

**2020/21
PUBLIC HEALTH SERVICES CONTRACT**

SERVICE SPECIFICATIONS

All subheadings for local determination and agreement.

| | |
|----------------------------------|--|
| Service Specification No. | |
| Service | Community Pharmacy Stop Smoking Service – Introductory Level |
| Authority Lead | Joanna Feeney |
| Provider Lead | Pharmacy |
| Period | 1 st April 2020 – 31 st March 2021 |
| Date of Review | |

1. Population Needs

1.1 National/local context and evidence base

Smoking is the single most preventable cause of death and ill health in England. Half of all smokers will die prematurely as a result of smoking. Smoking disproportionately affects the poorest members of society, owing to differences in culture and lifestyle, and is therefore a primary cause of inequalities in health. The provision of high quality stop smoking services is a top priority in reducing health inequalities and improving health among local populations. Since stop smoking services began they have supported more than 2.5 million people to stop smoking in the short-term and 625,000 people to stop smoking in the long term, saving over 70,000 lives.

Stop smoking services are a key part of tobacco control and health inequalities policies at local and national level. Evidence-based stop smoking support is highly cost effective both in relation to cost of the intervention and clinical outcomes and should be offered to all smokers.

By supporting local smokers who want to stop, stop smoking services can help reduce health inequalities and have a significant long-term impact on local and national smoking prevalence. In line with NICE best practice recommendations, service providers should aim to treat a minimum of 5% of their local smoking population per year.

Evidence suggests that around two-thirds of smokers want to stop smoking and three-quarters report having attempted to quit at some point in the past. Smokers attempting to stop smoking with pharmacotherapy alone can expect to have a success rate of 25% (for carbon monoxide (CO) validated quits) at four weeks; for self-reported quits the expected success rate would be around 35% at four weeks. To have an impact, stop smoking services must therefore achieve success rates in excess of these values. Evidence has shown that a combination of behavioural support from a stop smoking adviser plus pharmacotherapy can increase a smoker's chance of stopping by up to four times.

Reducing prevalence in the general population as well as among higher risk groups, such as smokers with a mental health disorder (mental illness, alcohol problems and substance misuse), pregnant smokers and young smokers (aged 12-16 years), was emphasised in the National Tobacco Control Plan for England (Department of Health, 2017) and the Public Health Outcomes Framework (Department of Health, 2013); updates to both of these documents are expected soon. These are therefore key priority groups in addition to smokers from the 'routine and manual workers' demographic group and those from specific black and minority ethnic (BME) communities; both groups demonstrate higher than average numbers of smokers per head of population.

Evidence-based guidelines for Stop Smoking Services (Department of Health, 2011) recently updated to reflect the new commissioning landscape (Public Health England and NCSCT, 2014) and NICE guidance should inform how services are delivered and the availability of smoking cessation aids. Commissioned stop smoking services have been provided by pharmacies in the Tees area for many

years. This service specification describes an established pathway that is being refined and further developed to facilitate the safe extension to wider use of an NRT-voucher model and a varenicline PGD in the area.

2. Key Service Outcomes

2.1 Locally agreed outcomes and quality requirements other than Quality Outcomes Indicators

In each contracted pharmacy setting, key service outcomes are:

- An established 'Dispensing-Only' service for Nicotine Replacement Therapy (NRT) to support the wider provision of Stop Smoking services using a voucher process, commissioned and provided locally, for the resident population of Middlesbrough, Redcar and Cleveland local authority areas. For the avoidance of doubt, this is a pharmacy-only service to facilitate the dispensed supply of NRT following a clinical check to individuals presenting an NRT voucher issued to them by fully trained, NCSCT accredited Stop Smoking Advisors authorised by the South Tees Stop Smoking Services on behalf of the commissioning local authority.
- An established 'Dispensing-Only' service for varenicline (Champix®) to support the wider provision of Stop Smoking services using a PGD process, commissioned and provided locally, for the resident population of Middlesbrough, Redcar and Cleveland local authority areas. For the avoidance of doubt, this is a pharmacist-only service to facilitate the dispensed supply of varenicline following a clinical check to individuals presenting a varenicline (Champix®) Recommendation Form issued to them by fully trained, NCSCT accredited Stop Smoking Advisors authorised by the South Tees Stop Smoking Services on behalf of the commissioning local authority. Evidence of pharmacy staff actively responding to the presentation of NRT Vouchers / Champix® Recommendation Forms to facilitate a dispensed supply of NRT with reasonable promptness providing all clinical / data requirements have been satisfied in accordance with agreed protocols.
- Evidence of a commitment to the wider promotion of locally commissioned Stop Smoking Services by use of promotional materials and/or brief advice/brief intervention approach and appropriate signposting to public health commissioned services available in house, or from other providers such as the South Tees Stop Smoking Service
- Whilst there is no indicative activity (as this pharmacy service is responsive and cannot be directly proactive), it would be assumed that all pharmacies will see at least one NRT voucher / Champix® Recommendation Form in the life of this service specification. Low levels of NRT vouchers / Champix® Recommendation Forms supply may be reviewed within the context of maintaining pharmacy staff competence through active service provision.

3. Scope

3.1 Aims and objectives of service

3.1.1 Aims

To contribute to the increased accessibility and availability of commissioned, evidence based Stop Smoking Services for the resident populations (wishing to stop smoking) of Middlesbrough and Redcar and Cleveland local authority areas.

All Stop Smoking Services are to be commissioned and provided in line with relevant NHS, Department of Health, Public Health England, NCSCT and NICE guidance (see section 4.1 and any updates published after the date of this specification).

Specifically, for this 'Dispensing-Only' service, the aim is to provide greater flexibility in commissioning of stop smoking pathways to improving access and choice for clients to obtain stop smoking pharmacotherapy.

The service supports the aim of optimising efficiencies within existing clinical, health and social pathways such that opportunities for brief advice or intervention may further maximise opportunities client uptake of locally commissioned stop smoking services.

**2020/21
PUBLIC HEALTH SERVICES CONTRACT**

Use of a NRT Voucher / Champix® Recommendation Form model requires a number of pharmacy locations to be commissioned and maintained across the borough, to provide sufficient opportunity for clients needing to exchange their voucher for a dispensed NRT / varenicline supply.

3.1.2 Objectives

At local authority level, the Dispensing Only service is commissioned:

- To facilitate the supply of Stop Smoking Pharmacotherapies within local pharmacies to clients that are engaged either an abstinence-contingent treatment, in which the smoker makes a commitment to stop smoking on or before a particular quit date, or a suitable harm reduction treatment process as specifically agreed by local commissioning policy and protocols used alongside this service specification.
- To ensure that stop smoking pharmacotherapies are clinically safe and appropriate for the client.
- To facilitate access to Stop Smoking Pharmacotherapies free at the point of supply for clients who do not pay prescription charges i.e. making it available without prescription on a financially equitable basis (for the clients) to that available from a prescribed supply.
- To actively support opportunities for client choice across the delivery of Stop Smoking Services.
- To optimise efficiencies within existing clinical, health and social care pathways such that opportunities for brief advice or intervention maximise opportunities for onward referral into locally commissioned stop smoking services.

For each pharmacy commissioned:

- To ensure that all pharmacy staff (including pharmacist locums) on any given day are fully aware of the commissioned service operating in the pharmacy and are appropriately trained and thereby able to promptly respond to each client presenting a recognised NRT voucher or Champix® Recommendation Form and thereafter;

For NRT:

- a) To confirm that the client has discussed with the Stop Smoking Advisor issuing the NRT voucher, the full range of pharmacological treatment options according to protocols and pathways directed by the Specialist Stop Smoking Service,
- b) To clinically assess the client's need for, and choice of treatment for the time period stated on the voucher
- c) If clinically appropriate, to make a suitable supply, ensuring advice, dispensing, governance and record-keeping practices are in line with protocols, NICE guidelines, product license terms for supply to any given individual without a prescription, the British National Formulary (BNF), any local formulary and pharmacy professional guidance

For varenicline:

- a) To confirm that the client has discussed with the Stop Smoking Adviser issuing the Champix® Recommendation form, the full range of pharmacological treatment options according to protocols and pathways directed by the Stop Smoking Service and is motivated to quit using varenicline
 - b) A varenicline PGD accredited pharmacist to clinically assess the client's suitability for dispensed supply of varenicline via pharmacy PGD
 - c) If clinically appropriate, to make an appropriate supply in line with the terms of the PGD
- To ensure that each member of pharmacy staff involved in the service is suitably trained in accordance with their specific role in the provision of a 'Dispensing Only' service in the pharmacy and that the required professional skills and competencies are kept up-to-date.
 - To offer the service during the opening hours of the pharmacy
 - To collate and record accurate and timely client records electronically via QuitManager, ensuring all records meet the criteria outlined within local protocols and NHS Records Management policy and procedure. Such records will be used for generation of invoices and claims for remuneration from the local authority in accordance with the agreed scale of fees and payment schedule.
 - To ensure necessary preparations are in place in the event of audit, including keeping detailed record of activities, including copies of NRT Vouchers and Champix® Recommendation Forms, for inspection on request for a minimum of two years.

3.2 Service description/pathway

3.2.1 Before presenting at a pharmacy / background

Before presenting at the pharmacy, the client will be engaged in attending a recognised Stop Smoking provider across the Middlesbrough and Redcar & Cleveland localities and will have been assessed by a fully trained and NCSCCT accredited Non Clinical Stop Smoking Advisor (SSA). The assessment includes an assessment of the client's Motivation to Quit, Medical History, Smoking Habits, and Previous Quit Attempts to screen for exclusions (Section 3.5). All appropriate stop smoking pharmacotherapy options will have been discussed prior to the development of an individual treatment plan, including referral options.

Clients whose treatment programme is supported by non-clinical and or non-prescribing staff and who wish to use NRT or varenicline as part of their quit attempt, may be offered either a NRT Voucher or a Champix® Recommendation Form, which the client can present at a commissioned pharmacy to access a suitable supply (subject to pharmacist clinical assessment).

In addition to completing the Assessment and Pre Quit session, the SSA will provide behavioural support, monitor abstinence via CO readings and review treatment adherence as per NCSCCT Standard Treatment programme throughout their quit attempt (lasting usually 12/13 weeks)

The client will attend the pharmacy and present the NRT Voucher or Champix® Recommendation to obtain their dispensed supply, subject to pharmacist clinical check* (NRT) or varenicline clinical assessment by a PGD-accredited pharmacist. The NRT voucher will indicate whether the voucher is for the client's first supply or a continuing supply and whether or not the client requires NRT for one or two week's supply. The Champix® Recommendation Form will indicate whether an initiation or continuation supply is recommended.

* The pharmacist will carry out a clinical check to ensure the NRT/product is suitable for the patient and that a supply is appropriate. The purpose of a clinical check by a pharmacist is to ensure that the medicine supplied is both safe and effective for use by a particular patient in relation to the risk and benefit to the patient:

- Look at the client's assessment on QM for relevant medical history (e.g. renal patients should not use lozenges with high sodium content).
- Review other concurrently prescribed medications which may require dose adjustment or closer monitoring on discontinuation of smoking (e.g. warfarin, cinacalcet, theophylline, olanzapine, chlorpromazine, erlotinib, riociguat and clozapine – see BNF and sps.nhs.uk for more information) and advise the patient to contact their GP practice for further advice and pharmacist also to ensure direct communication of planned quit attempt with usual prescriber. Please note that patients taking clozapine are excluded from this service.
- Note the client's smoking level (Fagerstrom score and number of cigarettes smoked per day) and ensure that product(s) and pack size(s)/dosage(s) is/are appropriate to client's needs.
- Check for contraindications or special precautions (e.g. age and suitability of product for pregnant women).

Clinical responsibility for NRT or varenicline supplied will rest with the pharmacist in all cases.

3.2.2 Presenting at a Pharmacy for the first time

On presentation of a NRT Voucher or Champix® Recommendation Form, the pharmacy will receive and process the voucher or form to include:

For NRT -

- A pharmacy review of all the information provided (including access to QuitManager; confirm the client's choice, needs and suitability. A PHARMACIST will complete a clinical check to determine which (if any) NRT product(s) will be supplied
- A maximum of two NRT product items is permitted on each voucher.

For varenicline –

- A varenicline PGD-accredited PHARMACIST will complete a clinical assessment in line with the PGD

For both NRT and varenicline -

**2020/21
PUBLIC HEALTH SERVICES CONTRACT**

- NRT Vouchers and Champix® Recommendation Forms would normally be dispensed in two week supplies, however in exceptional circumstances the stop smoking adviser may issue an extra two-week form / voucher, e.g. to cover client holiday and in these circumstances, at the clinical discretion of the pharmacist a further two week supply may be made; the adviser must annotate the form/voucher and Quitmanager in any circumstance of such a request being made.
- The NRT Voucher / Champix® Recommendation Form will be processed on Quitmanager including recording of the clinical check/assessment and by completing and signing the NRT Voucher or Champix® Recommendation Form.
- Products supplied will be labelled in accordance with routine dispensing practice and a copy of the labels will be attached to either the NRT Voucher or Champix® Recommendation Form for audit purposes.
- The client will be advised that their GP will be informed of medication issued within two working days; letters will be generated by Quitmanager as per current pathways.
- Ideally, the clients NRT voucher / Champix® Recommendation Form will be processed at the time that it is presented. However, given the unpredictable workload of a busy dispensary, and the need to be assured that all the information is available to complete a clinical check, if clinically necessary, a pharmacy can ask the client to return at a more suitable time. This should not be a routine occurrence.

3.3 Service Model

This service operates within an integrated model incorporating a Specialist Stop Smoking Service and support function and a service delivery arm that operates within a range of settings including those in the community, and in primary care and secondary care.

Stop smoking provision in pharmacies is offered at 3 distinct levels:

Table 1 - Service Outline. Table 1 provides a description of the services provided by National community pharmacy contract only, introductory and standard level pharmacies. For details of accreditation requirements – see Section 4.2.1

| Accreditation Level | Outline Description of Service |
|--|---|
| National community pharmacy contract only | Public health campaigns, brief Intervention and signposting only (not a local authority contracted service) |
| Commissioned Community Pharmacy Introductory Level: 'Dispensing Only' | <u>Dispensing-only (this service)</u> <ul style="list-style-type: none"> • Supply NRT (following pharmacist clinical check) for clients who have been assessed by Stop Smoking Service accredited Advisors (external to the pharmacy) and including young people aged 12-16 and pregnant women. To process NRT vouchers and record via Quitmanager. • Supply varenicline subject to Clinical Assessment by a PGD-accredited pharmacist for clients who have been assessed by Stop Smoking Service accredited Advisors (external to the pharmacy) for patients over 18 years. To process Champix® Recommendation Forms and record via Quitmanager. |

PUBLIC HEALTH SERVICES CONTRACT

| | |
|--|---|
| <p>Commissioned Community Pharmacy Standard Level: Intermediate Stop Smoking Service</p> | <ul style="list-style-type: none"> • Provision of Stop Smoking Support Brief Advice and medication in line with the Stop Smoking + model, for all clients including young people aged 12-16, pregnant women and other specified cautionary groups. • Supply NRT (following pharmacist clinical check) to clients including young people aged 12-16 and pregnant women. To process NRT vouchers and record via Quitmanager. • Supply varenicline subject to Clinical Assessment by a PGD-accredited pharmacist to clients over 18 years. To process Champix® Recommendation Forms and record via Quitmanager. <p>NB Pharmacies offering the standard level service must also be commissioned to provide the Community Pharmacy Dispensing Only – Introductory Level service.</p> |
|--|---|

Pharmacies must only provide services that they are accredited to provide and where staff act within their competence and under adequate local (pharmacy-based) supervision as appropriate.

All pharmacies can assist in stimulating a referral to the stop smoking services through marketing of the wider service and appropriate brief opportunistic advice of harm reduction to customers identifying themselves as smokers; in accordance with NICE guidance.

Clients requiring stop smoking support who present directly to a pharmacy that only provides the Introductory Level 'Dispensing Only' service, must be given suitable information and signposted to the client's choice of

- a) a pharmacy offering the Standard Level service
- b) the clients' general practice (if commissioned to provide the stop smoking service)
- c) A drop in session run by the Specialist Stop Smoking service.

Discharge Criteria and Planning

Treatment should ordinarily be completed 12-weeks post quit. For NRT, at the discretion of the Stop Smoking Advisor, motivational and/or behavioural support may be offered for a maximum period of 16 weeks post the quit date set. The pharmacy should challenge any Dispensing Only NRT Vouchers issued indicating a requested supply which will last more than 16 weeks post Quit Date Set and refer back to the commissioned specialist Stop Smoking Service provider for ongoing review and assessment.

Self-Care and Patient and Carer Information

Service users and their carers (where appropriate) should be supplied with appropriate and proportionate levels of advice and resource to enable a successful and sustainable quit attempt. All information supplied verbally and/or in writing, should be communicated in a way that is appropriate to the needs of the individual.

3.4 Population covered

The Stop Smoking service (in this case led by the External Assessors) should be offered to all smokers resident in the Middlesbrough and Redcar & Cleveland local authority areas who demonstrate a commitment and motivation to stop smoking.

3.5 Any acceptance and exclusion criteria thresholds

This Introductory Level service in a pharmacy is responsive to presentation of either a NRT Voucher or Champix® Recommendation Form from the Stop Smoking Service commissioned for residents of Middlesbrough, and Redcar and Cleveland Local Authorities.

All clients presenting at a Pharmacy should be appropriately managed in the pharmacy, though this may not necessarily include dispensing a supply of medication if it is clinically inappropriate to do so.

Referrals to alternative Stop Smoking Services (including Specialist Stop Smoking Nurse prescribers) should be offered in the following instances:

- Service users meeting the exclusion criteria for NRT Voucher Pathway (see below for Exclusion criteria), or;
- Service users meeting the exclusion criteria for Varenicline Pharmacy PGD (see below for Exclusion criteria)

**2020/21
PUBLIC HEALTH SERVICES CONTRACT**

NRT Voucher Pathway Exclusion Criteria:

- Young people under the age of 12 years are excluded from treatment in any pharmacy setting (Dispensing Only or Standard process). They should be referred to their GP practice for normal clinical care.
- Clients service explicitly requesting bupropion.
- Service users currently accessing, referred to and/or discharged from secondary care mental health services – inpatient, residential or long-term care for severe mental illness in a hospital, psychiatric, specialist unit and/or secure hospital.
- Clients taking clozapine.
- Clients with severe cardiovascular disease. This is defined as patients with acute, unstable or poorly controlled disease i.e. more than 3 episodes of angina per week.
- Clients with history of an immediate cerebrovascular event.
- Clients with previous serious reaction to NRT or any other ingredients included in products.

Varenicline Pharmacy Exclusion Criteria:

Varenicline pharmacy exclusion criteria are defined in the varenicline PGD.

Clients for whom any of the above exclusion criteria apply should be prevented from accessing the 'Dispensing Only' pathway at the point of assessment and screening by the SSA. However, any client identified in the Pharmacy as meeting the exclusion criteria should be referred directly to the Specialist Stop Smoking Service to manage via Specialist Nurse Prescriber Pathway.

Limited time value of the NRT voucher / Champix® Recommendation Form

- The practitioner should inform the client that they must present the NRT voucher / Champix® Recommendation Form to a pharmacy within 28 days of issue. Any attempt to redeem after 28 days will result in refusal.
- All Advisors must ensure that they complete the voucher correctly with the date of issue completed.
- Pharmacists must ensure that the issue date is completed and the NRT voucher / Champix® Recommendation Form is presented within the 28 day time scale.
- Photocopies of vouchers cannot be accepted.

3.6 Interdependencies with other services

Pharmacies will be required to work closely with:

- Middlesbrough, Redcar & Cleveland Stop Smoking Service and named Stop Smoking Advisers
- Public Health South Tees
- General Practices for communication regarding their patient commencing on a Quit attempt with supply of medication
- North 51, Quitmanager helpdesk

NRT Vouchers and Champix® Recommendation forms that clients may present at the pharmacy will be issued by the local Specialist Stop Smoking Service under the authorisation of the commissioning borough council, as controlled stationary, to trained and accredited Stop Smoking Advisors (SSA) in a range of specialist provider or community settings.

All NRT Vouchers and Champix® Recommendation Forms must be retained by the Pharmacy for a period of 2 years for audit purposes.

3.7 Any activity planning assumptions

3.7.1 There is no indicative activity as this pharmacy service is responsive and cannot be directly proactive. However, it would be assumed that all pharmacies will see at least one NRT voucher in the life of this service specification. Low levels of NRT Voucher or Champix® Recommendation form may be reviewed within the context of maintaining pharmacy staff competence through active service provision. High volume throughput alone is not necessarily an indicator of service quality: numerical outcomes will be viewed within the context of qualitative information regarding service delivery.

3.7.2 Where business changes necessitate a change in the Governance Lead(s), the commissioner for the service should be notified. It is the responsibility of PH contract signatories for the pharmacy provider to be assured that processes for maintaining active Governance Leads are in place and followed.

4. Applicable Service Standards

4.1 Applicable national standards e.g. NICE

NICE guidance. The National Institute for Health and Care Excellence (NICE) produces public health guidance on the promotion of good health and the prevention of ill health for those working in the NHS, local authorities and the wider public and voluntary sectors. All of the following NICE guidance is directly related to smoking cessation and tobacco control and can be accessed from the NICE website.

Public health guidance

- Brief interventions and referral for smoking cessation (PH1)
- Workplace interventions to support smoking cessation (PH5)
- Smoking cessation services (PH10)
- Preventing the uptake of smoking by children and young people (PH14)
- Identifying and supporting people most at risk of dying prematurely (PH15)
- School-based interventions to prevent smoking (PH23)
- Quitting smoking in pregnancy and following childbirth (PH26)
- Smokeless tobacco cessation (PH39)
- Tobacco harm reduction (PH45)
- Smoking cessation: acute, maternity and mental health services (PH48)

Quality standards

Smoking cessation: supporting people to stop smoking (QS43)

Technical appraisals

Smoking cessation: varenicline (TA123)

Smoking cessation: bupropion and nicotine replacement therapy (TA39, replaced by PH10)

The Provider shall at all times comply with the law and any applicable quality requirements in relation to the service environment. Pharmacies should be operating to GPhC premises standards. This will of course include that the Service Environment is fit for the purpose of providing the Services and is clean, safe, suitable sufficient, adequate, functional, accessible (making reasonable adjustments where required) and effective.

The Public Health Shared service expects that each pharmacy will be aware of the Royal Pharmaceutical Society Professional Standards for Public Health Practice for Pharmacy and be able to demonstrate actively working towards meeting those standards.

4.2 Applicable local standards

Both the Dispensing only NRT Voucher pathway and the Varenicline Pharmacy PGD pathway should be considered a dispensary-led activity as a result of the requirement for a pharmacist clinical check and labelling requirements.

For NRT: In the Community Pharmacy Introductory Level 'Dispensing Only' Service a pharmacist must be present to complete the clinical check and ensure that all medication supplied is issued in accordance with this service. A record of the supply will be recorded in QuitManager, the PMR and a dispensing label applied.

For varenicline: the supply is managed by a varenicline PGD-accredited pharmacist in line with the PGD

Clients requiring stop smoking support who present directly to a pharmacy that only provides the Introductory Level 'Dispensing-Only' service, must be given suitable information and signposted to the clients choice of;

- The Specialist Stop Smoking Service

**2020/21
PUBLIC HEALTH SERVICES CONTRACT**

- A Pharmacy offering the Standard Level Stop Smoking Service

Dispensing Only Services should be delivered within the pharmacy setting. Where information is required for a clinical check, consideration should be given to the requirement to maintain patient confidentiality by using a suitable consultation space if appropriate.

4.2.1 Accreditation Requirements

A pharmacy cannot provide this service unless accredited, approved and contracted by the relevant Local Authority.

As part of the accreditation process, before being issued a contract, the pharmacy provider must complete a Self-Assessment declaration:

The pharmacy will

- Nominate a pharmacist to be Governance Lead for this service and thereby take overall responsibility for ensuring the service is provided to the required standards
- Have access to NHS mail
- Have access to Summary Care Records and ensure that relevant staff are trained and have access rights
- Have suitable Standard Operating Procedures (SOP) to cover all processes involved in delivery of the service. Company policies are acceptable where they reflect principles of the service.
- Agree to use Quitmanager for the purpose of data collation, monitoring and management of this service. The pharmacy will ensure good recording-keeping practice; records (including copies of vouchers and recommendation forms) are confidential and should be stored securely for a suitable length of time. All information Governance standards will be adhered to including the use of Quitmanager.
- Ensure that an organisational policy is in place manage any complaints arising from provision of this service.
- Ensure that an organisational policy is in place to manage any clinical incidents arising during provision of this service that will enable incidents to be suitably investigated and reported accordance with the local authority policies and national guidance.
- Ensure that they have appropriate indemnity arrangements in place
- agree to participate in an annual Local Authority organised audit of service provision and allow access to commissioners to undertake quality assurance/ contract monitoring visits as required
- have appropriate health promotional material available for the patient group and promote its uptake
- Demonstrate on request that pharmacists involved in provision of the service have undertaken the CPD relevant to this service; specifically
 - The Governance Lead pharmacist has completed the current CPPE CPD training including NCSCT Stop smoking NCSCT practitioners' assessment: knowledge and skills. The Governance Lead pharmacist must complete and maintain the CPPE Declaration of Competence for Stop Smoking services.
 - Pharmacists supplying varenicline via PGD must be accredited in line with the requirements of the PGD
 - The Governance Lead pharmacist must complete local scheme implementation and service update training as advised by the local authority in conjunction with the local commissioned Stop Smoking Service provider
 - It is the responsibility of the nominated Governance Lead to ensure that staff including locum pharmacists are adequately trained in the operation of the service, and remain competent to meet the requirements of the service within their competence. It is recommended that any locum or relief pharmacists that are known to be employed in the pharmacy (or any number of pharmacies offering this service) on a regular basis should be encouraged to undertake suitable CPD (including CPPE / NCSCT online training and the CPPE Declaration of Competence) and be accredited to undertake varenicline supply via PGD
 - It is the responsibility of the nominated Governance Lead to take steps to ensure that the commissioned service is available – reporting by exception to the stop smoking service manager if for any reason the service cannot be provided in accordance with the contract terms for more than 7 working days. In exceptional circumstances clients

**2020/21
PUBLIC HEALTH SERVICES CONTRACT**

can be referred to the stop smoking service for continuation of supply following discussion with the stop smoking service manager

5. Location of Provider Premises

The Provider's Premises address is the pharmacy as shown on the main Public Health Contract.

6. Required Insurances

As per Public Health Contract Terms and Conditions.

7. Quality Outcome Indicators

There is no indicative activity as this pharmacy service is responsive and cannot be directly proactive with respect to issuing medication (NRT or varenicline). However, pharmacies should be able to evidence actively initiating brief interventions for smoking and it would be assumed that all pharmacies would see at least one NRT voucher or Champix® Recommendation Form in the life of this service specification. Low levels of activity may be reviewed within the context of maintaining pharmacy staff competence through active service provision. High volume throughput alone is not necessarily an indicator of service quality; numerical outcomes will be viewed within the context of qualitative information regarding service delivery.

7.1 Additional Quality Standard

Additional Quality Standards

Usual standards of good dispensary practice apply. The service should be adequately resourced in the pharmacy such that any NRT vouchers or Champix® Recommendation Forms received may be efficiently managed. This includes sufficient governance and administrative support for general organisation, service-user contact processes and data reporting.

Clients should have their NRT voucher or Champix® Recommendation Form processed and product dispensed with reasonable promptness, where the pharmacist is satisfied that they have enough information to safely do so.

- The pharmacy service should ensure that data is appropriately and accurately collated in-line with the Gold Standard Monitoring documentation on QuitManager and in accordance with NHS Records Management policy and practice. The accurate and timely completion of the Gold Standard Monitoring documentation is a pre-requisite for payment under this contract. It is the responsibility of the pharmacy to ensure that Quitmanager records are made contemporaneously alongside the consultation and should be completed within 45 minutes of the consultation. For payments made via QuitManager, data must be entered on the system in line with agreed payment schedules.

7.2 Performance Standards

There are no quantitative minimum annual thresholds of activity required. However, it is expected that at least one NRT voucher or Champix® Recommendation Form would be processed to demonstrate that the pharmacy is actively offering the service.

7.3 Summary of Quality Outcome

| Quality requirement | Threshold | Method of Measurement | Consequence |
|--|---|---|---|
| The pharmacy is prepared to actively respond to the presentation of an NRT | Within two months maximum of agreeing contractually to provide the service and at | Templates on Quitmanager: Self-assessment declaration of preparedness for actively responding to the | Commissioner will review with the pharmacy the offer of contract at that Location |

**2020/21
PUBLIC HEALTH SERVICES CONTRACT**

| | | | |
|--|--|--|---|
| voucher / Champix® Recommendation Form at the pharmacy. | all opening times with not more than one week break in Service | presentation of an NRT voucher / Champix® Recommendation Form at the pharmacy at service implementation. Self-declaration by exception of not being in a position to provide the service for more than one week | |
| Evidence of having processed NRT vouchers / Champix® Recommendation Form as described in the service specification | ONE local voucher / recommendation form processed each quarter | Evidence of data record on QM of having processed a local NRT voucher / Champix® Recommendation Form | Where small numbers of vouchers / recommendation forms are received, the commissioner will review the need for an open contract at that pharmacy location |
| Data quality on QM is satisfactory | All data fields completed and correct | Review of data quality on paper return or QM e.g. time to data entry/ claims submitted | Advisory/ Improvement notice |

8. Voucher Fees or Charges

For simplicity of payment processes, pharmacies will be paid a weighted Clinical Check fee for the first time a NRT voucher / Champix® Recommendation Form is dispensed for an individual client within a 12-week quit attempt. Pharmacies will also be paid a separate additional fee for each subsequent product dispensed on a NRT Voucher / Champix® Recommendation Form (which includes fees for subsequent pharmacist clinical checks).

Pharmacies will also be paid re-imbusement of product costs according to an agreed formulary and payment schedule.

To be eligible for payment, all medication dispensed must be processed on QM within 7 working days.

Any major change in treatment plan such as resetting of Quit Date or transfer from NRT Voucher model to varenicline PGD (or vice versa) will enable a subsequent clinical check payment.

| Payment Trigger | Price |
|---|--|
| Initial Clinical Check & Dispensing | £12.50 |
| Dispensing Fee (maximum two week supply) (Subsequent clinical check fees are incorporated into the dispensing fee) | £2.50 (ONE FEE for dispensed NRT supply (whether for one or two products)) |
| Product Costs | For all Medication supplied the local authority will reimburse the cost of the drugs plus VAT (currently at 5%). Prices paid are agreed with the LPC at regular intervals. A pricing schedule is available on request and will normally be available on QM |

9. Product Costs

For NRT and Champix® supplied by voucher / Champix® recommendation Form the local Authority reimburses pharmacies for the cost of drugs supplied and for VAT (currently at 5%). Prices paid are

2020/21
PUBLIC HEALTH SERVICES CONTRACT

agreed with the LPC at regular intervals. A pricing schedule is available on request and will normally be available on QuitManager.

QuitManager will generate of invoices for activity from the previous month on the 11th working day of the following month. For example, it will only be possible to generate invoices for May 2019 on and after the 11th working day of June 2019. In determining the working days in a month, bank holidays will NOT be counted.

Providers do not need to send these invoices to the Local Authority; the Local Authority will receive the invoices via quit manager. The Local Authority will process the invoices on the 13th working day of the month. This will allow 2 days for you to raise any queries about the invoice generated by QuitManager. It is the responsibility of the provider to report any discrepancies to the named Health Improvement Commissioner by the 13th working day of the month. The invoice will be submitted for payment if contact is not made by the 13th day. If any queries are made after this time, reconciliation will take place at a later date.

References

Department of Health, 2010. *Healthy Lives Healthy People: A Tobacco Control Plan for England*, s.l.: Department of Health.

Department of Health, 2011. *Guidance for providing and monitoring stop smoking services, 2011 to 2012*, s.l.: Department of Health.

Department of Health, 2013. *Public Health Outcomes Framework 2013-2016 and technical updates*, s.l.: Department of Health.