

SCHEDULE 1
SPECIFICATION

Service	Pharmacy Stop Smoking Service
Authority Lead	Joanne Nykol, Tobacco Lead, Public Health
Period	1st April 2018 - 31st March 2020

1. Population Needs

1.1 National/local context and evidence base

Smoking is the primary cause of preventable morbidity and premature death and is a major cause of health inequalities with smokers disproportionately from lower socio-economic groups bearing the heaviest burden of death and disease related to their smoking. While smoking rates have continued to decline it is estimated that 22.2% of adults in the Bradford District continue to smoke (compared to the 15.5% national), rising to 36% within Routine and Manual groups. Tobacco not only affects individuals who smoke evidence shows that there is a clear link between exposure to environmental tobacco smoke and an increased risk in non-smokers of developing CHD and lung cancer. A child exposed to second hand tobacco smoke has an increased risk of sudden infant death syndrome, developing respiratory infection, middle ear disease and meningitis. Therefore reducing smoking across all groups and especially those living in areas of deprivation in the district is a key priority for the City of Bradford Metropolitan District Council (CBMDC).

Smoking cessation is a key component of comprehensive tobacco control as set out in the Governments Tobacco Control Plan for England 2017. The Public Health Outcomes Framework includes adult (aged 18 or over) smoking prevalence in England as one of the indicators for health improvement aspirations. Local Authorities are responsible for developing and meeting targets for adult smoking prevalence which reflect local priorities and needs. Evidence-based stop smoking support is highly effective both in cost and clinical terms. It is therefore important that evidence-based, high quality, stop smoking support delivered by qualified service providers is available to those who require it.

Relevant policy and guidance includes:

- Towards a Smoke-free Generation: a tobacco control plan for England (Department of Health, 2017)
- PH10 Smoking Cessation services (NICE, 2008 modified 2013)
- TA123 Smoking cessation – Varenicline (NICE,2007, reviewed January 2011)
- Standard Treatment Programme: A guide to providing behavioural support for smoking cessation (National Centre for Smoking Cessation and Training, 2014)
- Local Stop Smoking Services: Service and Delivery Guidance (NC SCT 2014)
- CBMDC Tobacco Health Needs Assessment 2014/15

2. Key Service Outcomes

2.1 Insert any locally agreed outcomes and quality requirements which are NOT Quality Outcomes Indicators which should be set out in Appendix C (Quality Outcomes Indicators)

- Increase access to stop smoking support
- All staff involved in the delivery of stop smoking interventions to be trained to Stop Smoking Practitioner accredited by City of Bradford Metropolitan District Council (CBMDC) and National Centre for Smoking Cessation and Training (NC SCT) Training and Assessment Programme or Intermediate Stop Smoking Advisor Level 2 Stop Smoking Service accredited by City of Bradford Metropolitan District Council (CBMDC).
- Interventions to be based on current evidence base and follow NICE guidance
- Service delivery to be audited at regular intervals to ensure the intervention provided is of

acceptable quality with performance managed according to the expected service level performance for practice based services

- Practitioners/Advisors will be expected to maintain continuing professional development training on an annual basis

3. Scope

3.1 Aims and objectives of Service

To contribute to the reduction of smoking prevalence and health inequalities in the Bradford District and to maximise the effectiveness of local smoking cessation work by:

- Providing high quality, evidence based smoking cessation treatment in accordance with NICE and Department of Health guidance
- Provide accurate data and activity monitoring information. Ensuring data submission is in line with the requirements set out in Appendix 1 to enable accurate and timely data collection and performance management

3.2 Service description/pathway

The commissioned Pharmacy based stop smoking service will provide a smoking cessation treatment programme for smokers in line with Department of Health Guidance, NHS Centre for Smoking Cessation and Training (NCSCT) Standard Treatment programme for Smoking Cessation Support and the training provided by CBMDC Specialist stop smoking service. Staff delivering the Service will be referred to as Stop Smoking Practitioners/Advisors:

- The Pharmacy must ensure that staff delivering the service is appropriately trained to either NCSCT Stop Smoking Practitioner standard or Intermediate Stop Smoking Advisor level 2 standard, accredited by CBMDC Stop Smoking Service, receive the support they need to carry out their roles and remain up-to-date with national guidance and research developments.
- The Service will provide effective, flexible and quick access to stop smoking support plus pharmacological treatment.
- The Pharmacy Provider should operate in accordance with NICE guidance for the provision of smoking cessation medication – Nicotine Replacement Therapy, Bupropion and Varenicline – and ensure equal access to such appropriate medication according to Client need
- Clients to be supported weekly for the first four weeks following their quit date; follow-up at 4 weeks following the quit day to be attempted for all Clients plus on-going support and medication to complete the course of treatment. Practitioners/Advisors should attempt to confirm the smoking status of Clients who self-report a 4 week quit by carbon monoxide monitoring; aiming to verify at least 85%, in-line with DH guidance.
- The Pharmacy Provider to complete the Client consultation record form at every contact to ensure effective on-going support and service delivery. Activity data must be provided on all Clients treated in line with Appendix 1 Information Provision. Effectiveness will be determined from DH guidance and local performance management audits (refer to Quality Outcomes Indicators section). Poor performance and/or effectiveness to be acted upon to improve the service.
- The Pharmacy Provider must be prepared for possible audits of their stop smoking service delivery and should maintain detailed records of their activities for inspection. With relevant records to be kept for a minimum of 2 years
- All Practitioners/Advisors are required to attend an annual update to ensure competency and skills are maintained, this will be provided by the CBMDC specialist stop smoking service

3.3 Population covered

The commissioned Pharmacy based stop smoking service to be made available to all smokers wanting to quit resident in Bradford Metropolitan District.

3.4 Any acceptance and exclusion criteria and thresholds

Clients motivated to stop smoking who fit into the following criteria to be accepted for support to quit:

- Motivated and ready to stop smoking within 2 weeks of their first appointment
- Willing to attend appointments throughout their quit attempt

3.5 Interdependencies with other services

The Pharmacy based stop smoking service will form part of an integrated framework of stop smoking support in the Bradford District. Coordination and support will be provided by BMDC Stop Smoking Service who will ensure governance arrangements are in place to monitor and oversee the quality of the service provided. This will include training, supervision and support for Practitioners/Advisors plus structured communication and feedback arrangements.

Pharmacy Providers will be expected to work closely with the Council

3.6 Any activity planning assumptions

The commissioned stop smoking service Provider will include all required facilities and equipment to enable the provision of an effective and efficient stop smoking support service. A suitable private room will be available for Client appointments plus other relevant resources and equipment e.g. patient information, visual aids. Carbon monoxide monitors will be supplied by the Council's Stop Smoking Service and will remain the property of the Council's Stop Smoking Service.

The Council's Stop Smoking Service will provide calibration and repairs of CO monitors in the event the CO monitor is lost or damaged through improper use it will be the responsibility of the Pharmacy Provider to purchase a replacement.

4. Applicable Service Standards

4.1 Applicable national standards e.g. NICE

- National Institute for Health and Clinical Excellence (2008, reviewed 2011) Smoking Cessation in primary care, pharmacies, local authorities and workplaces
- NICE (2013, reviewed 2017) QS43 Smoking Cessation - Supporting People to Stop Smoking
- National Centre for Smoking Cessation and Training (2014) Standard Treatment Programme
- NCSCT Local Stop Smoking Services: Service and Delivery guidance (2014)
- NICE Varenicline for smoking cessation (2007, reviewed January 2011)
- Services must comply with Caldicott Principles, the Data Protection Act and have robust Information Governance Policies in place

4.2 Applicable local standards

- Carbon monoxide monitor cross infection policy

5. Location of Provider Premises

The Provider's Premises are located at:

The commissioned stop smoking service will be delivered from the Pharmacy Providers premises

6. Quality Outcomes Indicators and Reporting

Please refer to Appendix 1 at the end of the specification

7. Payment

Please refer to Appendix 2 at the end of the specification

APPENDIX 1 QUALITY OUTCOMES INDICATORS

Quality Outcomes Indicators	Threshold	Method of Measurement
To maintain competence providers should aim to support a minimum of 3 smokers every month	3	Monthly data submission
The number of Clients quit at 4 weeks to be in excess of 35% in line with Public Health England expected outcome	35%	Monthly data submission
Services must attempt Carbon Monoxide (CO) validation at 4 weeks following a quit date set (minus 3 days or plus 14 days)	Min 85% of quitters	Monthly data submission
At least 2 attempts to contact Clients who fail to attend appointments (FTA)	2 attempts to contact FTA	Audit of consultation record forms

(i) Quit date	(ii) The defined date, agreed between the person and Practitioner/Advisor, at which the person will stop smoking.
(iii) 4 week follow up date	(iv) The date of the consultation four weeks following the designated quit date set by the Client and Practitioner/Advisor. The date of this consultation can be between 25 and 42 days after the quit date. (v) THIS IS THE DATE AT WHICH THE 4 WEEK OUTCOME SHOULD BE RECORDED ON PHARMOUTCOMES
(vi) CO-verified 4-week quitter	(vii) A person assessed 4 weeks after the designated quit date (minus 3 days or plus 14 days) who has his/her expired-air CO is assessed 4 weeks after the designated quit date (minus 3 days or plus 14 days) and found to be less than 6ppm.NB at least 85% of quits to be CO validated

Referenced to National Centre for Smoking Cessation & Training, Local Stop Smoking Services: Service and Delivery Guidelines 2014 (or its updates) which is evidence based for best outcomes

REPORTING REQUIREMENTS

- Commissioned Pharmacy Providers to record activity on PharmOutcomes
- Details of the stop smoking Client need to be entered at the time of the 4 week follow up (i.e. The consultation just after four weeks following the designated quit date set by the Client and Practitioner/Advisor at the beginning of the service).
- Details of the Client to be added even if the Client is lost to follow up or still smoking at the time of the 4 week follow up to ensure that the outcome of the quit attempt is recorded.
- In addition the pharmacy Stop Smoking Practitioner/Advisor to keep comprehensive records of the Client quit attempt for future reference using the CBMDC Stop Smoking Service consultation record form.
- Community Pharmacy West Yorkshire (CPWY) are responsible for collating activity information from Pharmacy Providers
- PharmOutcomes is used to record key data to process payments. CPWY will administrate (i.e. processes invoice claims) for the Bradford Stop Smoking pharmacy service.
- At the end of each month the system will automatically claim payment for the activity entered onto PharmOutcomes.
- At month end the Pharmacy to accuracy check data input onto PharmOutcomes and make any adjustments to ensure that the claim generated is accurate
- Payment will not be made for incomplete data or data submitted after the deadline

Appendix 2 - Payment

Payments will be made as follows:

- £40 for each Client entered on to PharmOutcomes who has his/her expired-air Carbon Monoxide (CO) assessed 4 weeks after the designated quit date (minus 3 days or plus 14 days) and found to be 6ppm or less
- £30 for each self-reported quitter entered on to PharmOutcomes assessed 4 weeks after the designated quit date (minus 3 days or plus 14 days) face to face or by telephone who states that he/she has not smoked a single puff on a cigarette in the last 2 weeks
- £15 for each treated smoker entered on to PharmOutcomes who at 4 weeks after their quit date is lost to follow up i.e. cannot be contacted following at least 2 attempts to make contact with the Client
- £15 for each treated smoker entered on to PharmOutcomes who at 4 weeks after their quit date continues to smoke

Note: Payment will not be made for incomplete data or data submitted after the deadline