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Smoking Cessation Service - Community Pharmacy Event

04 October 2023

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OVERVIEW OF THE EVENT

- This event will provide an overview of the NHS Smoking Cessation Service (SCS) for community pharmacy teams and aims to support pharmacies in delivery of the service.
- The NHS Trusts within West Yorkshire are actively in the process of setting up referrals to the NHS Community Pharmacy Smoking Cessation Service with three Trusts already live and making referrals to community pharmacies registered to provide the NHS Smoking Cessation Service. It is expected that all 8 Trusts in West Yorkshire will be making referrals by November 2023.
- Event overview:**
 - Introduction to the SCS including why the service is important in reducing morbidity and mortality from smoking, and to reduce health inequalities associated with higher rates of smoking.
 - Patient journey through the service, from an inpatient through referral at discharge to support provided by the community pharmacy.
 - Key information and resources for community pharmacy.
 - Question and answer session.

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AGENDA

5 mins	Welcome and Overview of the Event	Nicola Goodberry Kenneally
10 mins	Smoking Cessation Service – Introduction	Ruth Buchan, Nicola Goodberry Kenneally and Steve King
15mins	Trust Inpatient – Stop Smoking Service	Sally Lee and Joanna Feeney
15 mins	Providing SCS	Ruth Buchan and Nicola Goodberry Kenneally
10 mins	How is the SCS going?	Ruth Buchan and Nicola Goodberry Kenneally
5 mins	Additional Information	Nicola Goodberry Kenneally
15 mins	Questions	Steve King

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SMOKING CESSATION SERVICE – INTRODUCTION

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BACKGROUND

- Tobacco is the single biggest cause of preventable death, disability, illness, and social inequality. At least 1 in 2 smokers die prematurely due to smoking. Approximately 30 times as many smokers each year are living with debilitating smoking related diseases and illnesses.
- The NHS Long Term Plan (LTP) sets out clear commitments for NHS action to improve prevention by tackling avoidable illness, as the demand for NHS services continues to grow. The NHS is investing in frontline services to tackle tobacco dependence for all staff, inpatients, pregnant women, mental health services, and high-risk outpatient services by 2023.
- The SCS enables NHS trusts to refer patients to a community pharmacy 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.
- The aim of the service is to reduce morbidity and mortality from smoking, and to reduce health inequalities associated with higher rates of smoking.
- The service will increase the use of the skills of the pharmacy team

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WHY IS THE SERVICE IMPORTANT?

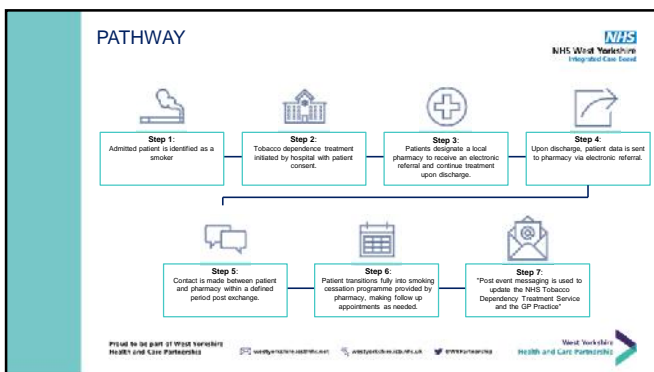
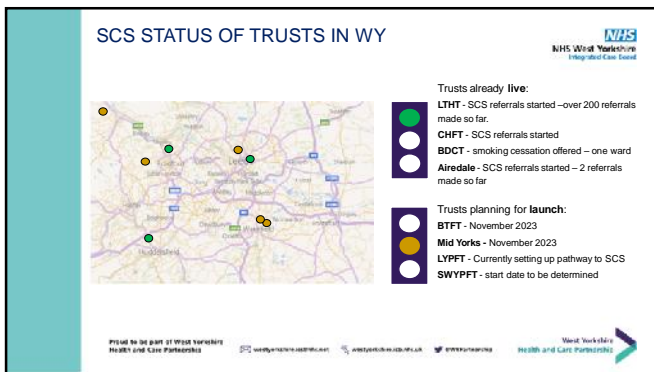
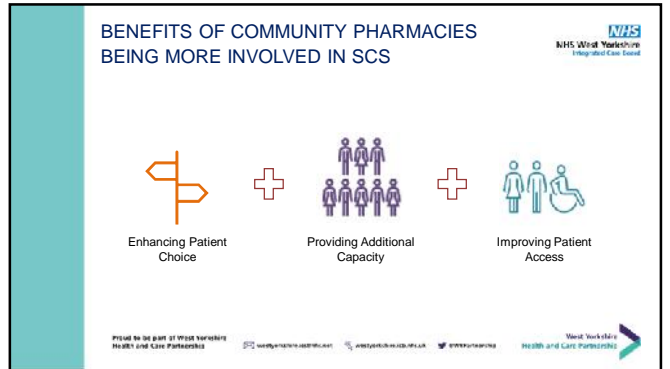
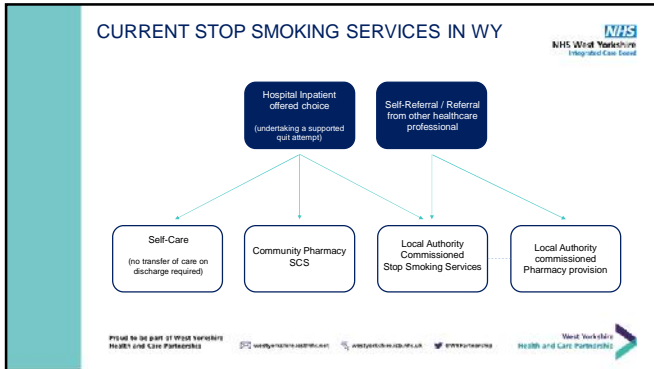
Within West Yorkshire 13.8% of adults smoke, which equates to approx. 252,000 people.

Each year it is estimated that smoking costs West Yorkshire ICB 658.7m, these costs are accrued in the below areas:

 Impact on Productivity - £516.4m <small>Smoking can negatively affect earnings and employment opportunities.</small>	 Healthcare Costs - £77.5m <small>The above costs are a result of both smoking-related hospital admissions and the cost of treating smoking-related illness in primary care.</small>	 Social Care Costs - £48.1m <small>A number of former or current smokers will require care later in life due to smoking related illnesses.</small>	 Smoking related Fires - 81 <small>Approx. 81 smoking related fires are attended by Fire services every year at an approx. cost of £16.8m.</small>
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NHS TRUST INPATIENT Tobacco Dependency Treatment Service

Sally Lee

West Yorkshire ICB – Tobacco Lead

Part of the part of West Yorkshire Health and Care Partnership

OVERVIEW

As part of the NHS Long Term plan, Hospital Trusts are required to set up an Opt-out In-house Tobacco Dependency Service by March 2024. Funding has been provided to help set these services up and will continue Post March 2024. The funding for Acute inpatient and Mental Health services has been provided to cover 60% of inpatients identified as smokers. In West Yorkshire we have:

- Acute Inpatients – 5 Services
- Maternity – 5 Services
- Mental Health – 3 Services

Trust	Service Start date
Leeds Teaching Hospitals NHS Trust	November 2022
Leeds and York Partnership NHS Foundation Trust (Mental Health)	November 2022
Calderdale and Huddersfield NHS Foundation Trust	June 2023
Bradford District Care NHS Foundation Trust (Mental Health)	June 2023
Alirexley NHS Foundation Trust	September 2023
Sheffield Teaching Hospitals NHS Foundation Trust	November 2023
Bradford Teaching Hospitals NHS Foundation Trust	November 2023
South West Yorkshire Partnership NHS Foundation (Mental Health)	WY – TIC. SY 2021/22

Presented by the Chair of West Yorkshire Health and Care Partnerships

PROCESS FOR INPATIENT SSS

Presented by the Chair of West Yorkshire Health and Care Partnerships

DATA COLLECTION

- Trusts are required to submit Data to NHS Digital on a monthly basis.
- Data is submitted one month in arrears, for example April 2023 Data will be submitted in June 2023
- The data includes the 28 day outcome data which triggers submission for patients that engage with the in-house service.
- Acute Trusts submission is combined Maternity & Inpatient return
- Individual person level data is required to monitor activity and outcomes and to identify the anticipated impact on addressing health inequalities. The capture of this data is also required to inform the evaluation of this programme.

Presented by the Chair of West Yorkshire Health and Care Partnerships

Successes to date

Smokefree and tobacco dependency services

Presented by the Chair of West Yorkshire Health and Care Partnerships

NHS Prevention Programme: Tobacco Dependency Treatment Services

Joanna Feeney
Clinical Delivery Manager – Tobacco

NHS England and NHS Improvement

Why is the NHS interested in Tobacco?

- Tobacco is ranked as no 1 risk factor driving the most death and disability in England
- The top 5 causes of years of life lost in England are attributable to smoking
- In 2019 there were 74,600 deaths in England smoking related deaths, and for every 1 death there 30 people diagnosed with a smoking related condition
- Smoking is linked to just over 500,000 hospital admissions per year
- 85% of observed inequalities between socioeconomic groups can be attributed to smoking
- Smoking costs the NHS £2.6bn per year and the wider economy £17.3bn
- Whilst smoking rates in England have decreased by 1/3 since 2011, at 12.7% in 2022 there are still 5.3million people smoking

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Why is it also the NHS responsibility to treat Tobacco dependency

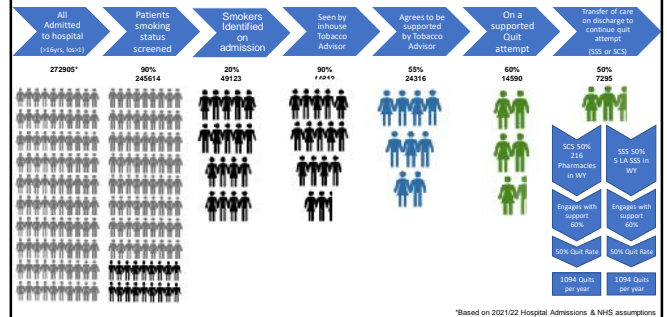


- Clinicians in all areas of medicine can improve their patients lives through helping the to quit
- NHS has unique opportunity to treat tobacco dependency, with smokers admitted at key teachable moments, when they are in environments of enforced abstinence and receptive of information
- Reducing the number of people smoking is one of the most effective NHS demand management measures, the risk of hospital admission and readmission falls immediately when someone quits
- NHS has unique opportunity to treat tobacco dependency, with smokers admitted at key teachable moments, when they are in environments of enforced abstinence and receptive of information
- Reducing the number of people smoking is one of the most effective NHS demand management measures, the risk of hospital admission and readmission falls immediately when someone quits

Tobacco dependency is a chronic long term relapsing condition that usually starts in childhood

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West Yorkshire ICB Acute Inpatient Tobacco Dependency: Modelled 1 year fully established



50%
729



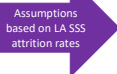
Engage with support 60%

1094 Quits per year



Engage with support 60%

1094 Quits per year



But arguable could expect higher engagement rates as those transferred on discharge will have already initiated treatment & set quit date.

Impact = Reach x Effectiveness

- Increase providers for improved convenience
- Effective use of medication
- Seamless transfer of care
- Provision of behavioural support

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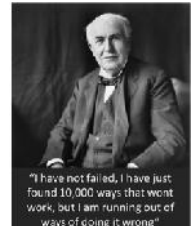
Tobacco Dependency is a long term chronic RELAPSING Condition



Comparison of the number needed to treat (NNT) to prevent one death among clinical interventions delivered in primary care

Intervention	NNT
Very Brief Advice from HCP	80
Behavioural support with NRT	46
Behavioural support with Varenicline*	20
Statins	107
Mammography	205
Antihypertensive treatment for mild hypertension	700
Screening for Cervical Cancer	1140

*Not currently available
<https://tobaccocontrol.bmj.com/content/21/2/240>

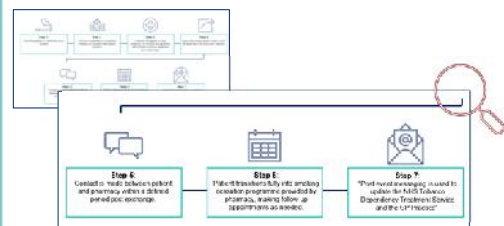


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PROVIDING SCS



PATHWAY- COMMUNITY PHARMACIES



MENTAL HEALTH PATIENTS

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When Trusts are considering referrals to SCS for those patients with "complex mental health conditions" the overriding principles are:

- To ensure that the SCS service is both the **right option for each patient** and is the service which will provide the most suitable support, reduce any risks (for example where drug / tobacco interactions exist)
- Be the most likely to **lead to a successful quit**.
- Patient choice** is also an important principle.
- Community pharmacies **already provide services** to patients with mental health conditions and the SCS is no different. The decision of who is appropriate for referring into Community Pharmacy SCS is with the Trust. However, several factors should be taken into consideration when considering referral to the Community Pharmacy SCS support post discharge. These considerations can be seen on the next slide.

Trust **Tobacco Dependency Advisors** can be contacted to discuss any referral, mental health patient, or not should you have any concerns or wish to seek further advice. You can contact them via the generic email addresses for that Trust, a list of these can be seen [here](#)

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MENTAL HEALTH PATIENTS

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- Community pharmacy SCS inclusion and exclusion criteria** - The [Community Pharmacy SCS Service Specification](#) defines the inclusion and exclusion criteria for the service, the service can only be provided in-line with these nationally determined criteria.
- Length of hospital admission** - When they receive the SCS referral the community pharmacy will use the patient's quit date to calculate how many weeks support the patient has received as an in-patient. They will then deduct this from the 12 weeks to work out how many weeks support the patient can receive under the SCS.
- Requirement for more than 12 weeks support** - As the Service Specification (link above) limits support to up to 12 weeks from the quit date, if the patient is likely to require stop smoking support for a longer period than the Community Pharmacy SCS would not be considered appropriate as it will not meet the needs of the patient.
- Drug/tobacco interactions** - There are a number of clinically important drug/tobacco interactions, notable Clozapine. Careful consideration needs to be given where clinically significant drug/tobacco interactions require dose adjustment or increased monitoring when the smoking status is altered. See [www.sps.nhs.uk](#)
- Multiple addictions** - Where patients have other addictions being managed alongside smoking consideration needs to be given that the Community Pharmacy SCS can only support the individual with the smoking quit attempt and that this support will only be for 12 weeks in total.

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CONSIDERATIONS FOR REFERRALS

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174 Check patient suitable for the service and meets inclusion criteria and are not excluded:

- Patient is **18 or over**,
- Patient has **not already received 12 weeks** of smoking cessation support.

Check **drug interactions** and discuss with Trust if necessary (SPS website link below).

<https://www.sps.nhs.uk/articles/what-are-the-clinically-significant-drug-interactions-with-tobacco-smoking/>

Patients using vape devices can be provided with behavioural support as to how e-cigarettes/vaping may be utilised, **however they will not be supplied with vape devices or liquids** as part of the service, this is due to a lack of availability of licensed products and has been acknowledged by NHSE.

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CONTACTING THE PATIENT

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- If the pharmacy is unable to contact the patient, the NHS trust tobacco dependency team must be notified that no contact with the patient was made despite 3 attempts to contact them.
- 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 must be informed of the patient's decision to withdraw from the service.
- 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 new pharmacy accepts the referral, the patient's referral details should be forwarded via a secure electronic message.

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CONSULTATIONS

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Consultations will involve the below aspects:

- CO test
- Behavioural Support
- Supplying the patient with their NRT
 - Maximum of 2 weeks at a time with a maximum of 12 weeks treatment from the defined quit date given by the Trust i.e. including any treatment supplied to the patient while in hospital and at the point of discharge.

Outcomes of the referral and consultations **should be recorded on PharmOutcomes**. The pharmacy contractor must maintain appropriate records to ensure effective ongoing service delivery. PharmOutcomes is free of charge and will allow pharmacies to report back to those Trusts that are using the SCS PharmOutcomes module.

The service should be explained to the patient and **verbal consent must be sought 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 information sharing that will take place with:

- The patients **General Practice**
- NHSE as part of service monitoring and evaluation
- NHSBSA and NHSE for both contract management and post-payment verification
- The NHS Trust Tobacco Team for the purpose of the NHS Digital smoking return

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CONSULTATIONS

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Appointment cycle to be agreed (maximum of 2 weeks apart)

Initial Consultation (at week 1)

Interim Consultations (at weeks 3, 5, 7, 9, 11)

4-week point quit date consultation and formal review (at week 4)

12-week post quit consultation, formal review and service end (at week 12)

Date of Quit (at week 0)

At this stage there are three potential outcomes:

- Successful quit and discharged from service.
- Successful quit and chooses to continue with the 12 weeks support.
- Failed quit attempt and discharged from service.
- Patients who wish to re-start their quit attempt after the planned four-week review date should be signposted to a locally commissioned service.

Please note that the 12 weeks of support is from the quit date and not with the date of referral or the date of first consultation.

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

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POST-EVENT MESSAGING

The referring Trust is obliged to report to NHSE whether a patient engages or not.

This would mean informing them if a patient declines support, is lost to follow up or accepts support to stop smoking. This means that the Trust needs to be receiving this information from Community Pharmacies.

It also means that Trusts will receive the assurance that the referrals are being actioned. This will lead to them having more confidence in the service which will mean more referrals being made to Community Pharmacies and more patients being supported to stop smoking.

The table on the next slide shows at which stage of the process the pharmacy should be informing the Trust of the status of the patient's journey.

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POST-EVENT MESSAGING

Stage	Trust notification	GP notification
Patient does not engage with the service	✓	✗
Patient engages with the service	✓	✓
4-week / 28-day (post discharge) outcome	✓	✗
12-week or final outcome	✓	✓

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PAYMENTS

The pharmacy will receive a **£1000 set up fee** (they must ensure that they are fully ready to provide the service).

The pharmacy will also receive the below consultation fees:

- Initial consultation - £30
- Interim consultations - £10
- Final consultation - £40

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

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.

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.

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THE SERVICE SO FAR.....

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POSITIVE FEEDBACK FOR SCS

We have recently contacted pharmacies who have been offering the service to gain some feedback on how they feel it is going. Some of the positive feedback we have received has included:

- The **service is good** and works well in terms of the referral and claims process.
- The **training required** for those planning on offering the service was felt to be really good and informative.
- The fact that **pharmacy technicians** are now able to also provide the service is very helpful in terms of capacity and accessibility for the patient.

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CHALLENGES FACED – ACTION REQUIRED

- Challenge:** The patient is still too ill to visit the pharmacy for their consultations. **Action:** Home visits are not within the service specification, but remote support is included. It is accepted that where a patient chooses remote support that the pharmacy is not able to undertake CO monitoring. The SCS is intended to be provided as a face-to-face service.
- Challenge:** The pharmacy is too far for the patient to travel. **Action:** The Trust does check with the patient when they are being transferred that the pharmacy is accessible to them. Home visits are not within the service specification, but remote support is included. If travel is sighted as the reason for refusal of the service it is key to include this in the feedback to the Trust.
- Challenge:** The patient is not ready to stop smoking and does not wish to engage with the service. **Action:** The patient has set a quit date and is currently not smoking on referral. Report any information as to why the patient not ready to continue with the quit attempt in the feedback to the Trust.
- Challenge:** Patients wishing to self-refer onto the service. **Action:** Pharmacists and technicians must ensure they are aware of alternative stop smoking services so that they are able to signpost patients to these. Patients are not able to self-refer onto the SCS.

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HINTS AND TIPS

Post-Event Messaging

- It has been highlighted by Trusts that there has been a **lack of feedback** received from Community Pharmacies. Post-Event messaging is important as it ensures that the Trust is aware of the outcome of the referral. This will help the transfer of care go as smoothly as possible for the patient and for the Trust to be aware of quit outcome (which they need to report) and review reasons for exiting the service.
- It also means that Trusts receive the assurance that the referrals are being actioned and means that they have more confidence in the service which will lead to more referrals being made to Community Pharmacies and more patients being supported to stop smoking.
- More information on Post-Event messaging can be seen on [slide 31](#).

Ensure Readiness to Provide SCS

- It has also been highlighted by Trusts that when referring patients to pharmacies who have registered to provide the service they have been informed by the pharmacy that they are **not ready to receive referrals**. All pharmacies must ensure that they meet all of the requirements outlined in [appendix one](#) before they sign up to provide the service. If the pharmacy signed up a while ago, they must make sure you are still able to provide the service or deregister.
- Consider how annual leave of the pharmacy staff trained to provide SCS will be managed. **Consider if at least 2 members of the team** need to be able to provide SCS to ensure continued support and meeting the service requirements.

Support for pharmacy team members providing SCS

- Trust Tobacco Dependency Advisors can be contacted at any stage of the process for advice and support. You can contact them via the generic email addresses for that Trust, a list of these can be seen [here](#).

ADDITIONAL INFORMATION

ADDITIONAL INFORMATION

You will find additional useful information appendix 1 and 2 of these slides, the following is included in the appendices:

[REQUIREMENTS FOR PROVISION OF SCS](#) - including training, equipment and premises.

[USEFUL LINKS AND RESOURCES](#)

[REGISTRATION](#)


[KEY ACTIONS FOR PHARMACY CONTRACTORS](#)

[TRUST CONTACT DETAILS](#)

CONTACTS

If you have any queries regarding the Smoking Cessation Service, please do not hesitate to contact us:

 Ruth Buchan, Community Pharmacy Clinical Lead, WY ICB
ruth.buchan2@nhs.net

 Nicola Goodberry Kenneally, Chief Executive Officer, CPWY
nicola@cpwy.org

Questions?



APPENDIX ONE

REQUIREMENTS FOR PROVISION OF SCS

OVERALL REQUIREMENTS



Prior to provision of the service, pharmacies need to register to provide the SCS service by completion of an electronic registration declaration through the NHS Business Services Authority (NHSBSA) Manage Your Service (MYS) platform.

The pharmacy contractor must ensure the service is **accessible, appropriate and sensitive** to the needs of all patients.

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

The pharmacy contractor must seek to ensure that referrals can be received throughout the pharmacy's core and supplementary hours.

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

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

Pharmacists/pharmacy technicians should be aware of **other local smoking services** so they can transfer patients to a more appropriate service for support if they fall outside of the scope of the advanced service. For more information on local commissioned smoking services please look on the CPWY website or contact info@cpwy.org

TRAINING



Pharmacists/pharmacy technicians must have satisfactorily completed the below training and passed the associated assessment (where applicable):

- The **National Centre of Smoking Cessation Treatment (NCSC) 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 NCSC modules** to support treatment for people with a mental health condition and pregnant women (these must be completed after the NCSC Practitioner training has been successfully completed).
- The **NCSC module on using e-cigarettes**.

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

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.

EQUIPMENT



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**.

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.

PREMISES



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

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.

APPENDIX TWO

ADDITIONAL INFORMATION FOR COMMUNITY PHARMACIES



USEFUL LINKS AND RESOURCES



- MLCSU dashboard: <https://medicop.middlesandlanecashiers.nhs.uk/nhs-smoking-cessation-service/>
- CPE (PSNC) page: <https://cpe.org.uk/national-pharmacy-services/advanced-services/smoking-cessation-service/>
- Future NHS page: <https://future.nhs.uk/PharmacyIntegration/view?objectId=1696064>
- Service spec: <https://www.england.nhs.uk/wp-content/uploads/2022/03/PRN00178-community-pharmacy-advanced-service-specification-nhs-scs-v2.pdf>
- Standard Treatment Programme (STP): https://www.ncscf.co.uk/pub_nhs-pharmacy-SCS.php
- PharmOutcomes Community Pharmacy Referring Referral Video: [https://media.pharmoutcomes.org/video.php?name=NHS SmokingCessationService-CommunityPharmacy](https://media.pharmoutcomes.org/video.php?name=NHS%20SmokingCessationService-CommunityPharmacy)
- Guidance on referring patients from Mental Health Trusts to SCS: [WY Guidance Notes SCS Referrals from Mental Health Trusts](http://www.wypharm.org.uk/Assets/Files/10/10-01-2022-WY-Guidance-Notes-SCS-Referrals-from-Mental-Health-Trusts.pdf)

REGISTRATION



Once a pharmacy owner has decided they wish to provide the service, the below **implementation checklist** will help guide them through the steps you need to take to prepare to provide the service.

<https://cpe.org.uk/briefings/pharmacy-owner-checklist-implementing-the-smoking-cessation-service/>



Pharmacy owners must **notify NHS England** that they intend to provide the service by completion of an electronic registration through the NHS Business Services Authority's (NHSBSA)

[Manage Your Service \(MYS\) application.](#)

KEY ACTIONS FOR PHARMACY CONTRACTORS

- Read **service specification** & add copy into your services folder (or create a services folder). Make available to locums.
- Develop/review a **SOP**.
- Ensure all Pharmacists & Pharmacy Technicians who will be providing the service have successfully completed the **training specified in the service specification**.
- Ensure your pharmacy has a **CO monitor & sufficient disposable mouthpieces**.
- Complete your **MYS declarations**.
- Brief all staff** & make sure robust procedures are in place for regularly checking for referrals.
- Ensure Staff have access to **PharmOutcomes and NHSmail** account.
- Useful **contractor checklist on CPE website**.
- Pharmacies who may **not be ready** to support patients by their local Trusts "go live" date should **de-register** (you can re-register when your circumstances change)

TRUST CONTACT DETAILS

Please see below a list of the contact details for each Trust's TDS for post-event messaging or to contact for support if required:

- Leeds Teaching Hospitals NHS Trust - leedsth-tr.stopsmoking@nhs.net
- Calderdale and Huddersfield NHS Foundation Trust - chftobacco@nhs.uk
- Bradford District Care NHS Foundation Trust - Smokfree@bdct.nhs.uk
- Airedale NHS Foundation Trust - anhsft.smoking@nhs.net
- Mid Yorkshire Teaching NHS Trust - midyorks.stop.smoking@nhs.net
- Leeds and York Partnership NHS Foundation Trust - smokefree.service@nhs.net