**Service Specification**

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| **Service** | Locally Commissioned Service (LCS): Smoking Cessation in Community Pharmacies |
| **Commissioner Lead** | Ginny Cranshaw - Southampton City Council |
| **Provider Lead** |  |
| **Period** | 1st April 2016 – 31st March 2017 |
| **Date of Review** | December 2016 |

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| 1. **National/Local Context**
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| Smoking is the single greatest cause of preventable illness and premature death in the UK. A person who smokes cigarettes regularly more than doubles their risk of dying before the age of 65[[1]](#footnote-1). More than any other identifiable factor, smoking contributes to the gap in life expectancy between the most deprived and the most affluent. To stop smoking is one of the most cost effective of all medical interventions. Smoking prevalence in Southampton is 21.5%, significantly higher than the England average of 18.4%It is estimated that for Southampton to reach the England average **113 fewer women should stop smoking during pregnancy** (PHOF 2014/15 SCC 14.7%; ENG 11.4% and **4,918 fewer adults (18+) should stop smoking** (PHOF 2014 SCC 20.5%; ENG 18.0%). |
| 1. **Aim of Service**
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| The aim of this service is to:Provide a smoking cessation service for clients who need support from community pharmacies to give up smoking using three one to one interventions. No exclusions apply however referral to the specialist stop smoking service Southampton Quitters should be considered for clients who want to stop smoking and are in one or more of the following groups are to,* 1. pregnant
	2. complex health needs,
	3. mental health problems,
	4. those who want to access groups
	5. those who are undergoing surgical procedures
	6. those who have had three previous unsuccessful quit attempts

The pathway for the quit attempt is defined following referral and first prescription.The Service Provider should actively promote their smoking cessation service alongside Southampton Quitters. Promotional material should be on display for national campaigns including, but not limited to; Stoptober, National No-Smoking Day and the Health Harms Campaign and this may be confirmed during an annual quality visit.  |
| 1. **Scope of Service**
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| Clients should be supported on a regular basis to help them stop smoking:The ***initial assessment*** includes: * assess if the client would be better suited to Stop Smoking interventions from Southampton Quitters
* asking if the client would like to make an attempt to stop smoking and receive weekly advice and support to stop
* assessing how ready the client is to make a change

The ***initial treatment session*** includes: * setting a target quit date with the client
* assessing the clients smoking behaviour e.g. are they a highly dependent smoker?
* explaining the benefits of quitting smoking
* taking an initial CO reading for baseline assessment and explaining its use as a motivational aid
* exploring any barriers/concerns affecting the client’s success
* identifying treatment options with the client
* agreeing a treatment plan with the client, including coping strategies to maximise commitment to the target quit date
* one weeks supply of the chosen pharmacotherapy
* explanation of the use of the chosen product(s)
* an action plan for the week ahead
* an appointment for 7 days time or pre-arrange contact by telephone
* giving the client the contact number for the pharmacy
* completing PharmOutcomes templates

The ***subsequent treatment sessions to*** include: * Reflection on the previous weeks, addressing any key issues or problem areas
* Self-reported smoking status followed by a CO test for validation (and ensuring this is recorded)
* Reinforcing week on week success
* Making further weekly appointments
* A further weeks supply of product at each treatment session
* Following up missed appointments with telephone contact and / or written contact
* Referral to Southampton Quitters of clients who choose to or require more intensive support following failure to quit
* Ensure Pharmoutcomes is up to date and accurate

The ***4 week quit assessment*** *(normally conducted at the end of week 4/beginning of week 5)*includes: * + - Self-reported smoking status, followed by a CO test for validation (and ensuring this is recorded)
		- Congratulating the client on their quitting success
		- Recording change of their smoking status and quit success
		- in line with DH guidance there is an allowance of 14 days following the end of treatment for a client to be followed up and recorded as a 4 week quitter
		- Ensure Pharmoutcomes is up to date and accurate
		- Providing additional supply of product up to week 8
	1. The part of the pharmacy used for provision of the service must provide a sufficient level of privacy and safety.
	2. The Service Provider has a duty to ensure that staff involved in the provision of the service is appropriately trained in the operation of the service.
	3. The Service Provider should regularly update data in PharmOutcomes ([www.pharmoutcomes.org](http://www.pharmoutcomes.org)) to ensure effective ongoing service delivery and audit
	4. The Service Provider has a duty to ensure that staff involved in the provision of the service are aware of, and act in accordance with, local protocols and NICE guidance.

3.5. Public Heath England recommends that services offer support to people who are using e-cigarettes in a quit attempt. Clients using unlicensed nicotine containing products can be included in the national data returns and can be provided with behavioural support. Clients who are using an e-cigarette can also use NRT if they wish in conjunction and do not need to have stopped using their e-cigarette before using NRT. More information is available at: <http://www.ncsct.co.uk/publication_electronic_cigarette_briefing.php>  |
| **4. Eligibility to Provide the Service** |
| * 1. The Service Provider and its agents and/or employees shall carry out its obligations under the agreement in a timely manner and with reasonable care and skill.
	2. The Service Provider must have a partner, employee or sub-contractor who has the necessary skills and experience to carry out the required procedures.
	3. All advisors are required to undertake the online training provided by National Centre for Smoking Cessation Training and certifications should be sent with the signing of this agreement. This can be found at [www.ncsct.co.uk](http://www.ncsct.co.uk)
	+ Stop Smoking Practitioner Training and Certification should be completed by advisors supporting clients to stop smoking
	+ Very Brief Advice in Smoking Cessation should be completed by those referring onwards
	1. All advisors are required to undertake refresher training on an annual basis provided by Southampton Quitters. Attendance registers will be sent to the CCG as evidence of compliance. Back fill will be provided to cover this training. Invoices will be raised via PharmOutcomes.
	2. The Service Provider must ensure CO monitors are calibrated regularly in line with manufacturer’s recommendations.
	3. Any monitor more than five (5) years old should be returned to the manufacturer to be serviced. A bulk buy discount has been negotiated with **MD Diagnostics Ltd,** should the Service Provider need to purchase a new monitor. Training will be provided by **MD Diagnostics Ltd**. Please contact **01622 682686** to access this discount.
	4. In addition to the above, Southampton Quitters will facilitate bi-annual Smoking Cessation Advisor Network Meetings. It is recommended that advisors attend these meetings where possible to increase knowledge, skills and confidence.
	5. Failure to submit evidence of the required training within the necessary timeframes will be considered a breach of this agreement.
	6. A pharmacist who is involved in the provision of healthcare to a vulnerable person is recommended to undergo a Disclosure and Barring Service (DBS) check. Further guidance regarding how to go about this can be requested from Southampton City CCG.
	7. The Service Provider shall ensure that the premises and equipment used for the services conform to industry standards and are reasonably suitable for the delivery of the services.
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| **5. Monitoring and Reporting** |
| * 1. Reporting for the service will be via Pharmoutcomes ([www.pharmoutcomes.org](http://www.pharmoutcomes.org)). The Service Provider is encouraged to ensure this is up to date and accurate. There is a two month grace period in place for retrospective claims.
	2. Payments will be made monthly in arrears based on activity extracted from Pharmoutcomes ([www.pharmoutcomes.org](http://www.pharmoutcomes.org)).
	3. Service Providers will be asked to complete an annual audit in year to help inform future commissioning.
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| 1. **Unit Costs**
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| Southampton City Council agrees to pay the following:

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| £50  | For a Department of Health 4 week quit  |
| £25 | For an unsuccessful quit at week 4 |
| £10  | for an unsuccessful quit at week 1 or 2  |
| £2.20 | Administration fee for each weeks supply from week 5 – 8 inclusive |
| SCC will also reimburse the cost of NRT at C+D cost price plus 5% VAT |
| £25  | Per hour for a pharmacist to attend one training session per year |
| £15 | Per hour for a registered technician to attend one training session per year |
| £10 | Per hour for other members of staff to attend one training session per year |

Payments will be made monthly in arrears, based on data from Pharmoutcomes ([www.pharmoutcomes.org](http://www.pharmoutcomes.org)). Service Providers are encouraged to ensure Pharmoutcomes is accurate and up to date at the end of each month. There is a two month grace period in place for retrospective claims.  |

1. http://www.nhs.uk/Livewell/smoking/Pages/Betterlives.aspx [↑](#footnote-ref-1)