**SERVICE SPECIFICATION**

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| Service Specification No. | **4** |
| Service | **Pharmacy-based Stop Smoking Service (Standard)** |
| Authority Lead | **Stockton-on-Tees Borough Council – Public Health** |
| Provider Lead | **Community Pharmacy** |
| Period | **1st April 2021 – 31st March 2023** |
| Date of Review | **1st March 2021** |

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| 1. Population Needs |
| **1.1 National/local context and evidence base**  Smoking is still the leading cause of preventable disease globally and creates huge inequalities between the wealthiest and poorest socio-economic groups.  Helping smokers to stop smoking is a key part of tobacco control and health inequalities policies at the local and national level. Evidence-based stop smoking support is highly effective both in cost and clinical terms. Using the best evidence-based specialist stop smoking service - behavioural support with pharmacotherapy - is four times more likely to stop smoking. By supporting local smokers who want to quit, stop smoking services can help reduce health inequalities and have a significant long-term impact on local and national smoking prevalence.  In line with National Institute for Health and Care Excellence (NICE) best practice recommendations, an effective stop smoking service should aim to treat a minimum of 5% of their smoking population and to achieve a successful quit rate of at least 35% at 4 weeks with validation from carbon monoxide monitoring of less than 10 parts per million (ppm) or by self-report.  Reducing smoking prevalence in the general population as well as among higher risk groups, such as smokers with a mental health disorder, pregnant smokers and people in routine and manual occupation, is emphasised in the national Tobacco Control Plan for England (Towards a smokefree generation: tobacco control plan for England) and the Public Health Outcomes Framework as being important to delivering our vision.  Smoking is the single biggest preventable cause of premature death in the Borough of Stockton. Nearly 1 in 5 deaths in adults over 35 are as a result of smoking. Smoking harms nearly every organ of the body and dramatically reduces both quality of life and life expectancy in Stockton-on-Tees.  The latest Stockton-on-Tees smoking prevalence (2018) is 16.4%, which is similar to the England average. This equates to approx. 25,000 smokers in the borough. Despite the number of smokers declining over the past decade, approximately 1 in 6 people smoke in the Borough of Stockton.  The prevalence between electoral wards in Stockton is very different. There is a strong correlation between smoking and deprivation. The wards in the most deprived areas have nearly double the smoking prevalence than those in the more affluent areas. There are massive inequalities in smoking prevalence across Stockton-on-Tees wards.  Smoking during pregnancy is significantly worse in Stockton-on-Tees than the national average. Current data, recorded by the Hartlepool and Stockton CCG, shows that 17% of pregnant women are still smoking at time of delivery (SATOD) in Stockton on Tees compared to 10.8% in England.  Commissioned stop smoking services have been provided by pharmacies in the Tees area for many years. This service specification describes a long-established pathway which is being refined and further developed to facilitate the safe extension to wider use of an NRT-voucher model in the area. |
| 2. Key Service Outcomes |
| **2.1 Locally agreed outcomes and quality requirements**   * Establishment of an operating Standard Level Stop Smoking service provided in a pharmacy setting. * **All pharmacies delivering this service will also be expected to be providing the Pharmacy Dispensing Only Service** * Evidence of systems and processes for active recruitment of patients and appointment or ‘clinic’ management, ideally showing whole staff involvement in the commitment to support provision of the service * Evidence of seeking to achieve indicative activity levels by use of promotional materials and/ or brief advice/ brief intervention approach and reflective review of performance * Indicative activity: pharmacy providers will be seeking to achieve minimum levels of activity as follows:   + Recruiting to the service and completed Intermediate Assessments: a pharmacy should have the aspirational target of seeking to recruit **24 clients per quarter** – but not at the expense of service quality. An absolute minimum of 8 clients per quarter (on average) should be achieved   + Client recruitment should reflect numbers of Intermediate Assessors that are trained in the pharmacy with the intent of maintaining competence through active service provision. |
| 3. Scope |
| **3.1 Aims and objectives of service**  **3.1.1 Aims**  To deliver an evidence-based Pharmacy Stop Smoking service to the resident populations (wishing to stop smoking) of Stockton-on-Tees 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).  This service will contribute to the wider aims to;  Contribute to the ambitions of the Smoke-free generation: Tobacco Control Plan for England. The plan proposed a challenging ambition to achieve the below objectives by 2022.   * To reduce the number of 15-year olds who regularly smoke from 8% to 3% or less; * To reduce smoking among adult in England from 15.5% to 12% or less; * To reduce the prevalence of pregnant smokers (Smoking At Time of Delivery) from 10.5% to 6% or less; and * To reduce the inequality gap in smoking prevalence, between those in routine and manual occupations and the general population.   Contributes to Objective 2 of the Public Health Outcomes Framework (PHOF): ‘People are helped to live healthy lifestyles, make healthy choices and reduce health inequality’ and more specific indicators:   * + Indicator 2.3 smoking status at time of delivery;   + Indicator 2.9 Smoking Prevalence – 15-year olds; and   + Indicator 2.14 Smoking Prevalence - adults (over 18s).   **3.1.2 Objectives:**  At a local authority level, the Pharmacy Stop Smoking Service is commissioned   * To provide an accessible and evidence-based Stop Smoking Service in line with relevant NCSCT and NICE guidance * To support opportunities for client choice across the delivery of 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 thereby able to promptly respond to each client presenting * 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 stop smoking service in the pharmacy and that the required professional skills and competencies are kept up-to-date * 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 configure services in such a way as to promote the successful achievement of the minimum levels of activity identified within Section 2.1 of this specification. * To discuss the full range of pharmacological treatment options and respond appropriately according to protocols and pathways directed by the Specialist Stop Smoking Service.   + For NRT, to offer appropriate NRT treatment from the pharmacy setting according to the product guide.   + For varenicline, to complete a referral to specialist service * To supply NRT as part of an abstinent-contingent treatment, in which the smoker makes a commitment to stop smoking on or before a particular quit date (target quit date), ensuring advisory and dispensing practices are in line with NICE guidelines, the British National Formulary (BNF), any local formulary and pharmacy professional guidance * To deliver a high efficacy service with a usual minimum success rate of 35% at 4 weeks, validated by carbon monoxide monitoring. * To actively reinforce the ethos of patient responsiveness and choice across the delivery of the service. * To assess service-user satisfaction and achieve high levels (i.e. >75% rating the service good or above). * To ensure stop smoking practitioners have received the appropriate level of training to deliver the service and that professional skills and competencies are kept routinely up-to-date. * To ensure necessary preparations are in place in the event of audit, including making detailed records of activities for potential inspection for a minimum of two years. * To ensure services are effectively promoted, informed (where appropriate) by national, regional and local marketing resources including [www.smokefree.nhs.uk](http://www.smokefree.nhs.uk) and http://campaignresources.phe.gove.uk * To optimise efficiencies within existing clinical pathways and opportunities for brief advice or intervention and maximise opportunities for onward referral into in-house or externally provided stop smoking services.   **3.2 Service description/pathway**  This agreement relates to provision of time-limited, high quality interventions to support smokers to successfully and permanently quit smoking. The service should be delivered in the context of one (or a combination) of the service levels outlined in section 3.2.2 (“*Service Model*”), subject to appropriate accreditation.  Services provided at Standard Level should be delivered in-line with section 3.2.1 (“Standard Treatment Programme”),  **3.2.1 Standard Treatment Programme**  Services should be delivered in one or a combination of the following formats:   * drop-in one-to-one * structured one-to-one * open group * closed group * family/couple group   Service users should be offered the full range of NRT treatment options or the opportunity to apply for varenicline and be recruited or signposted accordingly.  Services are also encouraged to use proactive telephone outreach support (where appropriate) to increase service-user retention and motivation.  The service should provide each of the elements below in-line with the Department of Health’s Intervention Quality Principles.  Initial Assessment – NB This includes clinical check by the pharmacist   * Assess service-users readiness and ability to quit; * Assess current smoking habits (heaviness of smoking index) * Assess past quit attempts * Ask the COPD screening questions and provide related advice * Assess nicotine dependence (Fagerstrom) * Discuss and agree a treatment programme with the service user * Explain and conduct CO monitoring * Discuss a range of pharmacological options available including varenicline and NRT products and offer (where appropriate) pharmacological support or referral * Set the Quit Date (Target Quit Date, normally up to 2 weeks from first appointment) * Provide behavioural support and coping mechanisms * Complete Gold Standard Monitoring documentation, all data records must be inputted onto QuitManager contemporaneously alongside the consultation and be completed ideally within 45 minutes. In exceptional circumstances if there is a delay in the recording e.g. due to IT failure, then records should be updated within two working days * Inform GP of NRT supply within two working days according to protocol\* * \* Patients taking any medication whose metabolism may be affected by their smoking cessation quit attempt should be advised about this and advised to inform their GP. Such issues should also be flagged to the GP by the pharmacist   Quit Date – Weeks 1-3 Post-Quit Date   * Assess progress * Measure CO * Discuss medication use and ensure that the service-user has a sufficient supply (where appropriate) * Provide behavioural support and coping mechanisms * Complete monitoring documentation either on paper and return to the Specialist Stop Smoking Service within two working days OR on QuitManager * Complete Gold Standard Monitoring documentation, all data records must be inputted onto QuitManager contemporaneously alongside the consultation and be completed ideally within 45 minutes. In exceptional circumstances if there is a delay in the recording e.g. due to IT failure, then records should be updated within two working days   Four Week Post-Quit\*\*   * Assess progress * Measure CO * Discuss medication use and ensure that the service-user has a sufficient supply (where appropriate) * Provide behavioural support and coping mechanisms * Complete Gold Standard Monitoring documentation, all data records must be inputted onto QuitManager contemporaneously alongside the consultation and be completed ideally within 45 minutes. In exceptional circumstances if there is a delay in the recording e.g. due to IT failure, then records should be updated within two working days   *\*\* To this point minimum contact time offered to the client receiving the service is 1.5 hours.*  Post 4-week Quit – Week 11 (weekly, bi-weekly or monthly sessions dependent on service-user needs)   * Assess progress * Measure CO * Discuss medication use and ensure that the service-user has a sufficient supply (where appropriate) * Provide behavioural support and discuss coping mechanisms * Complete Gold Standard Monitoring documentation, all data records must be inputted onto QuitManager contemporaneously alongside the consultation and be completed ideally within 45 minutes. In exceptional circumstances if there is a delay in the recording e.g. due to IT failure, then records should be updated within two working days   12 Week Post Quit   * Assess progress * Measure CO * Provide advice about continued medication and use where appropriate * Provide behavioural support and discuss coping mechanisms * Complete Gold Standard Monitoring documentation, all data records must be inputted onto QuitManager contemporaneously alongside the consultation and be completed ideally within 45 minutes. In exceptional circumstances if there is a delay in the recording e.g. due to IT failure, then records should be updated within two working days   **3.3 Service Model**  This service operates within an Integrated Stop Smoking Service Framework, incorporating a Commissioned Specialist provider and support functionand a service delivery arm that operates within a range of settings including those in the community, and in primary care and secondary care. The hub function is provided by the Specialist Stop Smoking Service hosted by North Tees and Hartlepool NHS Foundation Trust and is responsible for training and support and data management.  Stop smoking provision in pharmacies is offered in 3 service levels:   * Public health campaigns, brief Intervention and signposting only. (nationally contracted service) * Introductory Level Pharmacy: Dispensing Only service for NRT Vouchers (must also be offered with this service) * Standard Level Pharmacy: Introductory Level pharmacy services plus Stop Smoking Support Services for all clients using NRT pharmacological support (including young people under 16 and pregnant women and other specified cautionary groups) (this service) * Advanced Level Pharmacy: Introductory and Standard Level pharmacy services plus planned (not yet commissioned) service to provide full One Stop Plus service to include the offer of varenicline via pharmacist prescriber and /or by PGD   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. Further detail regarding service provision within each level is outlined below.    **3.3.1Pharmacy Brief Intervention for Stop Smoking Services**  Pharmacies provide Brief Advice and/or Brief Intervention associated with other Public Health Initiatives e.g., Healthy Living Pharmacy to provide active engagement, signposting and referral into commissioned stop smoking services.  **3.3.2Standard Level Pharmacy Stop Smoking Service**   * Pharmacies will provide an evidence-based stop smoking service in accordance with the service standards. The service will include NRT treatment, ongoing motivational support, and appropriate monitoring and follow up. Pharmacies will also provide information on varenicline and will complete an application form if appropriate and send securely by agreed mechanism to the Specialist Stop Smoking Service * Standard Level pharmacies are accredited to offer a stop smoking service to smokers who are 12 years old or above, including pregnant smokers. **NRT products must only be supplied to Young People in accordance with their product licence for General Sales List (GSL) supply (or Pharmacy only (P) if that were to be applicable).** * Pregnant women should ideally be offered an appointment within 2 working days of request, but within one week is acceptable. Where an appointment is unavailable within this timescale, clients must be referred to the nearest available alternative community pharmacy or Specialist Stop Smoking Service. An exception report must also be completed on Quitmanager * The pharmacy Stop Smoking Service is usually operated on an appointment basis. Appointments will be available at a variety of times throughout the normal opening hours of the pharmacy, including evenings and weekends. * Suitable individuals are offered an appointment for the Intermediate Assessment at the soonest available opportunity, within one week of the first request. Clients will be advised in advance to allow approximately 30 minutes for the Intermediate Assessment process to be completed. Where the full service is unavailable in a pharmacy for any reason within the timescales above, clients should be signposted to the nearest available community pharmacy or alternative provider. An exception report must also be completed on Quitmanager * In addition to the NCSCT / CPPE trained pharmacist, Standard Level pharmacies must ensure that there are two Accredited Pharmacy Intermediate Assessors identified. These staff must undergo training as shown in Section 4.2.1.   All Standard Level service-users should receive the full complement of the Standard Treatment Programme (section 3.2.1  **3.3.3 Dispensing–only NRT vouchers**  For example, those issued as part of the Babyclear© (pregnancy) pathway or other agreed pathways for competent non-prescribing Specialist Stop Smoking   * Standard Level pharmacies may be required to either supply NRT or to additionally provide follow up support (as outlined in Table 1\*) to clients who have received an assessment and NRT voucher from an accredited intermediate assessor approved by the North Tees and Hartlepool FT as Stop Smoking Service provider. * NRT Vouchers (Dispensing only) - Pharmacies supply NRT only; a pharmacist must be present when the supply is made, to ensure that NRT is issued in accordance with this Service. A voucher deriving from a non-clinical practitioner (indicated on the voucher) must undergo a clinical check prior to dispensing. A record of the supply will be recorded in the PMR. * Clients requiring stop smoking support who present directly to a pharmacy that only provides Dispensing Only services must be given information and signposted to the client’s choice of either a Standard Level pharmacy service, or a drop-in session run by the Specialist Stop Smoking Service.   Remuneration for the Dispensing-Only service relates to dispensing only fees, clinical check and relevant product costs. This service offer does not include any tariff payments (see section 10 “” for further details).  \* Please note some service-users may be referred into the pharmacy Standard Level service having received the Initial Assessment element via an alternative and accredited provider. It is the responsibility of the Pharmacist to check the details of the service-user’s assessment (where instigated by an alternative provider) before proceeding with treatment. Tariff payments for those service-users do not include the initial Intermediate Assessment fee – see prices and costs section for further details regarding payment).  **Discharge Criteria and Planning**  Standard Treatment should ordinarily be completed 13-weeks post quit. At the discretion of the Practitioner motivational and/or behavioural support may be offered for a further two weeks post the quit date set. Any service user requiring support beyond 15 weeks should be referred 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.  Where applicable, the service should work closely with other specialist substance misuse services to meet the needs of clients using both legal and illegal substances.  **3.4 Population covered**  This service should be offered to all smokers who demonstrate a commitment and motivation to stop smoking and who are resident in the Council areas of Stockton.  Within this target population, the pharmacy is encouraged to ensure that services are configured and marketed appropriately as to appeal to key groups including:   * Routine and manual occupations * Pregnant women * Young people aged between 12-16 * Black and Minority Ethnic Population * People living in the top 20% most deprived wards   **3.5 Any acceptance and exclusion criteria and thresholds**  Service-users may self-refer either directly (through contact with the pharmacy) and/or indirectly following advice from the local Stop Smoking Service. Service-users may also be referred into the service.  Pharmacies can assist in stimulating a referral; through marketing of the service and appropriate brief opportunistic advice to customers identifying themselves as smokers (see section 3.4 for information regarding Brief Intervention training).  Referrals to alternative stop smoking services should be offered in the following instances:   * service users who cannot be seen by the pharmacy within the maximum wait time * service users meeting the exclusion criteria for the relevant pharmacy tier (see below for *Exclusion Criteria*”), and/or; * service users who present with complex needs or clinical conditions that require more intensive or specialist intervention e.g. mental health issues or immediate post MI or stroke * service-users who wish to use varenicline for their quit attempt   Referrals may also be offered to service-users who explicitly request an alternative provider for ongoing treatment.  **Exclusion Criteria:**   * Treatment of service users currently taking clozapine; * Treatment of service users currently accessing, referred to and/or discharged from the following secondary care mental health services: inpatient, residential and long-term care for severe mental illness in a hospital, psychiatric, specialist unit and/or secure hospital; * Treatment of service users explicitly requesting varenicline (apply local Specialist Stop Smoking Services).   All service-users who meet any of the above exclusion criteria should be referred to the commissioned Specialist Stop Smoking Service to manage the client either within the service or via onward referral.  PLUS, young people under the age of 12 years are excluded from treatment in the pharmacy setting.  Young people under the age of 12 years should be referred to their GP practice.  **3.6 Interdependencies with other services**  Pharmacies will be required to work closely with:   * Local Authority commissioner (Stockton-on-Tees Borough Council) * North Tees & Hartlepool NHS Foundation Trust (commissioned specialist stop smoking service provider) * General Practices for communication regarding their patient commencing on a Quit attempt with supply of NRT * QuitManager helpdesk for IT/systems issues   **3.7Any activity planning assumptions**  An annual activity threshold for Standard Level pharmacies has been set as an absolute **minimum of 32 smokers per annum** to ensure the pharmacy team maintain their skills to support smokers to quit. However, aspirational targets higher than this are set as Quality Indicators to enable monitoring and improvement interventions to be initiated to support pharmacies where recruitment of potential quitters is proving problematic.  4. Applicable Service Standards  4.1 Applicable national standards  All pharmacotherapies should be prescribed in line with NICE and British National Formulary guidance.  The service provider will be required to apply the best evidence and standards for developing the service. Key NICE guidance can be accessed through: <https://www.ncsct.co.uk/pub_nice-guidance.php> and key Department of Health guidance can be accessed through: <https://www.ncsct.co.uk/pub_dh-Guidance.php>.  The service provider will ensure their knowledge around e-cigarette use is up to date. Public Health England has published key evidence:   1. PHE (2015) E-cigarettes around 95% less harmful than tobacco estimates landmark review 2. PHE (2018) Evidence Review of E-cigarettes and Heated Tobacco Products 3. PHE (2019) Vaping in England: an evidence update Feb 2019   The Provider shall always 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 providing the Services and is clean, safe, suitable sufficient, adequate, functional, accessible (making reasonable adjustments where required) and effective.  The Public Health Shared service expect 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  Services should be delivered within the pharmacy setting in an appropriate consultation room. All requests to deliver services outside of the pharmacy setting must have the explicit agreement of the Commissioner.  The Provider shall ensure that, as a minimum, premises meet requirements needed for the provision of advanced services within the national Community Pharmacy Contractual Framework. A copy of the self-declaration of suitability to provide these services may be requested.  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.  The Provider shall ensure that the Service Environment is fit for providing the Services and is clean, safe, suitable sufficient, adequate, functional, accessible (making reasonable adjustments where required) and effective.  Unless provided otherwise in the relevant Specification, the Provider shall always and at its own cost, provide all Equipment necessary to provide the Services in accordance with the Law and any necessary Consents. For this agreement, this clause relates specifically to all equipment and resources with the exception of those outlined below:   * CO monitors (these will be distributed by the commissioned Specialist Stop Smoking Service provider). Pharmacies must provide auditable calibration records. Pharmacies are responsible for purchasing consumables such as mouth pieces and T-pieces. Pharmacies must adhere to the relevant infection control protocols.   Service monitoring returns/ documentation are required in accordance with the DH requirements and originals of paperwork or electronic templates will be provided by the commissioned Specialist Stop Smoking Service provider.  Any changes in ownership or in location of the pharmacy must be notified to [**SPS@stockton.gov.uk**](mailto:SPS@stockton.gov.uk)  **4.2.1 Accreditation requirements**  A pharmacy cannot provide this service unless accredited, approved and contracted by the relevant Local Authority. Pharmacies interested in providing this service must apply to the relevant local authority commissioner.  A pharmacy provider must:   * nominate a pharmacist and another member of non-pharmacist staff who will be Service Governance leads for this service and thereby take overall responsibility for ensuring the service is provided to the required standards. Where business changes necessitate a change in Governance Lead/s, the contracting team should be notified via [**SPS@stockton.gov.uk**](mailto:SPS@stockton.gov.uk)and the self-assessment document updated. It is the responsibility of the PH contract signatories for the pharmacy provider to be assured the processes for maintaining active Governance Leads are in place and followed. It is also the responsibility of the nominated Governance Lead to take steps to ensure that the commissioned service is available – reporting by exception if for any reason the service cannot be provided in accordance with the contract terms for more than 7 working days * have access to NHS mail * have access to summary care records and ensure relevant staff are trained and have access rights have in place a suitable Standard Operating Procedure (SOP) to cover all processes involved in delivery of the scheme. Company policies are acceptable where they reflect the principles of the scheme. Service protocols should reflect national guidelines * agree to use Quitmanager for 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. * demonstrate on request that pharmacists and staff involved in the provision of the service have undertaken 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. * pharmacist governance lead and pharmacy staff who wish to be Intermediate Adviser must also attend local scheme implementation and any service update training as provided or commissioned and 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 have taken steps to be assured that all staff (including support staff and locum pharmacists) are adequately trained in the operation of the service and remain competent to meet the requirements of the service at all times. 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) * ensure that an organisational policy is in place to manage any complaints arising from provision of this service; the policy should enable any complaints to be handled and reported in accordance with the relevant local authority policies. * ensure that an organisational policy is in place to manage any clinical incidents arising during provision of this service which will enable incidents to be suitably investigated and reported accordance with the local authority policies and national guidance. Incidents will be reported in accordance with relevant local authority policy. * ensure that they have appropriate indemnity arrangements in place * co-operate with any locally agreed Local Authority led assessment of service user experience * 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. Pharmacies will ensure that all information governance standards are adhered to   Recruiting to the service and completing Intermediate Assessments: a pharmacy should have the aspirational target of seeking to recruit 24 clients per quarter – but not at the expense of service quality. **An absolute minimum of 8 clients per quarter** (on average) should be achieved. Aspirational activity targets will be based on historic performance as well as nominal competence levels. |
| 5. Location of Provider Premises |
| The Provider’s Premises address is the pharmacy as shown on the main Public Health Contract. Any changes in ownership or in location of the pharmacy must be notified to [**SPS@stockton.gov.uk**](mailto:SPS@stockton.gov.uk) |
| **6. Required Insurances** |
| As per SBC Contract Terms and Conditions |

**7. Quality Outcomes and Indicators**

**Performance Standards**

Services should meet the minimum annual thresholds of activity outlined.

Pharmacies should be seeking to achieve a minimum 35% 4-week quit rate; however, High CO validation of quit attempts are also required

Local Stop smoking services have been seeking to achieve quit rates at 12 weeks for some time. Pharmacies should aspire to achievement of a minimum 20% 12-week quit rate.

Aspirational target; achievement of a minimum 75% CO validation rates for service-users successfully quitting at 4 and 12 weeks, determined by a CO reading of less than 10 ppm

Lost-to-follow-up rates should be lower than 25% *Lost-to-follow-up status applies to those service users with no recorded quit status 4-weeks post-quit, either through face-to-face validation and/or telephone follow-up.*

100% of service users should be seen within one working week and/or referred to an alternative provider

100% of pregnant service users should be offered an appointment within two working days wherever possible and/or referred to an alternative provider

**Client follow up is the responsibility of the service provider *i.e. the pharmacy* for Standard Level**

**Summary of Quality Outcomes**

| **Quality Requirement** | **Threshold** | **Method of Measurement** | **Consequence of breach** |
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| Total no. of intermediate assessments | Minimum 8 per quarter; aspirational target 24 per quarter | Quarterly submission of data | Remedial action plan |
| 4 week quit rate equal to or in excess of National quality thresholds | ≥35% | Numerator: Number of people quitting at 4 weeks  Denominator: Number of people setting a quit date  Monitored via quarterly performance reports supplied by the Specialist Stop Smoking Service or extracted from QuitManager | Remedial action plan |
| Min. CO validation rate for those quitting at 4 weeks; CO reading below 10ppm | Aspirational ≥85%  Minimum of 55% CO validation | Monitored via SSS or Quit Manager | Remedial action plan |
| 12 week quit rate (CO validated) | ≥20%  Aspirational 25% quit rate | Numerator: Number of people quitting at 12 weeks  Denominator: Number of people setting a quit date  Monitored via quarterly performance reports supplied by the Specialist Stop Smoking Service or extracted from QuitManager | Remedial action plan |
| Total no. of maternal smokers with a validated CO quit of below 10 ppm at 12 weeks | Minimum of 35% quit rate | Quarterly submission of data | Remedial action plan |
| Total no. of smokers under the age of 18 with a validated CO quit of below 10 ppm at 12 weeks | Minimum of 35% quit rate | Quarterly submission of data | Remedial action plan |
| Total no. of smokers from deprived postcodes with a validated CO quit of below 10 ppm at 12 weeks | Minimum 35% quit rate | Quarterly submission of data | Remedial action plan |
| Complete and accurate submission of the required (mandatory) data set | 100% | Monitored via SSS until such time as Quit Manager controls by mandatory field settings | Non-payment |
| Loss to follow up | Target 15%, maximum 25% LTFU | Monitored via SSS n or Quit Manager | Remedial action plan |
| No of appointments for intermediate assessments offered within one week | 90% | PharmOutcomes return | Remedial action plan |

**8. Remuneration**

Reimbursement for services delivered will be paid under a combination of Payment by Results tariff and fees for making a dispensed supply of NRT and re-imbursement of product costs according to an agreed formulary and payment schedule.

Assuming QuitManager is completed accurately and submitted in a timely manner (see section 7.1 of the Service Specification for further information), the following payments will apply:

**Payment by Results tariff**

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| Payment Trigger | Payment Value | Criteria for Payment |
| Completion of initial assessment (active recruitment patients only) | £10 | QuitManager return |
| ANY 4-week quit | £25 | QuitManager return;   * Smoker has not smoked within the third and fourth week of quit date set (established via phone and/or face-to-face); * Smoking status has been established between 25 and 42 days post quit date set; * Monitoring is completed within two working days of established quit. |
| CO verification @ 4 weeks **(additional payment to 4 week quit payment shown above)** | £40 | QuitManager return; indicating a successful 4 week quit with the following criteria adhered to:   * Smoker has not smoked within the third and fourth week of quit date set; * Smoking status has been verified by CO validation with a reading of <10 ppm; * Smoking status has been established between 25 and 42 days post quit date set; * Monitoring is completed within two working days of established quit. |
| CO verified 12-week quit | £20 | QuitManager return; indicating a successful 12 week quit with the following criteria adhered to:   * Smoker has had a successful smoking outcome at 4-weeks; * Smoking status has been verified by CO validation with a reading of <10 ppm; * Smoking status has been established between 77 and 98 days post quit date set; * Monitoring is returned within two working days of established quit. |
| Enhanced 12-week maternity payment | £150 | QuitManager information; matches all of the criteria outlined within the ‘CO verified 12-week quit’ payment and an indication of pregnancy has been identified on QuitManager. |
| Enhanced 12-week under 18 payment) | £100 | QuitManager information matches all of the criteria outlined within ‘CO verified 12-week quit’ payment with patient date-of-birth indicating that the service user was either 18 years of age or below at the start of treatment. |
| Enhanced 12-week deprived postcode payment | £20 | QuitManager information matches all of the criteria outlined within the ‘CO verified 12-week quit’ payment and service-user postcode is within the top 20% most deprived area of the respective locality |
| Enhanced Varenicline Referral Form completion and transmission | £20 | Completion of the standard varenicline application form forwarded to SSS and notification via agreed local process |

**8.1Voucher Fees / dispensing fees**

Additional payment will be made in recognition of dispensing activity as follows:

**NRT Dispensing-only Vouchers or Specialist Assessor 1-week or 2-week Dispensing Vouchers**

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| --- | --- | --- |
| Payment trigger | Condition | Price |
| Clinical check | First supply to client on a Babyclear or Dispensing-only pathway where the assessor is not a Specialist Stop Smoking Adviser from the hub service as indicated on the voucher or associated referral form | £10 |
| Dispensing of one-week or two-week supply ONCE ONLY as requested by accredited assessor | ONCE ONLY FEE for dispensed NRT supply | £2.50 |

**Standard Level dispensing activity**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Payment trigger | Condition | | Price | |
| **NO CLINICAL CHECK FEE IS PAID ON VOUCHERS INITIATED IN THE PHARMACY FOR CLIENTS HAVING COMPLETED THEIR INTERMEDIATE ASSESSMENT THERE** | | | | |
| INITIAL VOUCHER DISPENSING FEE  5-week voucher initiated in the PHARMACY ONLY | | ONCE ONLY FEE inclusive of all dispensing throughout the 5-week period, recommended 1 week, 2 weeks and 2 weeks. To be claimed once the voucher is closed either by virtue of all dispensing completed or client LTF two weeks after last possible dispensing date | | £10 |
| SUBSEQUENT VOUCHER DISPENSING FEE  8-week voucher initiated in the PHARMACY ONLY | | ONCE ONLY FEE Inclusive of all dispensing throughout the remainder of the 13-week pathway. To be claimed once the voucher is closed either because all dispensing completed or client LTF two weeks after last possible dispensing date | | £5 |
| EXTENSION VOUCHER DISPENSING FEE  1-wk or 2-wk voucher initiated in the PHARMACY ONLY 13 weeks post quit date | | ONCE ONLY FEE for dispensed NRT supply | | £2.50 |

**All payment queries should send to** [**SPS@stockton.gov.uk**](mailto:SPS@stockton.gov.uk) **.**

**8.2 Product Cost**

For NRT supplied by voucher the Authority reimburses pharmacies for the cost of drugs supplied and for VAT at 5%. Prices paid are agreed with the LPC at regular intervals. A pricing schedule is available on request.

**Bibliography**

Previous pharmacy Stop Smoking service specifications from the Tees area

NICE Guidance as listed in section 4.1