people accessing the service, but smokers may supply their own.

5. MONITORING AND EVALUATION

- 5.1. Pharmacies should collect the Russell Standard (clinical) minimum data set for each client supported on each attempt, whether they are successful in their quit attempt or not. The data should adhere to the quality definitions included within the 2014 NCSCCT Local Stop Smoking Services service and monitoring guidance. A successful quitter is defined by the guidance as “a treated smoker who reports not smoking for at least days 15–28 of a quit attempt (-3 or +14 days)”. For CO verified quits, the CO reading must be assessed 28 days from their quit date (-3 or +14 days) and be less than 10 ppm.
- 5.2. Pharmacies should record monitoring data on PharmOutcomes in a timely manner. Data from PharmOutcomes are used to determine the quarterly payments for smoking cessation activity.
- 5.3. Pharmacies should attempt CO monitoring at the four-week quit review session (recommended in a minimum of 85% of cases). CO monitoring is an important data quality marker and motivational tool.
- 5.4. Pharmacies should ensure four-week quit review session occurs between 25 and 42 days from the quit date that was set.
- 5.5. Pharmacies should make a minimum of three attempts to contact clients whose smoking status is ‘unknown’ using different methods of contact and at different times of the day.
- 5.6. The key indicators for measuring performance and the success of the stop smoking service, which will be measured from the data derived via the three stages of the Torbay Stop Smoking Service on PharmOutcomes, are:
 - 5.6.1. Number of smokers setting a quit date
 - 5.6.2. Number of 4-week quitters (still stopped smoking 4 weeks after the quit date)
 - 5.6.3. Number of pregnant women quitting smoking
 - 5.6.4. Quits by specific groups including gender, age, profession, ethnic background and postcode

6. PAYMENT OVERVIEW

6.1. Service delivery payments

- 6.1.1. Services will be paid according to the correct completion of the three stages of the Torbay Stop Smoking Service on PharmOutcomes: stage 1) recruitment, stage 2 - NRT supply (on a weekly/2 weekly basis), and stage 3 – 4 week evaluation. Refer to Appendix 1 Torbay Stop Smoking Service – Reporting and recording requirements for more details.

6.1.2. For fees, see Appendix 1 Torbay Stop Smoking Service – Reporting and recording requirements and Appendix E: Charges of the overall contract.

6.2. NRT reimbursement

6.2.1. This will be paid via PharmOutcomes through the completion of stage 2 - NRT supply (on a weekly/2 weekly basis). Refer to Appendix 1 Torbay Stop Smoking Service – Reporting and recording requirement for more information on this stage and how the charges will be reimbursed.

6.3. NRT supply

6.3.1. NRT may be supplied under this scheme for a minimum of 6 weeks and a maximum of 12 weeks. Dispensing is included as part of the overall reimbursement structure and is not funded separately. It is recommended that this is dispensed for 2 weeks, 2 weeks, 4 weeks and 4 weeks.

6.3.2. The supply of Varenicline (Champix) and Bupropion (Zyban) is not covered under the community pharmacy contract as these are prescription only medicines.

6.3.3. Pharmacies can offer behavioural support to clients already on Varenicline (Champix) or Bupropion (Zyban) but should establish if they are receiving such support from elsewhere before Registering the patient on PharmOutcomes via 'stage 1 – registration' or completing any further stages to avoid duplication of records.

6.4. NRT charge / exemption

6.4.1. Unless exempt from prescription charges, the client should be charged £9.35 per item of NRT dispensed if a combination of 2 items is supplied this would constitute two charges. This should be charged at the time of each item being dispensed.

6.4.2. Patients who are exempt from prescription charges should complete the Payment Exemption Form (SS2), which should be retained in the pharmacy for 7 years for audit purposes. The Payment Exemption Form does not need to be returned.

6.5. Reimbursement for NRT

6.5.1. The pharmacy will be paid the cost price for the NRT product at the current drug tariff price.

6.5.2. If the patient is exempt from prescription charges, and have signed an NRT payment exemption form, full payment will be received from the appropriate body.

6.5.3. If the client is charged a prescription charge by the pharmacy, then this is to be deducted from the appropriate body's payment to the pharmacy.

APPENDICES

SS1	NRT payment exemption form
Appendix 1	Torbay Stop Smoking Service – Reporting and recording requirements
Appendix 2	Guidelines for providing support to Stop Smoking
Appendix 3	Governance
Appendix 4	Safety of NRT
Appendix 5	Letter to GP - notification of Patient intervention
Appendix 6	Letter to GP - notification of progress at 4 weeks

NRT Payment Exemption Form

Patients who are exempt from prescription charges can receive NRT without paying the NRT fee providing this form is completed.

The patient doesn't have to pay because he/she:

- A** is under 16 years of age
- B** is 16, 17 or 18 and in full-time education
- C** is 60 years of age or over
- D** has a valid maternity exemption certificate
- E** has a valid medical exemption certificate
- F** has a valid prescription pre-payment certificate
- G** has a valid War Pension exemption certificate
- L** is named on a current HC2 charges certificate
- X** was prescribed free-of-charge contraceptives
- H** * gets Income Support (IS)
- K** * gets income based Jobseeker's Allowance (JSA (IB))
- M** * is entitled to, or named on, a valid NHS Tax Credit Exemption Certificate
- S** * has a partner who gets Pension Credit guarantee credit (PCGC)

<p>Evidence of exemption seen? Yes / No* *Please delete</p>

* Name:	Date of Birth:	NI no:
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* **Print** the name of the person (either you or your partner) who gets IS, JSA (IB), PCGC or Tax Credit

Declaration for patients who do not have to pay:	I declare that the information I have given on this form is correct and complete. I understand that if it is not, appropriate action may be taken. I confirm proper entitlement to exemption. To enable the NHS to check I have a valid exemption and to prevent and detect fraud and incorrectness, I consent to the disclosure of relevant information from this form to and by Torbay and Southern Devon Health and Care Trust.
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CROSS ONE BOX I am the patient patient's representative

Sign here		Date	/	/
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Print name and address:
Postcode

Form to be retained by the pharmacy.

APPENDIX 1 - Torbay Stop Smoking Service – Reporting and recording requirements

Summary of changes

- Paper forms **ARE NO LONGER TO BE USED** for reporting or claiming (effective date of change: 01/09/2020). Continue to use any other paper-based guidance you use to support your consultation, but the reporting and invoice generation is now generated via PharmOutcomes.
- All data should be recorded on PharmOutcomes, as per the process below.
- There are 3 services on PharmOutcomes in use for the Torbay Stop Smoking Service which have been updated to allow accurate data capture whilst still reducing paper workload; these are specified in detail below.

Detail of changes

Smoking Cessation Stage 1 – Recruitment;

ALL service users must be registered on this stage. The other stages are linked to this one and will cross reference the service user details you input here. **You will not be able to claim if you have not registered a patient in this stage of the service.**

The screenshot shows the PharmOutcomes web application interface. The top navigation bar includes 'Home', 'Services', 'Assessments', 'Reports', 'Claims', 'Admin', and 'Help'. The main content area is titled 'Smoking Cessation Stage 1 - Recruitment (Preview) [Deprecated]'. On the left, there are three main sections: 'Service Design' with links to 'Browse Service Library', 'View service accreditations', and 'Edit Service Design'; 'Provision Reports Preview' with a link to 'Basic Provision Record (Sample)'; and 'Service Support' with a link to 'Client Recruitment' and instructions to complete this section for all clients recruited to the stop smoking service.

The main form fields include:

- Recruitment Date:
- First Name and Last Name:
- Date of Birth: (Enter as dd-mmm-yyyy (eg 23-Feb-1988))
- Gender: Male Female Trans
- Ethnicity: (dropdown)
- Postcode:
- Address:

The 'Occupation status' section includes a list of options with radio buttons:

- 1 Full time student
- 2 Unemployed (A client is classified as long term unemployed if they have been unemployed for one year, otherwise use previous employment.)
- 3 Home Carer (Looking after children, family or home.)
- 4 Managerial and Professional (E.g. accountant, artist, civil/mechanical engineer, medical practitioner, musician, nurse, police officer (sergeant or above), physiotherapist, scientist, social worker, software engineer, solicitor)
- 5 Intermediate (E.g. call centre agent, clerical worker, nursery auxiliary, office clerk, secretary)
- 6 Routine and Manual (E.g. electrician, fitter, gardener, inspector, plumber, printer, train driver, tool maker, bar staff, caretaker, catering assistant, cleaner, farm worker, HGV driver, labourer, machine operator, messenger)
- 7 Retired
- 8 Long-term Sick or Disabled
- 9 Prefer not to say

Below the occupation status is the 'Levy status' section:

- Levy status: Exempt Not exempt (levy patient)
- Exempt Reason:
- Reason for being exempt from paying prescription charges (patient self declaration):

The 'Pregnancy status' section includes:

- Pregnancy status: Pregnant Not pregnant
- Service awareness through:
- How were you made aware of this service?:

The 'Service Details' section includes:

- Date last smoked?: (date of last tobacco use, Enter as dd-mmm-yyyy (eg 23-Feb-1988))
- Agreed quit date: (Enter as dd-mmm-yyyy (eg 23-Feb-1988))
- Follow up date: (Enter as dd-mmm-yyyy (eg 23-Feb-1988))

At the bottom right of the form is a 'Test Values' button.

Smoking Cessation Stage 2 - NRT supply;

This is the service you use to record week number, NRT products supplied, CO reading & levy charges collected on a patient by patient basis (as you do already on PharmOutcomes). This must be filled in at **every supply on weeks 1, 2, 3, 5, 7 & 9** to generate NRT reimbursement. Please note, week 4 must be filled in on the next stage – ‘stage 3 – 4 week evaluation’ service.

HOME SERVICES Assessments Reports Claims Admin Help

Service Design

- Browse Service Library
- View service accreditations
- Edit Service Design

Provision Reports Preview

Basic Provision Record (Sample)

Service Support

NRT Supply
Use this service to record NRT supply and CO level measurement.

Please Note: The 4 week appt MUST be recorded using the 4 week evaluation service to measure quit success - stage 4

Smoking Cessation Stage 2 - NRT supply (Preview) [Deprecated]

Consultation Date:

Patient name:

You cannot register new Patient name

Consultation Information

Use this stage to record NRT supply. Week 4 consultation information must be recorded using stage 4

Week number:

4 week evaluation service NB: Week 4 consultations MUST be recorded using

Consultation type:

CO level recorded?:

Answer should only be No if telephone consultation

CO reading: ppm

Date last smoked?:

Enter as dd-mmm-yyyy (eg 23-Feb-1989)

Next appt. date:

Enter as dd-mmm-yyyy (eg 23-Feb-1989)

NRT Supply - First NRT type

Product supplied:

Quantity:

NRT supply - Second NRT type

If only ONE medication type supplied please leave the following fields blank and go to the consultation notes section

Product supplied:

Quantity:

Consultation notes

Relevant notes:

Use this box to record any consultation notes

NHS Charges collected

FP,10 charges due? Yes No

NB: If service user is Levy patient, collect appropriate number of NHS levy fees

No of charges paid:

[Test Values](#)

Smoking Cessation Stage 3 - 4 Week Evaluation;

This is the final stage and the one at which you declare smoking status – quit verified, quit self-declared, not quit or lost to service – this will generate the payment automatically from PharmOutcomes and **is not dependent on you submitting paper monitoring form to the stop smoking service..** If the service user then continues to receive 2-weekly NRT, you can continue to record up to week 11 on the Stage 2 service (above) and will continue to receive reimbursement. If client has not quit after that time you must re-register and restart the quit attempt at stage 1.

Funding

- **Stage 1 – recruit**
 - o £xx per quit date set
- **Stage 2 – NRT supply**
 - o Copied from interim service – Drug Tariff costs
- **Stage 3 – 4 week evaluation**
 - o £xx per quit (CO verified or self reported)
 - o Plus NRT supply (copied from interim service as above)

Service Design

- Browse Service Library
- View service accreditations
- Edit Service Design

Provision Reports Preview

Basic Provision Record (Sample)

Service Support

4 week evaluation and NRT supply:
Use this service to record smoking status at 4 week appointment only

Smoking Cessation Stage 3 - 4 Week Evaluation (Preview) [Deprecated]

Consultation date

Patient name
You cannot register new Patient name

Consultation Information

Date last smoked?
Enter as dd-mmm-yyyy (eg 23-Feb-1999)

Type of pharmacological support used

- Single NRT only
- 2 or more NRT products
- Champix only
- Zyban only
- Vaping/e-cigarette only
- Combination of NRT, Champix or Zyban
- NRT, Champix or Zyban AND E-cig/vaping but NOT at the same time
- NRT, Champix or Zyban AND E-cig/vaping at the same time
Unlicensed Nicotine Containing Products (NCP) include e-cigs and vapes

Quit statement

Treatment outcome

- Quit: CO verified
- Quit: Self reported
- Not quit
- Outcome unknown

CO reading ppm
A reading < 10 indicates a successful quit

NRT provision

Further NRT products supplied this consultation?

NRT Supply - First NRT type

Product supplied
Quantity

NRT Supply - Second NRT type

Product supplied
Quantity

Please leave this blank if no second type supplied

Test Values

Appendix 2 Guidelines for offering support to stop smoking

Torbay and Southern Devon health and Care NHS Trust Stop Smoking Service recommends using the '4As' approach to smoking cessation as defined by Thorax (The Journal of the British Thoracic Society), into a standard referral pathway which states:

The essential features of individual smoking cessation advice in primary care are:

Ask about smoking at every opportunity

Advise all smokers to stop

Assist the smoker to stop

Arrange follow up

Ask:

The patient's interest in stopping smoking should be determined by asking an open-ended question such as 'How do you feel about your smoking?' Most smokers will have attempted to stop in the past – you can use this to start a conversation: "How did you get on?", "What do you think made you start again?"

Advise:

All smokers should be advised on the impact of their smoking habit on their current health status in a clear personalised way: "Stopping smoking is the best thing you can do for your health." Remain confident & positive: "You are four times more likely to succeed with our support than on your own."

Assist:

1. Initial Appointment:

- Provide client with overview of the service & ask them to complete the Client Monitoring Form (Appendix 1).
- Measure & record CO level ("smokerlyser")
- Do the Fagerstrom Test to assess nicotine dependency.
- Discuss therapy options, as indicated on the Fagerstrom Tool and in accordance with South Devon Joint Formulary guidelines. (Bupropion (Zyban®) & Varenicline (Champix®) are only available on GP prescription and therefore not covered in this scheme).
- Agree a quit date – it is usually on the day and this will be classed as the 'quit date' for monitoring purposes. If it is another day in the future, the client may want to book an appointment with you on their 'quit date'.
- Provide the first supply of NRT (original packs only), and take payment or fill in payment exemption form (SS2). Record products supplied on own system so that the SS4 form can be completed and returned to Torbay Stop Smoking Service at the end of the month.
- Book the next appointment with the client – booking now increases the likelihood of the quit attempt continuing. Give client copy of DH booklet "Stop Smoking Start Living" to refer to throughout quit attempt.
- Resources are available free of charge from <https://www.nhs.uk/smokefree>

2. Approx 7 days after quit date:

- Review progress "How's it going?"
- Check there are no side effects with the NRT
- Measure CO level

- Discuss coping strategies for cravings (avoiding trigger situations, going for a walk, sipping water etc)
- Book next appointment.

3. Approx 14 days after quit date:

- As above
- Provide further two weeks of NRT.

4. Approx 21 days after quit date:

- As above (no NRT should need to be dispensed today)

5. Approx 28 days after quit date:

- If the client has come this far, they can officially be recorded as a successful quitter. Congratulations!
- Measure & record CO reading.
- Record whether client has quit or not*.
- Provide NRT in lower dose as per product guidance, four weeks supply.
- Return completed monitoring form to Torbay Stop Smoking Service, retaining a copy for your own records. You will also need to complete the Stop Smoking LES pharmacy claim forms for NRT & for stop smoking support.

6. Further consultations:

- The client may continue to visit the pharmacy for NRT under the contract, up to a total of 12 weeks' supply.
- Dosage should be reduced according to product guidelines.

Arrange Follow Up:

Follow up appointments are as listed above. However, if the client does not turn up for an appointment, it is advisable to make at least three attempts to contact them to rearrange.

All 4 week outcome data should be recorded on PharmOutcomes as per **Appendix 1**, if you are not able to reach the patient, these should be recorded as 'lost to follow up'.

****N.B. A client will be counted as having successfully stopped smoking if he/she has been completely abstinent from smoking for a period of 2 weeks since 2 weeks after the quit date (i.e. weeks 3 and 4 following the quit day). The rationale behind this definition is to allow a period of 'grace' in recognition of the fact that some smokers initially struggle but then are successful in their quit attempt.***

ASK
Advertise the stop smoking support on offer.
Ask client how they feel about smoking

CONCERNED
But not ready to quit

CONCERNED
Ready to quit

CONTENTED
Not interested in quitting

ADVISE
Offer leaflets,
referral card etc
for future use

ADVISE
Outline support available &
offer leaflets etc
Offer immediate support or
arrange appointment

ADVISE
Inform client
quit support is
available
should they
change their
mind in the
future

ASSIST
Fill in monitoring form with client
Take Fagerstrom test and Asses clients level of nicotine dependency and
(with client) most suitable pharmacotherapy product(s) as per Joint formulary
Set quit date
Record CO reading ("smokerlyser")
Discuss & supply NRT according to protocol

ARRANGE
Follow up appointments weekly as above, offering
ongoing counselling & support

**28 DAYS AFTER QUIT DATE:
HAS CLIENT QUIT SMOKING?**

YES
Congratulations!!
Record CO Reading
Dispense NRT in
appropriate dose
Complete paperwork &
return to
Torbay Stop smoking

NO
Offer support for future quit
attempt. This must be at
least 6 months following
this quit attempt.
Complete paperwork &
return to
Torbay Stop smoking
Service

DON'T KNOW
Make at least three
attempts to contact
client.
If unable to contact,
record as "lost to follow-
up" & return paperwork
to Torbay Stop smoking
Service

Please keep a copy of all paperwork for your records

Appendix 3

Governance

The Healthcare Commission assesses the performance of NHS organisations in meeting core and developmental standards set by the DH in 'Standards for better health' issued in July 2004. The implementation of NICE public health guidance will help organisations meet the standards in the public health (seventh) domain, such as core standards C22 and C23 and developmental standard D13. In addition, it will help meet the health inequalities target as set out in 'The NHS in England: The operating framework for 2009/10'

(http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_091445). The core standards are outlined below as the key areas of governance that will need to be included when implementing this contract.

- **Patient safety** - This is enhanced by the use of healthcare processes, working practices and systemic activities that prevent or reduce the risk of harm to patients
- **Clinical and cost effectiveness** - Patients achieve healthcare benefits that meet their individual needs through healthcare decisions and services based on what assess research evidence has shown provides effective clinical outcomes
- **Governance** - Managerial and clinical leadership and accountability, as well as the organisation's culture, systems and working practices. Ensure that probity, quality assurance, quality improvement and patient safety are central components of all activities.
- **Patient focus** - Access is provided in partnership with patients, their carers and relatives, respecting their diverse needs, preferences and choices, and in partnership with other organisations whose services impact on patient wellbeing
- **Accessible and responsive care** - Patients receive services as promptly as possible, have choice in access to services, and do not experience unnecessary delay at an stage of service delivery or the care Practice pathway
- **Care and Environment** - Care is provided in environments that promote patient and staff well being and respect for patients' needs and preferences in that they are designed for the effective and safe delivery of treatment, care or a specific function
- **Public Health** - Programmes and services are designed and delivered in collaboration with all relevant organisations and communities to promote, protect and improve the health of the population served and reduce inequalities between different population groups and areas.

Appendix 4

Safety of NRT

The following extract has been taken directly from *Helping smokers to stop: advice for pharmacists in England* (NICE, 2005) which indicates the actions which should be considered before, and during, the offering of NRT to 'at risk' groups.

'Product licences contain a number of warnings on use, contributing to the reluctance of some smokers to use NRT and of some healthcare professionals to recommend it. Although nicotine is not completely without risk, it is undoubtedly safer than continued smoking. Despite this, there is still a tendency to overestimate the risks of medicinal nicotine and to underestimate the risks of smoking.

In its 2002 publication *Guidance on the use of nicotine replacement therapy (NRT) and bupropion for smoking cessation* (now superseded by *Smoking cessation services in primary care, pharmacies, local authorities and workplaces, particularly for manual working groups, pregnant women and hard to reach communities*, NICE, 2008), NICE made it clear that, when considering the use of NRT in smokers with certain conditions (including smokers who are pregnant or breastfeeding and those with cardiovascular disease), the healthcare professional should 'take into account the significant harm associated with continuing to smoke and that it can be expected that NRT will deliver less nicotine (and none of the other potentially disease-causing agents) that would be obtained from cigarettes' (NICE, 2002).

Adolescent smokers

Evidence confirms that many young smokers show signs of nicotine dependence (McNeill, 1991). Although there is little published data demonstrating the efficacy of NRT in young smokers, there is no logical reason why it should not help as long as it is used correctly and the smoker is determined to give up. A number of NRT products are now licensed for use, on medical advice, by smokers under 18. Ultimately the decision to use NRT should be based on the smoker's determination to quit, and on their level of dependence (as opposed to age). Given that NRT is less harmful than smoking, safety concerns should not be a barrier to use.

There are special challenges in treating young smokers – they may be best directed towards the local stop smoking service where they can receive peer support. This is a decision for individual pharmacists.

Cardiovascular disease

Although nicotine has some acute effects on the cardiovascular system, unlike tobacco smoke it is not a significant risk factor for cardiovascular disease or acute cardiac events (Benowitz, and Gourlay, 1997; Benowitz, 2003). Nicotine replacement therapy provides less nicotine, less rapidly than cigarette smoking, without substances such as carbon monoxide (which is known to have adverse effects on the cardiovascular system). On this basis, experts agree that all NRT products can be safely used by smokers with stable cardiovascular disease (McRobbie and Hajek, 2001; Molyneux, 2004). It is recommended that the risks and benefits of using NRT should be assessed for smokers with unstable cardiovascular disease, or who have suffered an acute event in the past four weeks. If the only other option for this group is continued smoking, a risk–benefit assessment invariably leads to recommending NRT. When using NRT for smokers with unstable cardiovascular disease, it is advisable to use the shorter-acting oral products which can be discontinued immediately in the event of any problems. Nicotine patches, even once removed, leave a small reservoir of nicotine under the skin.

Pregnant and breastfeeding women

Smoking during pregnancy is associated with large risks to both mother and foetus, and later to the newborn and growing infant (Slotkin, 1998; Dempsey and Benowitz, 2001; Benowitz and Dempsey, 2004). Although nicotine may be implicated in some of the adverse effects of smoking (e.g. low birth weight and behavioural problems in infants), NRT delivers much less nicotine than cigarettes without the other harmful ingredients of tobacco smoke. It is better for pregnant women to be both nicotine- and tobacco-free. But for many this is extremely difficult, and NRT in combination with structured support and advice may be needed to help

achieve abstinence. Product licences are changing slowly, and some now suggest that NRT use may be considered for pregnant women who are unable to give up without the use of NRT. This is in line with international guidance and expert opinion (Benowitz and Dempsey, 2004). When considering NRT use, it is prudent to document any discussion of risks and benefits, and oral products should be recommended initially as these will provide less nicotine to the foetus than a patch. If oral products are not tolerated a patch may be recommended, but this must be removed before going to bed. Treatment should be provided as early in pregnancy as possible, with the aim of being smoke-free and nicotine-free by the third trimester.

Use of NRT while breastfeeding is associated with very few risks to the child. Nicotine does accumulate in breast milk but relatively little is absorbed from the infant's gut, and this then undergoes first pass metabolism resulting in a low plasma concentration (Dempsey and Benowitz, 2001). Any small risk to the child from this low level of nicotine is preferable to the risk of the pregnant woman continuing to smoke.

Smoking can cause great harm to the mother, the unborn child and the newborn infant, and would-be parents should be advised of these risks. Treating pregnant smokers involves specific challenges (e.g. the immediacy of the need to stop; the mother's fear of being judged), and clients may be best supported by a specialist smoking and pregnancy advisory service, where these exist. Pharmacists will need to discuss local treatment options carefully with pregnant women and help them decide which service is likely to be the most appropriate for their needs.'

References used in extract above

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Molyneux, A. (2004) Nicotine replacement therapy. *British Medical Journal* 328(7437): 454-6.

Slotkin, T.A. (1998) Fetal nicotine or cocaine exposure: which one is worse? *Journal of Pharmacology and Experimental Therapeutics* 285(3): 931-45.

APPENDIX 5

Letter to GP – notification of patient intervention



Pharmacy Stamp

Torbay Stop Smoking Service

GP Name: _____

GP Address: _____

Confidential

Dear Dr

Re: Patient receiving Nicotine Replacement Therapy and Smoking Cessation support

I am writing to inform you that your patient is currently being supported to stop smoking by a local primary care cessation adviser (Community Pharmacy Scheme) and has been taking (Nicotine Replacement Therapy Product) since

To ensure the ongoing success of this service, referrals from GPs and other healthcare professionals are vital. I write in the hope that you and your practice team will continue to refer your patients to our service, which I hope you find useful. If you wish to provide feedback on the service provided or have any queries about your patient, please do not hesitate to contact me on

Many thanks for your support.

Yours sincerely

**Torbay and SouthDevon Smoking Cessation Adviser
Torbay Community Pharmacy Scheme**

APPENDIX 6

Letter to GP - notification of progress at 4 weeks / outcome



Pharmacy Stamp

Torbay Stop Smoking Service

GP Name: _____

GP Address: _____

Confidential

Dear Dr

Re: Patient receiving smoking cessation support

I am writing to inform you that your patient
Date of Birth..... is currently being supported to stop smoking by a local NHS stop
smoking adviser (Community Pharmacy Scheme) and has:

Successfully quit (at 4 weeks)
Their CO (Carbon Monoxide) reading was recorded as.....on

Not quit at this moment in time

Many thanks for your support.

Yours sincerely

**Torbay and South Devon Smoking Cessation Adviser
Torbay Community Pharmacy Scheme**