

The Smoking Cessation Service (SCS) is an Advanced Service which enables NHS trusts to refer patients, on discharge, to a participating community pharmacy to continue their smoking cessation treatment, which was initiated whilst in hospital.

## Background

The [2019 NHS Long Term Plan](#) sets out a goal that all people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services as per the Ottawa Model for Smoking Cessation (OMSC). This model establishes the smoking status of all patients admitted to hospital, followed by brief advice, personalised bedside counselling, nicotine replacement therapy (NRT) and/or pharmacotherapy, and **follow-up support for smoking cessation post-discharge**. This is where community pharmacy comes in.

## How the Service Works – the Pathway

<b>Step 1</b>	Patient is aged 18 or over and identified as a smoker on hospital admission.	NHS Trust
<b>Step 2</b>	Tobacco dependence treatment initiated by hospital (where patient consents).	
<b>Step 3</b>	Patient designates a pharmacy to continue their treatment once discharged.	
<b>Step 4</b>	Electronic referral is sent to patient's selected pharmacy on discharge from hospital.	
<b>Step 5</b>	Contact is made between patient and pharmacy within <b>5 working days</b> .	Community Pharmacy
<b>Step 6</b>	Patient transitions fully into smoking cessation programme provided by pharmacy, making follow up appointments as needed.	
<b>Step 7</b>	Post event messaging is used to update the Hospital Tobacco Dependency Treatment Service and the GP Practice	
Following receipt of the referral, the pharmacy will contact the patient to confirm participation & arrange an initial consultation. At least 3 attempts to contact the patient must be made. If the pharmacy is unable to contact the patient after 3 attempts, the Hospital Tobacco Dependency Team must be notified. The Hospital Tobacco Dependency Treatment Team must also be notified where a patient wishes to withdraw from the service.		

Download the [SCS patient flow diagram here](#).

## Service Description

The full service requirements are described in the [service specification](#) which must be read before providing the service. The service can be provided by a pharmacist or pharmacy technician who has completed the required mandatory training (see page 5 of the service specification).

## Preparing to Provide the Service

This [Pharmacy Owner Checklist for SCS](#) may be useful for helping to prepare for the service.

## Registering to Provide the Service

You must notify NHS England that you intend to provide the service by completing an electronic registration through the NHSBSA [MYS](#) portal and declaring that the pharmacy is ready to provide the service.

## How are Referrals Received?

Currently referrals are sent via PharmOutcomes or NHSmail (please see [here](#) for the latest status update on which trusts are live with sending referrals to the SCS and whether they use PharmOutcomes or NHSmail). It is therefore important that contractors providing this service have a process in place to check both the PharmOutcomes platform\* and pharmacy NHSmail for SCS referrals at regular intervals throughout the day. It is expected that eventually all 8 trusts in West Yorkshire will make referrals into the service via PharmOutcomes.

*\*(Note – each time a referral is sent to PharmOutcomes, an email is automatically sent to the management email address set up on PharmOutcomes for the pharmacy which alerts the pharmacy of the referral).*

## Consultations

The service will usually be provided face-to-face in the consultation room but can also be provided remotely (more info on this below).

Consultations should follow the consultation structure within the [NCSCT Standard Treatment Programme](#) as applicable to discharge patients and will include:

- CO test
- Behavioural support
- Supplying the patient with NRT

#### Supply of NRT

This will be determined by the NRT supplied at discharge. The pharmacy will supply a maximum of two weeks NRT at a time which will be supplied to the patient free of charge. As part of the consultation the suitability of the NRT should be reviewed and any changes agreed with the patient. The length of treatment should not exceed 12 weeks from the defined quit date (this includes any treatment supplied to the patient whilst in hospital and at discharge).

At the initial consultation a follow-up appointment cycle should be agreed with the patient to monitor progress and provide support.

These interim appointments should be no more than two weeks apart to overlap NRT supply so that it does not run out on the day of the appointment. **Formal reviews must be held at four and twelve weeks post-quit;** the agreed interim appointment cycle should coincide with these formal review dates.

## Remote Consultations

The SCS is intended to be provided as a face-to-face service, but it can be carried out remotely, for example if the patient is housebound whilst recovering from surgery (the patient will not be able to receive a CO test and self-reported smoking status will need to be used instead). If the patient is unable to travel to the pharmacy, they should ask a representative to collect the NRT on their behalf. Pharmacy providers are not expected to deliver NRT to patients as part of the SCS but should follow their usual practice to support patients in gaining access to medicines.

## Post Event Messaging – Notifications to GPs & NHS Trusts

A summary of the outcomes of the service provision must be shared with the referring NHS trust and the patient's GP. The referring NHS Trust is required to report to NHSE whether a patient engages with the service or not, which means they must also be informed if a patient declines support, is lost to follow up or accepts support:

STAGE	TRUST NOTIFICATION REQUIRED?	GP NOTIFICATION REQUIRED?
Patient does not engage with the service.	✓	X
Patient engages with the service.	✓	✓
4-week post quit outcome	✓	X
12-week post quit outcome or final outcome	✓	✓

## PharmOutcomes

For Trusts that are using PharmOutcomes (PO) to send SCS referrals, this sends the referral directly into the selected pharmacy's PO platform. Pharmacies should record the outcomes of the referral and each consultation on the PO platform to enable the required feedback to the Trust and the GP post event notification (see this useful video guide [here](#) on how to use PO for the SCS). PO has confirmed that an API is in place<sup>1</sup> which facilitates the transfer of data to the MYS platform and supports claims for payment (see under payment and claims).

## How to Claim

Claims should be made monthly via the [MYS](#) portal in accordance with the usual DT claims process. Although PO will prepopulate the claims information based on service activity recorded, this does not automatically submit the claim and contractors are required to login to MYS to confirm that the information is correct and submit the claim.

## Deregistering from the Service

If you can no longer provide this service it is important that **you deregister service via the [MYS](#) platform** so that referrals are not sent to you. One month's notice is generally required prior to cessation of the service.

**Where to Find Out More About the Service** – all the information about the Smoking Cessation Advanced Service is available on the Community Pharmacy England (CPE) webpage [here](#).

<sup>1</sup> At the time of publication, PharmOutcomes is the only IT system supplier where the API is in place. Where the pharmacy's IT system supplier does not have an API in place, an interim process will be used. See the [NHSBSA website](#) for details.