Providing stop smoking support for patients who want to stop smoking – Service Specification
Tier 2 Service

1. Introduction

Smoking is the single biggest preventable cause of illness and premature death in the UK. It is estimated that 87,000 people die in the UK each year because of smoking. Approximately 29% of the population across Bradford smoke, however, smoking rates vary considerably across different population groups, both by ethnicity and socio-economic group. Reducing smoking across all groups and especially those living within areas of high deprivation in the district is one of the key priorities for the PCT. This service forms part of NHS Bradford and Airedale’s Tobacco Strategy which is been update in line with the district’s Tobacco Needs Assessment.

2. Aims and intended Outcomes

- To provide a 1:1 Stop Smoking Service
- To maintain a quality professional service for clients
- To reduce smoking related illnesses and deaths by helping people to give up smoking.
- To improve access to and choice of stop smoking services, including access to pharmacological and non-pharmacological stop smoking aids.
- To improve the health of the population by reducing exposure to passive smoke
- To help service users access additional treatment by offering referral to specialist services where appropriate.
- To contribute to NHS Bradford and Airedale 4-week quit targets

3. Brief Overview

Pharmacies will supply a Smoking Cessation Service to clients of NHS Bradford and Airedale through a trained Stop Smoking Adviser. When commissioned, the service will help to improve access to NRT and smoking cessation for people who would otherwise might not access any other stop smoking service.

4. Benefit of the Scheme

- Improve access to smoking cessation services for the clients of NHS Bradford and Airedale
- To reduce smoking related illnesses and deaths by helping people to give up smoking.
- To improve access to and choice of stop smoking services, including access to pharmacological and non-pharmacological stop smoking aids.
- To improve the health of the population by reducing exposure to second-hand smoke
- To help service users access additional treatment by offering referral to specialist services where appropriate.
- To work in partnership with local GP practices and Stop Smoking Services (BACHS) where appropriate.

5. Description of the Scheme /how the Scheme works

<table>
<thead>
<tr>
<th>Appt</th>
<th>Structure of Appointments</th>
<th>Minimum Time</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>No.</th>
<th>Spent</th>
<th>Details</th>
</tr>
</thead>
</table>
| 1   | 30 minutes | Identify readiness to quit and patients commitment to attending pharmacy for weekly support  
Assess nicotine dependency  
Test Carbon Monoxide (CO) levels  
Give information on withdrawal of nicotine  
Discuss medications available and how to obtain them  
Refer pregnant smokers to specialist service  
Discuss quit date  
Commence monitoring form  
Organise voucher for pharmacotherapy to aid quit attempt  
Quit date should ideally be identified at this appointment  
For Zyban and Champix patients should be referred to their GP practices  
Make further appointments |
| 2   | 20 minutes | Any problems or issues  
Problems with medication  
Discuss coping mechanisms  
Plan for the week ahead – danger times, triggers to smoke, use of distraction aids  
Increase confidence and motivation  
Take CO reading  
Give date of next appointment  
Discuss telephone helpline for extra support if required before next appointment |
| 3   | 15 minutes | Any problems or issues  
Problems with medication  
Coping mechanisms  
Keeping motivated  
CO reading  
Date of next appointment |
| 4   | 15 minutes | Same as appointment 3  
Date and time of next appointment |
| 5   | 15 minutes | Same as appointment 3  
Date and time of next appointment |
| 6   | 15 minutes | Same as appointments 3 – 5 |

**N.B.**  
The above structure of appointments is intended as a guideline  

Vouchers/ Prescriptions should be issued appropriately to maintain pharmacotherapy for the patient  

CO validation of smoking status should be carried out and documented on the consultation record form 28 days from their quit day (-3 days or +14 days for cases where it is impossible to carry out the follow-up at the normal 4 week point)
• All services must offer structured follow up sessions of behavioral support and offer weekly support for at least 4 weeks following the patients quit date. Total client contact must not be less than 1.5 hours. 4 week quits that have not been the result of structured 1:1 interventions delivered by pharmacy staff may not be included in monthly or quarterly data returns. Definition of a 4 week quit must be adhered to (see appendix 2).

• All advisors must confirm smoking status at 4 weeks after the quit date and attempt to confirm by CO validation. CO validation at 4 weeks should be attempted in at least 85% of cases. An ‘attempt’ to carry out CO verification should comprise a minimum of 3 separate attempts to contact the client via telephone, letter, text or e-mail in order to arrange a face to face CO validation. Any patient setting a quit date and not contacted should be classed as ‘lost to follow-up’ on the monitoring form. A carbon monoxide monitor will be supplied to participating Pharmacies; local terms are included in appendix 5. Pharmacies are responsible for maintenance of the monitor. If the pharmacy then fails to meet the terms and conditions of this agreement the monitor must be returned to the Bradford and Airedale Stop Smoking Service. (See appendix 5 Co monitor agreement)

• All pharmacotherapies used in conjunction with the patients quit attempt will be provided on a voucher by the smoking cessation advisor at the consultation.

• A Pharmacy who has provided smoking cessation advice under the scheme to a patient, may refer the patient to the GP practice to obtain a prescription FP10 where the patient prefers to use Zyban (Bupropion) or Champix (Varenicline) as opposed to other forms of NRT under the scheme. In issuing such a prescription, unless it is established that the referring Pharmacy has only offered a brief intervention, then the GP practice should not additionally offer smoking cessation advice or submit a claim under their enhanced service agreement.

• Should a client be deemed to be needing specialist support which is outside the capacity of the pharmacy service, the patient will be referred to the specialist service; these may include heavily addicted smokers, young people under the age of 18, housebound COPD clients etc. (see appendix 3 for referral pathway to specialist service). Additionally if a situation arises where there is a waiting list of longer than 3 weeks then patients should be referred to the specialist Stop Smoking service (BACHS).

**Flow chart showing the exception reporting procedure:**

1. Pharmacy submits data to relevant person nominated by the PCT.
   Success rates of all intervention types and settings are checked
2. Service commissioner and performance officer carry out checks with service providers re any outlying
3. Follow up Service lead recalculates quit totals & completes extenuating circumstances section if data still outlying performance officer notifies SHA re results of exception reporting procedure
4. Service lead submits data to Information Centre
6. Selection Criteria

- Pharmacies will be selected in areas of need as outlined in the NHS Bradford and Airedale’s Tobacco Strategy which has been updated in line with the district’s Tobacco Needs Assessment.

- Pharmacies must be fulfilling all essential services to a satisfactory level as identified by tPCT contract monitoring visits.

- The area of the pharmacy used for provision of the service provides a sufficient level of privacy. It must meet the following requirements:
  - The consultation area should be a designated area where both the patient and pharmacist can sit down together.
  - The patient and pharmacist should be able to talk at normal speaking volumes without being overheard by other visitors to the pharmacy, or by pharmacy staff undertaking their normal duties.
  - The consultation area should be clearly designated as an area for confidential consultations, distinct from the general public areas of the pharmacy.

7. Data collection and recordkeeping

- All funding is conditional on providing fully completed Department of Health Minimum Data Sets monthly, on time as requested. In addition (see also section 12).

- The stop smoking advisor should complete a Consultation Record Form (see appendix 1) for all referrals for stop smoking support and will submit on a monthly basis via the fax number below.

- All fields on the form to be completed and the quit date entered (forms should be submitted according to quit date not 1st appointment date)

- Data from the Consultation Record Form will be used to collect information required for reporting to the Department of Health

Completed Consultation Record forms to be faxed to the Stop Smoking Service
Safe haven fax 01274 202803

To contact the Stop Smoking Service (BACHS) Tel: 01274 202793
Administrator,
Bradford Stop Smoking Service
Bradford and Airedale Community Health Services
Unit 69
Listerhills Park of Science and Commerce
Campus Road
Bradford BD7 1HR

Submission of Minimum Data Sets

Minimum Data Sets (completed consultation record form) must be returned on the 5th day of every month. If the 5th falls on a weekend day or bank holiday then forms to be returned on the next working day.
<table>
<thead>
<tr>
<th>Quit date set:</th>
<th>Submission date for data returns to Stop Smoking Services</th>
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<tbody>
<tr>
<td>1st April – 30th April</td>
<td>5th June</td>
</tr>
<tr>
<td>1st May – 31st May</td>
<td>5th July</td>
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<tr>
<td>1st June – 30th June</td>
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<td>5th February</td>
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<td>1st January – 31st January</td>
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<tr>
<td>1st February – 28th February (or 29th)</td>
<td>5th April</td>
</tr>
<tr>
<td>1st March – 31st March</td>
<td>5th May</td>
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</tbody>
</table>

8. Hours of Service Provision

- For the purpose of Tier 2 smoking cessation services all patients must be offered an appointment.
- Where possible the pharmacy should try and allocate a regular time slot to offer smoking cessation to patients
- The appointments should be offered during the pharmacy opening hours

9. Responsibilities of the Contractors and Quality Indicators

- The service provided by the pharmacy will complement the other stop smoking services provided across the district. Pharmacy staff undertaking this service should be willing and motivated to fully participate in the service provision and work in partnership with the Stop Smoking Service.

- All participating pharmacies must agree to receive training and participate in providing sustainable delivery systems of smoking cessation, through the Systems Approach programme. This will be delivered in-house free of charge by Bradford Stop Smoking Service.

- All advisors must adhere to the NHS Stop Smoking Services, Service and Monitoring Guidance 2009/10, which is covered in the 2 day training.

- All contractors must see a minimum of 30 patients per annum. All participating pharmacies should proactively offer services. Where pharmacies consistently fail to meet their agreed targets NHS Bradford and Airedale will look to withdraw the service and re-commission from other providers

- All pharmacies will be required to keep all records of client consultation for a minimum of 2 years to allow for audit purposes.

- As a service provider for NHS Bradford and Airedale, pharmacies must not subcontract service provision to other parties, if this should occur then claims for payment will not be made.

- All invoices submitted must be signed and dated and must include and conform to the following declaration ‘I claim payment for the stop smoking services that I have
I confirm that the information given on this form is true and complete. I understand that if I provide false or misleading information I may be liable to prosecution or civil proceedings. I understand that the information on this form may be provided to the Counter Fraud and Security Management Service, a division of the NHS Business Services Authority for the purpose of verification of this claim and the preventing, detecting and investigation of fraud’ (see appendix 4 invoice). For an electronic copy of this invoice please email the Stop Smoking Services to request one.

- Providers of this service will be expected to achieve at least a success rate of between 35% and 70% (NHS Stop Smoking Services Service and Monitoring Guidance 2009/10). The national average is 50%. Results for all intervention types and settings will be checked by the NHS Bradford and Airedale lead to determine whether the 4 week quit rates fall between 35% and 70%. If overall service results fall outside this range then the exception reporting system will be implemented. (See Service and Monitoring Guidance 2007/08 pg 19) If the pharmacy is failing to achieve the requirements, extra support and guidance will be offered from one of the practice liaison stop smoking specialists.

Pharmacies will be monitored on;

- The number of clients who set a quit date and quit for four weeks;
- The numbers of clients who set a quit date but are then ‘lost to follow-up;
- The number and percentage of clients who have their smoking status validated, at the end of their support, by carbon monoxide testing; (see 6.5)
- The number of forms which are completed correctly, in full and submitted on time (see appendix 1)
- NHS Bradford and Airedale will audit the performance of the pharmacy. This may include contacting patients using the minimum dataset to confirm compliance and that the pharmacy has met the requirements of its agreed protocol.

Outcomes will be monitored by NHS Bradford and Airedale to ensure that a quality service is provided.

Providers will be expected to co-operate with locally agreed requests for completion of NHS Bradford and Airedale led evaluation forms/patient satisfaction surveys from users of the pharmacy Stop Smoking Service.

The pharmacy will undertake a service audit at least once per annum when required by the PCT.

The pharmacy will co-operate with any locally agreed PCT-led assessment of service user experience which will be required no more than once per annum.

10. Responsibilities of the PCT

To support Pharmacist that provide in-house stop smoking support, the PCT will commission Bradford Stop Smoking Service (BACHS) to provide the following:

- All resource information and training required to support the pharmacy registered advisor to deliver one to one stop smoking advice
- Ongoing support including pharmacy visits by the practice liaison stop smoking specialist.
- Support via the Systems Approach programme to create sustainable mechanisms for delivery of effective stop smoking interventions within the pharmacy.

- Equipment necessary to conduct the service eg carbon monoxide monitors and mouthpieces

11. Training and Development

- Pharmacy staff providing a smoking cessation service are required to complete, submit and have approved the Enhanced Services Clinical Quality registration form (see appendix 6).

- It is the contractor's responsibility to ensure that pharmacy staff have undergone appropriate training and keep their skills up to date. Training will be commissioned by NHS Bradford and Airedale and provided by the Bradford Stop Smoking Service team as part of Bradford and Airedale Community Health Services (BACHS) and consists of 2.5 days training annually. Only staff who have successfully completed training and are accredited with Bradford Stop Smoking Service will be able to offer this support to smokers. Advisors will be expected to maintain continuing professional development/accreditation/refresher course on an annual basis by attending an annual update.

12. Payments

There is a stepped structure of payments:

I. For a patient who has successfully quit for 4 weeks, has had their smoking status validated by carbon monoxide testing and where a full assessment and completed client consultation form has been received by Bradford Stop Smoking Service a payment of £40 will be made.

II. For patients who have successfully quit for 4 weeks, have not had their smoking status validated by CO testing and where a fully completed client consultation form has been received by Bradford Stop Smokin... (Self-reported quitter).

III. For patients who set a quit date but fail to quit for four weeks, or are 'lost to follow-up' then a payment of £15 will be made, providing a completed client consultation form is submitted.

All pharmacies that fail to return data within the pre-arranged deadlines will be made aware that payments will not be made. This includes late, incomplete or missing data returns also. Payments are made by invoice on a monthly basis. Where pharmacies fail to return data within the pre-arranged deadlines, or where returned data is incomplete or missing then the service lead will contact the pharmacy to discuss this and an agreement will be made at this time to address this by adjusting the invoice or non-payment.

13. References
14. Acknowledgements

15. Appendices
Appendix 1

Consultation Record Form

Bradford and Airedale

Adviser Details: Name: Location/Setting:

Contact Tel No: Date of 1st Assessment:

Note: All patient data will be kept securely in accordance with Caldicott guidelines. Information can only be passed to another healthcare professional if this contributes to the provision of effective care.

Full Name: NHS ID No:

Address: Post Code:

Daytime Tel No: Mobile No:

Age: Date of Birth:

For Young People: I understand that this service works within the 'Fraser Guidelines'

Consent for disclosure: ☐ Yes ☐ No
Consent to contact Parent/Guardian: ☐ Yes ☐ No

Gender: Male/Female Client’s GP: Practice:

Pregnant: Yes/No Breast Feeding Yes/No Ethnic Background – please tick one box

Entitled to Free Prescriptions: Yes/No

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<tr>
<td>☐ Full time student</td>
<td>☐ No</td>
<td>☐ No</td>
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<tr>
<td>☐ Never worked or unemployed for over 1 year</td>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
<tr>
<td>Retired</td>
<td>☐ No</td>
<td>☐ No</td>
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<tr>
<td>Sick/disabled and unable to return to work</td>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
<tr>
<td>Home carer (unpaid) looking after children, family, home</td>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
<tr>
<td>Managerial and professional occupation</td>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
<tr>
<td>Intermediate occupations</td>
<td>☐ Yes</td>
<td>☐ No</td>
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<tr>
<td>Routine &amp; manual occupation</td>
<td>☐ Yes</td>
<td>☐ No</td>
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Type of Pharmacological Support Used: (please tick all relevant boxes. Use 1 or 2 to indicate consecutive use of more than one medication – e.g. Champix followed by NRT product)

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<td>Asian or Asian British</td>
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<tr>
<td><strong>Type of Intervention</strong> (Please tick ONE type)</td>
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<tr>
<td>[ ] Group (closed)</td>
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<tr>
<td>[ ] Group (rolling)</td>
</tr>
<tr>
<td>[ ] Drop in Clinic</td>
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<tr>
<td>[ ] One to One Support</td>
</tr>
<tr>
<td>[ ] Couple/Family</td>
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<tr>
<td>[ ] Telephone Support</td>
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<tr>
<td>[ ] Other</td>
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Clients Signature: ________________________
(indicating consent to treatment and follow-up and pass on of outcome data to tPCT)

Adviser Signature: ________________________
Date: ________________________

Not Quit

Lost To Follow Up

10
Appendix 2

Definition of a four week quit

Quit Day

Patient can have a ‘slip-up’ and smoke one or two cigarettes during this period

2 weeks after quit day

Period of total abstinence from smoking

4 weeks after quit day
Appendix 3

Referral Pathway

Does your patient want to stop smoking?

Yes

Does your pharmacy have a registered smoking advisor?

No

Refer to Specialist Service on 01274 202793

Yes

Provide appropriate service information

Will the patient have to wait longer than 3 weeks for an appointment?

Is the patient under the age of 18 and/or pregnant?

Would your patient benefit from a group or more intense stop smoking support?

If YES consider referral to Specialist Service on 01274 202793

If NO to either refer to GP registered advisor
### Appendix 4

<table>
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<tr>
<th>Payment to:</th>
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<tbody>
<tr>
<td>Supplier Name:</td>
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<tr>
<td>Address</td>
<td></td>
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<tr>
<td>Tel. No.:</td>
<td></td>
</tr>
</tbody>
</table>

| Invoice Date: |  |
| Invoice Number: |  |

| Invoice to: |  |
| Customer: | Public Health |
| Address: | Bradford & Airedale tPCT 5NY Payables C435 Phoenix House, Topcliffe Lane Tingley, Wakefield WF3 1WE |
| Contact Name | New details here |

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<th>Amount (£)</th>
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</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
</tr>
</tbody>
</table>

Payment terms: 30 days  

*I claim payment for the stop smoking services that I have provided which are shown above.*  
*I confirm that the information given on this form is true and complete.*  
*I understand that if I provide false or misleading information I may be liable to prosecution or civil proceedings.*  
*I understand that the information on this form may be provided to the Counter Fraud and Security Management Service, a division of the NHS Business Services Authority for the purpose of verification of this claim and the preventing, detecting and investigation of fraud.*  

Signed:…………………………………………………….Date:…………………………………
Appendix 5

An AGREEMENT between NHS Bradford & Airedale PCT the provider of the equipment and the Pharmacy (provider) who are users of the equipment

Carbon monoxide monitors are supplied to the user on the following terms and conditions:

1. The equipment remains the property of BACHS and must be returned to BACHS when authorised usage of such equipment ceases or the Pharmacy contract ceases.

2. The user must maintain the equipment in good working order at all times. The carbon monoxide monitor must be returned to Bradford Stop Smoking Service to be calibrated every 6 months. Additionally, it must be returned for an annual maintenance check. The cost of the maintenance check is £24.50 and this amount should be deducted from your Quarter 1 invoice for period 1st April to 30th June.

3. NHS Bradford & Airedale will pay all costs attributable to the usage of the equipment, subject to the provision in paragraph 4 below.

4. The equipment is supplied to the user on the strict understanding that it is used for business use only.

5. Failure of the user to comply with the terms and conditions of this agreement may result in the termination of their contract.

6. If the Carbon monoxide monitor/s are lost or damaged by the Pharmacy the cost of the equipment will be reimbursed to BACHS Stop Smoking Service.

We hereby agree (on behalf of the Provider) to the terms and conditions as set out above for the Carbon monoxide monitor/s listed below:

Serial No/s ..................... .................... ....................

Signed ............................................ Name: ............................................

(please print)

Title ............................................ Pharmacy .............................................

Address ............................................ ............................................ ............................................
# Registered Smoking Advisor Clinical Quality Registration Form

<table>
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<tbody>
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<td>Address</td>
<td></td>
</tr>
<tr>
<td>Telephone number</td>
<td>Mobile number</td>
</tr>
<tr>
<td>Fax number</td>
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<tr>
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## Registered Smoking Advisor

<table>
<thead>
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<th>Attendance at Bradford Stop Smoking Service training</th>
<th>Evidence attached</th>
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<tbody>
<tr>
<td><strong>And</strong></td>
<td></td>
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<tr>
<td>Commit to completing annual update training and will submit</td>
<td></td>
</tr>
<tr>
<td>evidence on request</td>
<td>Tick to confirm</td>
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Signed…………………………………             Date……………………………………
(By applicant)

I believe the applicant to be competent to deliver this service as described without direct supervision. Services are accredited for a period of 5 years. If changes in personnel circumstances occur then submission of a new Clinical Quality Registration form is required.

Signed…………………………………             Date……………………………………
(Medical Director or Deputy NHS Bradford and Airedale)

Return to, Julie Lyman, Level 2, Douglas Mill, Bowling Old Lane, Bradford, BD5 7JR