

NHS Smoking Cessation Advanced Service FAQs

Questions and Answers from the recent webinar can be found below:

Q: If the patient cannot be contacted by the pharmacy, who does the pharmacy contact for support?

A: The pharmacy will need to make contact with the Trust that raised the referral.

Q. Could we request to have the contact number or email address of the person or team who raised the referral added?

A: Yes, the name of the person and the generic email address of the Tobacco Addiction team is on the referral.

Q: Where should the pharmacy upload the clinical notes from the patient consultation?

A: It is up to the individual pharmacy team on how they will record the notes. Ideally it will be recorded on the IT solution you use for your other consultations. If your pharmacy uses PharmOutcomes there is an option to record notes and return the information back to the Trust.

Q: What happens if the patient has not had a successful quit within the 12 weeks?

A: Please record an unsuccessful quit attempt, along with any further details, on the last consultation you have with the patient so this can be fed back to the Trust. If you have the facility to do so, you can refer the patient to a locally commissioned smoke stop service pathway. You do not have to seek permission from the Trust to do so but please add what you have done to the final consultation notes that you submit.

Q: Can the pharmacy's existing carbon monoxide monitors be used?

A: Yes, these can be used provided they comply with the 'minimum technical specification' defined in 'Appendix A' of the Service Specification. There is no need to order items that you already have established in your pharmacy.

Q: who pays for the maintenance of the equipment?

A: Monitors may also require parts of the monitor to be replaced regularly so contractors should ensure they are aware of these requirements and have sufficient replacement parts, as detailed in the CO monitor manual. Contractors should ensure they are aware of the routine maintenance, specific cleaning and calibration requirements for the CO monitor as detailed in the CO manual that is provided with the CO monitor. Newer models do not require calibration, but this depends on the manufacturer's guidance. The costs for routine maintenance are not covered within the spec, although the set-up fee costs are designed to cover the cost of purchasing any equipment and training costs.

Q: How will the service work for a patient from another county?

A: There is no block if the patient is from another county. Regardless of the location the patients are discharged from, if they wish to access the service the Trust will be able to view which pharmacies in the patient's local area are registered to offer the service.

Q: If the patient had an unsuccessful quit attempt with a pharmacy in the past, can they be referred again in the future?

A: Yes, they can certainly be referred again.

Q: Would they be classed as spontaneous quitters if they had smoked within 14 days?

A: They can be picked up 14 days after the hospital admission or if they have smoked within 48 hours to be counted. More information about spontaneous quitters can be found here:

https://www.ncsct.co.uk/publication_spontaneous_quitters.php

Q: Who “owns” the quit?

A: The quit is owned by the referring Trust.

Q: If the pharmacy are unable to deal with the referral can they refer to another pharmacy or should they go back to the trust to let them know they are not in a position to action the referral?

A: The service spec does allow the pharmacy to transfer the patient to another pharmacy within that quit attempt. To allow follow up, it would also be appropriate to inform the referring Trust that the patient will be supported by another pharmacy team. The pharmacy would also need to inform the Trust if they could not accept referrals generally for a period of time, so that no further referrals were sent.

Q: Can the patient change pharmacies and continue to receive the SCS from a different pharmacy, for example, if they are moving to a different area?

A: Yes. 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.

The total duration of treatment is 12 weeks from the patient’s quit date. For example, if the patient received one week of support from the hospital and four weeks of support from the pharmacy who provided the service initially, the new pharmacy providing SCS could only provide up to seven weeks of support under the SCS.

Q: At what point would a trained smoking cessation technician provide this service instead of the pharmacist to ensure care continuity?

A: Under current VAT rules, pharmaceutical services provided by other staff under the supervision of a pharmacist attract VAT, which will not be reimbursed as part of the service fee. Therefore, to start with, the consultation element of the service can only be provided by pharmacists as the associated fees are exempt from VAT. It is understood that Pharmacy Technicians will be able to provide the service in the future, but there has not yet been a confirmed date that this is likely to be implemented. The LPC will update as and when we receive confirmation.

Q. How do contractors sign up to provide the SCS?

A: Contractors can sign up to provide the service by completing a registration declaration on the NHS Business Services Authority’s (NHSBSA) Manage Your Service (MYS) portal.

Q. How do I withdraw from provision of the service?

A: Contractors can withdraw from the service by providing one month’s notice and completing the Stop Smoking Advanced Service withdrawn from service form on the MYS application.

You can also find answers to FAQs on PSNC website at this link:

<https://psnc.org.uk/national-pharmacy-services/advanced-services/smoking-cessation-service/smoking-cessation-service-faqs/>