**SERVICE SPECIFICATIONS**

All subheadings for local determination and agreement.

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| **Service Specification No.** |  |
| **Service** | Community Pharmacy Stop Smoking Service – Introductory Level |
| **Authority Lead** | John Stephenson |
| **Provider Lead** | Pharmacy |
| **Period** | April 2024 – April 2027 |
| **Date of Review** | April 2025 |

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| **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’ (Introductory Level) 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 local authority area. For the avoidance of doubt, this is a pharmacy-only service to facilitate the dispensed supply of NRT to individuals presenting an NRT voucher / e voucher issued to them by trained Assessors authorised by the local authorities Specialist Stop Smoking Service[[1]](#footnote-1) (SSSS). * evidence of pharmacy staff actively responding to the presentation of vouchers 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 Specialist 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 SSSS. * 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 in the life of this service specification. Low levels of NRT voucher 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 Middlesbroughs local authority area.  All Stop Smoking Services are to be commissioned and provided in line with relevant NHS, Department of Health, OHID, 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 by facilitating possible extension of NRT voucher models to support individuals to quit.  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.  Use of a voucher 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 supply.  **3.1.2 Objectives:**  At local authority level, the ‘Dispensing Only’ service is commissioned.   * To facilitate the supply of NRT to a client that is engaged in EITHER an abstinent-contingent treatment, in which the smoker makes a commitment to stop smoking on or before a particular quit date (target 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 NRT is clinically safe and appropriate for the service user. * To facilitate access to NRT free at the point of supply for clients that 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 thereby able to promptly respond to each client presenting a recognised local ‘Dispensing Only’ voucher or “E-Voucher” and thereafter.   1. To confirm that the client has discussed with the external Intermediate Assessor issuing the voucher, the full range of pharmacological treatment options according to protocols and pathways directed by the Specialist Stop Smoking Service   2. To clinically assess the client’s need for, and choice of, NRT treatment for the time period stated on the voucher.   3. If clinically appropriate, to make a suitable supply, ensuring advice, dispensing, governance and record-keeping practices are in line with 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. * 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 collate and record accurate and timely service-user records on Pharmoutcomes ensuring all records meet the criteria outlined within local protocols and NHS Records Management policy and procedure. * To ensure necessary preparations are in place in the event of audit, including keeping detailed records of activities, available 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, each client will be engaged in attending a recognised programme of support as part of a time-limited, high-quality intervention to support smokers to successfully and permanently quit or manage their smoking in a program of harm reduction. Service users should be offered the full range of treatment options including NRT treatments and other recognised prescribable product options and be recruited or signposted accordingly.  Clients whose treatment programme is supported by non-clinical and/or non-prescribing staff as External[[2]](#footnote-2) Accredited Intermediate Assessors (EAIA) and who wish to use NRT as part of their quit attempt/ harm reduction programme, may be offered a local voucher / e voucher to present at a pharmacy to access a suitable supply. As well as completing the first Level 2 or Intermediate Assessment at the start of the quit attempt, the EAIA will provide behavioural support and coping mechanisms throughout the programme (lasting usually 12 weeks).  The client will attend the pharmacy to obtain their NRT supply subject to clinical check\*; vouchers / e vouchers will indicate whether the voucher is for the clients’ first supply or a continuing supply and whether the client requires NRT for one or two weeks, dependant on the interval between visits to the EAIA.  \* The pharmacist will carry out a clinical check to ensure the NRT/product is suitable for the patient and they will decide whether a supply can be made. 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 through the client's assessment paperwork for medical history (e.g., renal patients should not use lozenges with high sodium content) * Review interactions with other medications which may require dose adjustment or closer monitoring on discontinuation of smoking (warfarin, cincalet, theophylline, olanzapine, chlorpromazine, erlotinib, riociguat and clozapine.). Clients on clozapine should be referred back to the Specialist Stop Smoking Service to access support through Specialist Pathway. * 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 special precautions (e.g., suitability of product for pregnant women, such as, patch for 16 hrs only)   **Clinical responsibility for the NRT supplied will rest with the pharmacy in all cases.**  At first Initial or Intermediate Assessment, the EAIA will:   * Assess client’s suitability to be seen by a EAIA – SEE EXCLUSION CRITERIA * Assess client’s readiness and ability to quit. * Assess current smoking habits (heaviness of smoking index) * Assess past quit attempts. * Assess nicotine dependence (Fagerstrom) * Ask the COPD screening questions and provide related advice. * Discuss and agree a treatment programme with the service user. * Explain and conduct CO monitoring. * Discuss the range of pharmacological options available (NRT products) and offer (as appropriate, based on client choice) either pharmacological support via NRT voucher or referral.   Where NRT is selected   * Set the Quit Date (Target Quit Date, normally 1 to 2 weeks from first appointment) * Provide behavioural support and coping mechanisms. * Complete Gold Standard Monitoring documentation (Initial or Intermediate Assessment) directly on Social Rx, or other electronic system (Word/Excel) to be transferred onto Social rx within two working days. * Issue an NRT voucher to the client which will include a summary of the client’s likely preference for NRT product(s) and the assessor’s recommendation as an introduction to the pharmacist. * Explain the process of supply including.   1. the voucher / e voucher is an introduction to the pharmacy, not a guarantee of supply.   2. the pharmacist will need to clinically assess before NRT products will be supplied.   3. this process may take 10-15 minutes depending on how busy the pharmacy is at the time.   4. the need for the client to take all the provided paperwork with them, along with the voucher * Offer the client a choice[[3]](#footnote-3) of / list of pharmacies providing the Dispensing Only service. * Give the client a copy of the Gold Standard Monitoring documentation[[4]](#footnote-4) to take with them to the pharmacy. The client will present both the voucher or e voucher reference and the other documentation (see footnote 4) to their choice of participating pharmacy.   **3.2.2 Presenting at a pharmacy for the first time.**  On presentation of a voucher, e voucher, and any associated paper documentation, the pharmacy will:   * Receive and process the Dispensing Only Voucher to include:   1. a pharmacy review of all the information provided including QuitManager; confirm the client’s choice, needs and suitability.   2. a PHARMACIST will complete a clinical check to determine which (if any) NRT product(s) will be supplied, signing and dating the voucher to confirm that this check has taken place.   3. where appropriate, suitable NRT product(s) will be dispensed and supplied to the client, reminding them to attend the same pharmacy if they are issued with a subsequent voucher during this quit attempt.   4. products supplied will be labelled in accordance with routine dispensing practice.   5. completion of the Gold Standard Monitoring record or documentation recording the supply, this will either be on paper for later entry into Pharmoutcomes module within two working days. * The client will be advised that the pharmacy will inform their GP of NRT supply within two working days, according to current local protocol (which may advise notification of the commencement of a treatment programme of up to 12 weeks). GP notification process may be via Social Rx from Local Authority or Pharmoutcomes according to current pathways. * Ideally, the client’s voucher / e voucher will be processed (dispensed) 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.     **3.2.3 Up to 4 weeks post Quit Date Set**  From Quit Date to Weeks 1-4 Post-Quit Date, in face-to-face sessions, usually weekly, the EAIA will:   * Assess progress. * Measure CO levels – When available * Provide behavioural support and coping mechanisms. * Discuss medication use. Ensure that the service-user has a sufficient supply (where appropriate) from that already dispensed, and/or issue the next Dispensing-Only Voucher, reminding the client to return to the same pharmacy as before. * Complete Gold Standard Monitoring documentation either directly onto Social Rx or on paper / Word doc/ Excel for entry into Social Rx, within two working days   Where a subsequent (follow-on, usually two-week) voucher is issued, the client will present this and any other documentation ideally to the pharmacy that they previously attended who will receive and process the subsequent Dispensing Only Voucher as per steps (a) to (e) in section 3.2.2 above (noting again the requirement for a pharmacist clinical check and label for this supply).  **3.2.4 From 4 weeks post Quit Date Set to 12 weeks post QDS.**  If the client has been reported as a quitter, or at the discretion of the EAIA for on-going harm reduction, the client will be offered on-going sessions and Dispensing Only Vouchers as considered appropriate, usually for up to 12 weeks post quit date set.  Post 4-week Quit to Week 12 (weekly, bi-weekly or, in exceptional cases, monthly sessions dependant on service-user needs), the EAIA will   * complete a face-to-face session as per Weeks 1-4 Post-Quit Date   Where another voucher is issued the client will present this and the other documentation to the pharmacy that they previously attended who will receive and process the Dispensing Only Voucher as per steps (a) to (e) in section 3.2.2 as summarised above.  **3.2.5 At 12 weeks post QDS**  12 Week Post Quit Date Set   * a final face to face session will be offered to the client by the EAIA. * EAIA will complete a face-to-face session as per Weeks 1-4 Post-Quit Date and usually discharge the client from the service. In exceptional cases, e.g., where a quit attempt was interrupted, vouchers for NRT may be issued to last no longer than a maximum of 16 weeks post Quit Date Set.   The pharmacy should challenge any Dispensing Only Vouchers issued indicating a requested supply to last more than 16 weeks post Quit Date Set.    **3.3 Service Model**  This service operates within an integrated model incorporating a Local Authority Specialist Stop Smoking Service provider and support function[[5]](#footnote-5) 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 across Middlesbrough has only 1 level:   * Introductory Level Pharmacy: Dispensing Only service for NRT Vouchers (this service)   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 (see section 4.2.1 for information regarding Brief Intervention training).  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   * 1. a pharmacy offering the Standard Level (or above) service.   2. a drop-in session run by the Specialist Stop Smoking service.   If a client is to be transferred (during a Quit attempt) from ‘Dispensing Only’ to a treatment model, then they will be required to speak to their EAIA within the Local Authority SSSS.  **Discharge Criteria and Planning**  Treatment should ordinarily be completed 12-weeks post quit. At the discretion of the EAIA practitioner, 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 Vouchers issued indicating a requested supply which will last more than 16 weeks post Quit Date Set and refer back to the Local Authorities 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 should be offered to all smokers’ resident in the South Tees local authority area who demonstrate a commitment and motivation to stop smoking.  **3.5 Any acceptance and exclusion criteria and thresholds**  This Introductory Level service in a pharmacy is responsive to presentation of an NRT voucher from the service commissioned for residents of Middlesbrough Local Authority as shown on the voucher.  All persons presenting a voucher should be appropriately managed in the pharmacy, though this may not necessarily include dispensing a supply if it is clinically inappropriate to do so.  Referrals to alternative pharmacy providers should be offered in the following instances:   * service users presenting who cannot be seen by the pharmacy within the maximum wait time.   Referrals to alternative stop smoking services should be offered in the following instances:   * 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; or   .  **Exclusion Criteria:**   * Young people under the age of 12 years are excluded from treatment in any pharmacy setting. They should be referred to their GP practice for normal clinical care. * Clients service explicitly requesting bupropion or varenicline. * Service users currently accessing, referred to and/or discharged from 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. * 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 / week. * Clients with history of an immediate cerebrovascular event. * Clients with previous serious reaction to NRT or any other ingredients included in products. * Clients currently taking medication with the potential for clinically significant pharmacokinetic changes because of a change in their smoking behaviour are excluded from the Dispensing Only pathway. This is because the pharmacy is not leading the client’s quit attempt and therefore will not be able to safely communicate with the prescriber of the patient’s potentially interacting medication. Patients on the following drugs are specifically excluded from the voucher pathway, Theophylline, Warfarin and the antipsychotics Clozapine and Olanzapine. Where a pharmacist identifies a client taking medicines, not included on this list (or with medical history) about which they would have clinical concerns about the client proceeding on a Dispensing-Only pathway, the Specialist Stop Smoking Service should be contacted to support patient management via an alternative pathway.   Clients for whom any of the above exclusion criteria apply should be prevented from accessing the ‘Dispensing Only’ pathway at the point of External Initial Assessment. However, any client identified in the pharmacy as meeting the exclusion criteria should be referred directly to the Specialist Stop Smoking Service\* to manage the client either within the service or via onward referral to general practice for treatment as routine clinical care.  **3.6 Interdependencies with other services**  Pharmacies will be required to work closely with:   * Local Authority commissioner / Service * General Practices for communication regarding their patient commencing on a Quit attempt with supply of NRT.   The ‘Dispensing Only’ vouchers that patients may present at the pharmacy will be issued by the local SSSS as controlled stationery, to trained and accredited TDAs in a range of specialist provider or community settings. An example voucher is included as Appendix 1.  All vouchers must be retained for a period of 2 years for audit purposes.  The paper vouchers may be replaced by an electronically issued voucher when available.  .  **3.7 Specialist Stop Smoking Service Responsibilities**  Will provide expert advice, training and support to pharmacy providers so they have the skills, knowledge and competent to deliver evidence-based stop smoking support:  Are responsible for validation of the data from Pharmacy, co-ordination, administration of controlled stationery (FP10 & NRT vouchers) and calibration of CO monitors.  The service provider will coordinate the use of Quit Manager, provide training and support, if necessary, to ensure new and existing stop smoking service providers utilise the database appropriately. |
| 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. Guidance can be found on NCST website and NICE Guideline 209.  4.2 Applicable local standards  **The Dispensing Only Voucher process should be considered to be a dispensary-led activity as a result of the requirement for a pharmacist clinical check and labelling requirements.**  In the Introductory Level (Dispensing only) service a pharmacist must be present when the supply is made to ensure that NRT is issued in accordance with this Service. All vouchers issued by a non-clinical practitioner (as indicated on the voucher) must undergo a pharmacist clinical check prior to dispensing. A record of the supply will be recorded in the PMR, and dispensing label applied.  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   * the clients’ general practice (if under 12) * a drop-in session run by the Specialist Stop Smoking service. * Where clinical safety concerns prevent the supply of NRT, the Specialist Stop Smoking Service should be informed, and the client referred to the Specialist Stop Smoking Service.   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.  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.  Service monitoring data entry / documentation are required in accordance with the PHE requirements and originals of paperwork or electronic templates will be provided by the commissioned Specialist Stop Smoking Service provider. Good care should be taken, with the emphasis on suitable training, to ensure that data recorded and submitted quality of such returns is managed.  **4.2.1 Local 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.  As part of the accreditation process, before being issued a contract, the pharmacy provider must complete a self-assessment of readiness.  The pharmacy will   * Be satisfactorily complying with their obligations under Schedule 4 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations in respect of the provision of essential services and an acceptable system of clinical governance. * nominate both 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 [StopSmoking@middlesbrough.gov.uk](mailto:StopSmoking@middlesbrough.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. * have access to summary care records and ensure relevant staff are trained. 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. * demonstrate on request that pharmacists and staff involved in the provision of the service have undertaken CPD relevant to this service; specifically:   + pharmacists delivering the service must have completed the NCST Stop Smoking Practitioner certification.   + The Governance Lead pharmacist must complete and maintain the CPPE Declaration of Competence for Stop Smoking Intervention services.   + 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. * 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 review standard operating procedures and referral pathways for the service on an annual basis. * 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. * agree to use Pharmoutcomes for the purposes of data collation, monitoring and management of this local commissioned service and ensure that all staff are trained to use it such that data entry is of a high level of quality and accuracy. The pharmacy will ensure good recording-keeping practice; records are confidential and should be stored securely for a suitable length of time. * ensure that they have appropriate indemnity arrangements in place. * to co-operate with any locally agreed Local Authority or SSSS-led assessment of service user experience. * 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. * All staff in the pharmacy should be able to have access to a copy of this service specification, protocols and guidance and any relevant updates. Governance leads should take steps to ensure that locum pharmacists are made aware of their responsibilities in relation to the service, including clinical checks, within their competence. It is 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 via [StopSmoking@middlesbrough.gov.uk](mailto:StopSmoking@middlesbrough.gov.uk) * The Specialist Stop Smoking Service will, on request, support pharmacies that have already completed implementation training, who wish to review their capacity, staff competence and performance in this service. |
| 5. Location of Provider Premises |
| The Provider’s Premises address is the pharmacy as shown on the main Public Health / MBC Contract. Dispensing Only services must be provided from this address. Any changes in ownership or in location of the pharmacy must be notified to [StopSmoking@middlesbrough.gov.uk](mailto:StopSmoking@middlesbrough.gov.uk) |
| **6. Required Insurances** |
| As per Public Health/MBC Contract Terms and Conditions |

**7. Quality Outcomes and Indicators**

There is no indicative activity as this pharmacy service is responsive and cannot be directly proactive with respect to issuing NRT. However, pharmacies should be able to evidence actively initiating brief interventions for smoking and 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 supply 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 Standards**

Clients should have their dispensing voucher 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 where applicable.

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 fields are fully completed and completed on PharmOutcomes within two working days of completion. For payments data must be entered onto the system in agreement 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 would be processed in the life of the service to demonstrate that the pharmacy is actively offering the service.

**7.3 Summary of Quality Outcomes**

| **Quality Requirement** | **Threshold** | **Method of Measurement** | **Consequence of breach** |
| --- | --- | --- | --- |
| The pharmacy is prepared to actively respond to the presentation of an NRT voucher at the pharmacy. | Within two months maximum of agreeing contractually to provide the service and at all reasonable times with not more than 7 days break in service | Self-assessment declaration of preparedness for actively responding to the presentation of an NRT voucher at the pharmacy at service implementation.  Self-declaration by exception of not being able to provide the service for more than 1 consecutive week | Commissioner will review with the pharmacy the offer of contract at that location |
| Evidence of having processed NRT vouchers as described in the service specification | ONE local voucher processed each year | Evidence of data record on Pharmoutcomes of having processed a local NRT voucher | Where small numbers of vouchers are received, the commissioner will review the need for an open contract at that pharmacy location |
| Data quality on Pharmoutcomes is satisfactory | All data fields completed and correct | Review of data quality on Pharmoutcomes e.g. time to data entry/ claims submitted | Advisory/ Improvement notice |
| Patient Experience reports are satisfactory with regard to reasonable promptness | Reporting as ‘satisfactory’ | Patient surveys or mystery shopper | Advisory/ Improvement notice |

**8. Remuneration**

Remuneration for the Dispensing-Only service relates to dispensing-only fees and relevant product costs. This service offer does not include any tariff payments payable to Standard Level for clients that quit smoking.

For simplicity of payment processes, pharmacies will be paid a Clinical Check fee for the first time a Dispensing Only voucher is dispensed for an individual client within a 12-week quit attempt.

Pharmacies will also be paid a separate additional fee for each dispensed supply of NRT (which includes fees for subsequent pharmacist clinical checks).

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

To be eligible for payment, all data returns must be completed in the required timeframe.

Payments will be made following a request for payment / Invoice being issued by provider (Pharmacy) to Local Authority SSSS ([StopSmoking@Middlesbrough.gov.uk](mailto:StopSmoking@Middlesbrough.gov.uk) ) following local checks against Pharmoutcomes and Social Rx recordings and as per Local Authority payment procedures.

Agreed remuneration will require review following any major change.

Payment will be made in recognition of dispensing activity for all NRT Dispensing-only Vouchers including those for pregnant women (historically Babyclear, coloured Blue) or Stop Smoking Service Specialist Assessor 1-week or 2-week Dispensing Vouchers (historically Orange) as follows:

|  |  |  |
| --- | --- | --- |
| Payment trigger | Condition | Price |
| Clinical check | First supply to any client on a Dispensing-only pathway | £10 |
| Subsequent clinical check fees are incorporated into dispensed NRT supply fee | | |
| Dispensing of one-week or two-week supply ONCE ONLY as requested on voucher authorised by accredited assessor | ONE FEE for dispensed NRT supply (whether for one or more products) for the period of ONE week or TWO weeks as requested | £2.50 |

**8.1 Product Costs**

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

Appendix 1

**APPENDIX**

NRT 1 WEEK DISPENSING ONLY VOUCHER

**To be completed by a trained and accredited Stop Smoking Advisor**

Start of Week ……………….. Locality………………………………

To the voucher holder: take this voucher to your chosen pharmacy. Remember this voucher does not guarantee that a nicotine replacement product will be supplied. The pharmacist will complete your Stop Smoking consultation and consider your suitability for NRT products discussed with the adviser.

Pharmacy planned to attend:

Voucher issued to: (Name):…………………………………………………………………………………..

Address: ………………………………………………………………………………...

…………………………………………………………………………………………….

Postcode: ……………………. Telephone: ……………………………

D.O.B: ………………………… Gender: Male / Female

Pregnant: Yes / No Breastfeeding: Yes / No

GP Name: ……………………………………………………………………………

Surgery: ………………………………………………………………………………

**NRT Suggestion.** Following a non-clinical assessment of the client’s intention to stop smoking these NRT products have been indicated for consideration of supply by the pharmacy:

……………………………………………………………………………………………

……………………………………………………………………………………………

Advisor Name: ……………………………………………

Advisor Signature: ………………………………………..

Stop smoking service South Tees

Clinic location: …………………………………………..

Contact No: ……………………………………………….

Date Voucher Issued: ……/ ……/ ……

Voucher No:

DO………………

1. [↑](#footnote-ref-1)
2. External in this case meaning not a pharmacy assessor. [↑](#footnote-ref-2)
3. Advisers must offer more than one pharmacy and should not express an opinion or preference regarding any given provider. [↑](#footnote-ref-3)
4. Note that issuing of the paper monitoring documentation should be the default situation. If the ‘Dispensing Only’ module for Quit Manager is live AND the Assessor can complete data entry of their information CONTEMPORANEOUS WITH THEIR consultation, then this requirement for client held paper records will be removed from the protocol. [↑](#footnote-ref-4)
5. [↑](#footnote-ref-5)