

**SWINDON BOROUGH COUNCIL: PUBLIC HEALTH SERVICES CONTRACT:
STOP SMOKING SERVICES**

APPENDIX A – SERVICE 2

SERVICE SPECIFICATIONS: PHARMACY STOP SMOKING SERVICES,

Service Specification No.	PH/P SS
Service	Pharmacy - Stop Smoking
Authority Lead	Penny Marno (Public Health Consultant)
Provider Lead	Name of Pharmacy Manager
Period	1st April 2022 to 31st March 2026
Date of Review	1st October 2023

1. Population Needs

1.1 National/Local Context and Evidence Base

Smoking remains the main cause of preventable disease and premature death in the UK, with an estimated 74,600 deaths attributed in 2019. This is a decrease of 3% from 2018 (77,000) and 9% from 2009 (82,000). Smoking rates are reducing with the number of adult smokers decreasing from 39% in 1980, 20% in 2012 down to 14.1% in 2019 (ONS, 2019).

Overall smoking prevalence in adults in Swindon in 2019 was 13.1% down from 17.7% in 2017. The England average smoking prevalence in adults in 2019 was 13.9%, so Swindon is below the England average.

Smoking amongst routine and manual workers in Swindon was also down in 2019 to 19.8% (from 29.4% in 2012, 24.3% in 2014). The England average smoking prevalence in routine and manual workers in 2019 was 23.2%.

Smoking kills half of all long-term users and is the biggest single cause of inequalities in the death rates of rich and poor - smoking prevalence rates are significantly higher amongst those in the routine and manual socio-economic classification.

In 2019/20 there were estimated to be 506,100 hospital admissions attributable to smoking. This is similar to 2018/19 when it was 504,200 and higher than 2009/10 when it was 461,700 (an increase of 10%). In 2019/20 this represented 4% of all hospital admissions (down from 5% in 2009/10), and 25% of hospital admissions for conditions that can be caused by smoking (down from 31% in 2009/10). Smoking costs the NHS approximately £2.7 billion a year for treating disease caused by smoking.

Smoking had been identified as the primary reason for the gap in healthy life expectancy between the rich and poor. Smoking is the major cause of lung cancer and chronic obstructive pulmonary disease and a major cause of strokes, coronary heart disease, and other circulatory disease such as peripheral vascular disease, as well as cancers of the mouth, oesophagus, bladder, kidney and pancreas. It is linked to cancer of the stomach, liver and nose, and to leukaemia. Smoking is also indicated in many other serious illnesses such as asthma, osteoporosis, increased risk of miscarriage, low birth weight, and sudden infant death. Smoking can also complicate surgical procedures and recovery. It is estimated that smoking is attributable for 86% of deaths from lung cancer, 86% of

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deaths from chronic obstructive pulmonary disease (bronchitis and emphysema) and 12.5% of deaths from heart and circulatory diseases.

Women who smoke during pregnancy have a substantially higher risk of spontaneous abortion (miscarriage) than those who do not smoke. Smoking can also cause complications in pregnancy and labour, including ectopic pregnancy, bleeding during pregnancy, premature detachment of the placenta and premature rupture of the membranes.

Smoking prevalence in pregnant women in Swindon at the time they delivered their babies was 11.1% in 2019. This is higher than the England average of 10.4% and reducing smoking at the time of delivery remains a priority for Swindon.

Current and former smokers are more likely to require primary care services than those who have never smoked, with reported costs of approximately 1.1 billion to primary care in 2015:

Primary care event	Estimated smoking-related burden
GP visit	£794 million
Practice nurse visit	£111.7 million
Prescriptions	£144.8 million
Total	£1.1 billion

In England, around 60% of smokers want to quit, 10% of whom intend to do so within 3 months. Currently, around half of all smokers in England try to quit unaided using willpower alone, despite this being the least effective method. Getting support can greatly increase a person's chances of quitting successfully. There is NHS Local Stop Smoking Services Delivery and Guidance and NICE Guidance (DH 2011, DH 2012, NICE 2021) for the delivery of stop smoking services to support those who want to give up smoking to quit.

2. Key Service Outcomes

2.1 Key Service Outcomes

To provide a high quality stop smoking support service to enable people in Swindon to quit smoking. Outcomes will contribute to a reduction in smoking prevalence rates.

In addition it will protect the health of those who don't smoke, particularly children, by reducing exposure to second hand smoke.

3. Scope

3.1 Aims and Objectives of Service

The overall aim of this locally commissioned service is to support the reduction of smoking prevalence in Swindon and to reduce health inequalities, by enabling clients to access high quality stop smoking support which best fits their needs.

Objectives are to:

1. provide a readily accessible quality service for smokers who want to quit

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2. improve access to and choice of stop smoking services, including access to pharmacological and non-pharmacological stop smoking aids.
3. encourage brief interventions with smokers to be regularly carried out and recorded and appropriate referral for smokers that want to quit.
4. ensure that robust data is collected by the Stop Smoking Service to enable accurate and timely measurement of outcomes, to assess effectiveness and cost effectiveness of the stop smoking intervention.

3.2 Service Description/Pathway

This service specification reflects the provision of one-to-one stop smoking support. This service specification has been agreed with the Swindon and Wiltshire Pharmaceutical Committee.

The Stop Smoking Service is one in which the community pharmacy provider will:

1. Provide one-to-one support and advice to people who want to give up smoking, for a maximum of 8 weeks according to the NHS Local Stop Smoking Services Delivery and Guidance and NICE Guidance (DH 2011, DH 2012, NICE 2021). All staff providing one-to-one support must be accredited to National Centre for Smoking Cessation and Training (NCSCCT) Level 2 accessed [here](#). Training is available FOC and providers should contact the Swindon Stop Smoking Service for details. Where staff have previously completed locally accredited training a period of 12 months will be permitted to complete the NCSCCT online courses.
2. Refer to specialist stop smoking services if appropriate.
3. Ensure all pharmacy staff conduct brief interventions with smokers and are aware of the AAA Model (Very Brief Advice (AAA) – 30 seconds to save a life). See Appendix 1.
4. Accurately inform patients about NRT, bupropion (Zyban) and Varenicline (Champix) and prescribe as appropriate to patients being supported by the Pharmacy Stop Smoking Advisor in line with NICE Guidance (NICE 2021).
5. Provide one or more pharmacy-based Stop Smoking Advisors with dedicated time to carry out one-to-one stop smoking interventions with patients and to ensure that there is a trained stop smoking advisor engaged in the pharmacy regularly. Evening and weekend availability of the service is valued.
6. Notify Swindon Borough Council Public Health immediately if the only trained stop smoking advisor leaves the pharmacy. The pharmacy contractor will have three months to ensure that a trained advisor is available for the service

Service Specification

- a. The part of the pharmacy used for provision of the service provides a sufficient level of privacy and safety: - the pharmacist and the service user must be able to sit comfortably together, and the conversations between the pharmacist and service user cannot be over heard by members of the public or other pharmacy staff.
- b. Access routes to this service will be determined locally, and could include:
 - i. *Self-referral by client*
 - ii. *Pharmacy referral as a result of the 'NHS Health Checks, Promotion of Healthy Lifestyles (Public Health)' or 'Signposting' Essential Services;*
 - iii. *Swindon Stop Smoking Service helpline.*
 - iv. *referral by another health or social care worker;*

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- c. The pharmacy would have to confirm the eligibility of the person to access the service, based on local guidelines, and protocol as covered in the local training.
- d. If considered appropriate, the pharmacist may supply Nicotine Replacement Therapy (NRT), at the cost of an NHS prescription charge for each item dispensed (or free of charge for service users that are exempt from charges) according to the protocol in Appendix 2. The prescription charge(s) should be taken at the initial consultation and then at each supply.
- e. Service users who are exempt from prescription charges should sign the exemption certificate that can be printed from Pharmoutcomes and mirrors that found on a standard prescription.
- f. Combination NRT has been shown to have an advantage over using just one product and is also considered to be cost effective. It can, therefore, be used when considered clinically appropriate. When using combination therapy please ensure that the quantity supplied of the supplementary NRT product meets their clinical need. (The majority of patients will not require the full dose).
- g. Support will be given at weekly visit to the pharmacy for the first 4 weeks and then fortnightly for a further 4 week period according to the protocol in Appendix 2. Alternatively, clients can be referred to the Swindon Stop Smoking Service for further support following the 4-week follow-up appointment.
- h. It is expected that any Stop Smoking Advisor dealing with clients under 18 years old will have a valid Disclosure Barring Service (DBS) certificate and will have undertaken foundation child protection training.
- i. The Great Western Hospital has a specialist practitioner for pregnant women. Pregnant women should only receive a single form of NRT and should be encouraged to enrol on the specialist stop smoking support programme provided by the Great Western Hospital (corinne.mildiner@nhs.net).
- j. Pharmacists will need to share relevant information with other health care professionals and agencies, in line with locally determined confidentiality arrangements. At the first stage in their consultation all clients should be made aware that the details of their quit attempt will be passed in confidence to Stop Smoking Service at Swindon Borough Council for monitoring purposes only.
- k. The pharmacist will request consent to allow contact by the Stop Smoking Service and obtain patients consent accordingly.
- l. The pharmacy must maintain appropriate records to ensure effective ongoing service delivery and audit. Records and documentation will be confidential and should be stored securely whilst at the pharmacy premises.
- m. The trained advisor must ensure that a completed record consisting of the minimum data set as defined within the 'NHS smoking cessation services: service and monitoring guidance' and must be recorded on the database system Pharmoutcomes.
- n. All records and forms should be retained in line with national governance standards.
- o. The pharmacy will have available appropriate health promotion material for service users and actively promote its uptake and is able to discuss the contents of the material with the service user where appropriate. Information on health promotion material can be obtained from the Swindon Stop Smoking Service.
- p. The pharmacy should adhere to a carbon monoxide monitor infection control protocol, an example of which is given in Appendix 3.

Better for protocol to be published as an appendix than to refer to local training - definition in section 3.3?

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- q. Pharmacies who are independent prescribers of Varenicline will be paid £20 for an initial assessment via Pharmoutcomes.

Swindon Stop Smoking Service

Contact details are:

Tel: 01793 465512

Text: 07341 077530

Email: swindon.stopsmoking@nhs.net

Swindon Stop Smoking Service

Public Health

Swindon Borough Council

Wat Tyler West – 4th Floor

Beckhampton Street

Swindon

Wiltshire

SN1 2JG

3.3 Population Covered

This service is for people registered with a Swindon GP (excluding Elm Tree Surgery).

If an individual is neither resident in Swindon nor registered with a Swindon GP but routinely works in Swindon, and they cannot conveniently access services in their home area, then they may access this service.

3.4 Any Acceptance and Exclusion Criteria and Thresholds

The client must not be currently registered with any other Stop Smoking Practitioner or other Stop Smoking Service (e.g. group support)

3.5 Interdependencies with other Services

The Swindon Stop Smoking programme is delivered by a variety of different providers. In order to ensure the programme is as effective and achieves optimal outcomes providers will maintain efficient working relationships with a range of agencies to enhance the quality of service delivered. This includes but is not restricted to:

- Community pharmacies
- Community Health and Wellbeing Team, which includes Social Prescribers and Community Navigators and is part of Public Health
- Acute hospitals
- General Practices

The Provider is expected to actively participate in local Stop Smoking networks, training and audit programmes where applicable.

3.6 Any Activity Planning Assumptions

As this is a demand led service no activity planning assumptions have been made.

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If the provider, for whatever reason, is unable to provide Stop Smoking services at any point during the contract period they must inform the Commissioner at the earliest opportunity and refer all requests for service to the Stop Smoking service at Swindon Borough Council.

4. Applicable Service Standards

4.1 Applicable National Standards e.g. NICE

Department of Health (2011). Local Stop Smoking Services: Local Delivery and Monitoring Guidance 2011/12. Tobacco Programme, Department of Health. Gateway reference 15502. www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_125389

Department of Health (2012). Stop Smoking Service: monitoring and guidance update. Tobacco Policy Team. Gateway reference 17904. <https://www.gov.uk/government/publications/guidance-for-providing-and-monitoring-stop-smoking-services-2011-to-2012>

Jarvis M, Wardle J (1999) Social patterning of individual health behaviours: the case of cigarette smoking. In: Marmot M, Wilkinson R, editors. Social determinants of health. Oxford: Oxford University Press.

National Centre for Smoking Cessation and Training (NCSCT) (2014). *Local Stop Smoking Services: Service and delivery guidance 2014*. Available at: https://www.ncsct.co.uk/publication_service_and_delivery_guidance_2014.php

National Institute for Health and Clinical Excellence (2021). Tobacco: preventing uptake, promoting quitting and treating dependence [NG209] Available at: <https://www.nice.org.uk/guidance/ng209>

National Institute for Health and Clinical Excellence (2010). How to stop smoking in pregnancy and following childbirth. Public health guideline [PH26] Available at: <https://www.nice.org.uk/guidance/ph26>

Public Health England (2017) Reducing health inequalities: system, scale and sustainability. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/731682/Reducing_health_inequalities_system_scale_and_sustainability.pdf

Public Health England (PHE) (2021) *Vaping in England: evidence update February 2021*. Available at: <https://www.gov.uk/government/publications/vaping-in-england-evidence-update-february-2021/vaping-in-england-2021-evidence-update-summary>

Royal College of Physicians (2018) *Hiding in plain sight: Treating tobacco dependency in the NHS*. Available at: <https://www.rcplondon.ac.uk/projects/outputs/hiding-plain-sight-treating-tobacco-dependency-nhs>

West R, McNeill A, Raw M. Smoking cessation guidelines for health professionals: an update. *Thorax* 2000; **55(2)**: 987-999.

4.2 Applicable Local Standards

Service provision cannot be subcontracted to other parties and claims made on this basis will not be paid.

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We advise that National Centre for Smoking Cessation and Training (NCSCT) Accreditation to be achieved before attending any local training. For more information see http://www.ncsct.co.uk/publication_training-and-assessment-programme.php

4.3 Data Requirements

Data reporting is provided by the Swindon Stop Smoking service commissioned database - Pharmoutcomes.

5. Location of Provider Premises

The Provider's Premises are located at:

6. Required Insurances

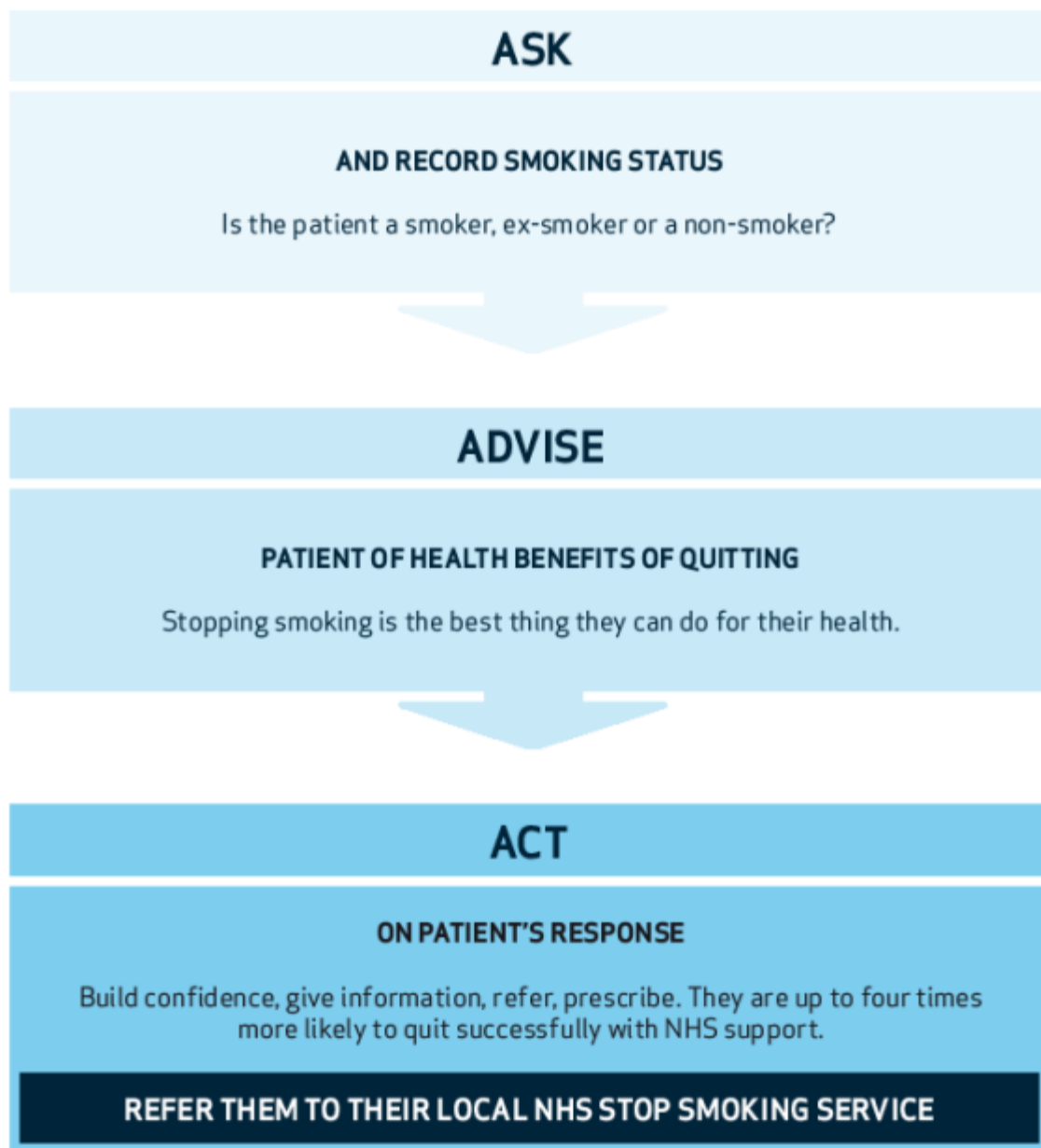
6.1 The following minimum insurances are required:

Employers Liability Insurance - £10 million

Public Liability Insurance - £10 million

Professional Indemnity Insurance (including Medical Malpractice) - £10 million

Appendix 1 – Service 2: Very Brief Advice (AAA) – 30 seconds to save a life



Appendix 2 – Service 2: Service Protocol

Community Pharmacy Service Specification – Stop Smoking Service

The initial assessment

The initial consultation should include:-

- An assessment of the person's readiness to make a quit attempt.
- An assessment of the person's willingness to use appropriate treatments.
- A carbon monoxide (CO) test and an explanation of its use as a motivational aid.
- A description of the effects of passive smoking on children and adults;
- An explanation of the benefits of quitting smoking.
- A description of the main features of the tobacco withdrawal syndrome and the common barriers to quitting.
- Identify treatment options that have proven effectiveness.
- A description of what a typical treatment programme might look like, its aims, length, how it works and its benefits; maximise commitment to the target quit date.
- Application of appropriate behavioural support strategies to help the person quit; and conclude with an agreement on the chosen treatment pathway.
- Ensuring the person understands the ongoing support and monitoring arrangements.
- An explanation that the Nicotine Replacement Therapy (NRT) will be provided weekly for the first 4 weeks of treatment, and then fortnightly for a further 4 weeks if considered appropriate.
- Obtaining consent for the weekly visits for 4 weeks and the 52 week follow-up by the Swindon Stop Smoking Service.
- If considered appropriate, the pharmacist may supply (or supervise the supply of) one week's supply of an appropriate NRT.
- Completion of a declaration of exemption from prescription charges or payment of prescription charges as appropriate. Each form of NRT will require a standard prescription charge.
- Making an appointment for follow-up in one week's time.
- People not wishing to initially engage may be offered appropriate health literature or referral to an alternative stop smoking service, and asked to return when they do wish to set a quit date.

Supply of treatment must be recorded on the person's pharmacy medication record. Consideration should be given to communicating this information to the person's GP where clinically appropriate.

Week 1-3 Follow-Up Assessments

Follow-up assessments, in line with NICE guidelines, should be agreed with the person.

The follow-up assessments should include:-

- Continued application of appropriate behavioural support strategies to help the person quit.
- Ensuring the person understands the ongoing support and monitoring arrangements.
- A carbon monoxide (CO) test and an explanation of its use as a motivational aid, if wanted by the service user.
- A further supply of one week of NRT treatment should be made at these consultations.
- Service users who choose not to complete the programme should be offered appropriate health literature or referral to an alternative stop smoking service.
- Making an appointment for follow-up in one week's time.
- Completion of the monitoring form.

The Week 4 "Quit" Assessment

The Week 4 assessment consultation should include:-

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- Self-reported smoking status.
- A CO test for validation.
- A successful quitter is as defined by the DH stop smoking guidelines, as one who has not smoked at all in the 2 weeks prior to the 4 week follow up visit.
- Continued application of appropriate behavioural support strategies to help the person quit;
- Completion of the monitoring form
- Advise on the next steps:
 - Client continues to see the pharmacy stop smoking advisor for a further 4 weeks
 - Client referred to the Swindon Stop Smoking Service
 - Client continues with a self-maintenance programme.

The Week 5-8 Follow-Up Assessments

Where appropriate, the quitter can be seen fortnightly for two further visits (up to 8 weeks from initial quit date) if further support seems necessary. The format of the visits should be the same as the Week1-3 Follow-Up Assessments, and two weeks supply of NRT may be supplied at each visit.

If, at the final assessment, the client requires further stop smoking support, he/she should be referred to the Swindon Stop Smoking Service.

[Do 5-8 week follow up require that the smoker has Quit at 4 weeks?](#)

Appendix 3 – Service 2: Carbon Monoxide Monitor Protocol

Straws/mouthpieces

Single-use only, change for every patient/client and dispose of as soiled. Ask the client to put their own tube into machine and remove after use and dispose of safely in a clinical waste bag.

Plastic adaptor/D-piece

The adaptor contains a one-way valve that prevents inhalation from the monitor. They should be changed if visibly soiled, after use with patients with known communicable conditions and then according to the manufacturer's guidance as follows:

- Micromedical: the adaptor should be discarded and replaced every six months
- Bedfont (Pico): the adaptor should be discarded and replaced monthly.

Record every time this is done and diarise the replacement date. They cannot be cleaned or sterilised.

Contact the Stop Smoking Service at Swindon Borough Council for supplies of adaptors/D-pieces.

Cleaning

The monitors should be wiped down using non-alcohol wipes, ideally at the end of every session. (Never use alcohol or products containing alcohol or other organic solvents as these vapours will damage the carbon monoxide sensor within the instrument).

Repair

Contact the Stop Smoking Service at Swindon Borough Council to discuss any repairs

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**APPENDIX B – SERVICE 2
CONDITIONS PRECEDENT**

1. Provide the Authority with a copy of the Provider's registration with the GPhC where the Provider must be so registered under the Law.

2. Copies of valid insurance certificates covering the duration of the contract period.

Employers Liability Insurance - £10 million

Public Liability Insurance - £10 million

Professional Indemnity Insurance (including Medical Malpractice) - £10 million

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**APPENDIX C – SERVICE 2
QUALITY OUTCOMES INDICATORS¹**

Quality standards for services

- The pharmacy has appropriate health promotion and service material available for users and promotes its uptake.
- The pharmacy reviews its standard operating procedures and the referral pathways for the service on an annual basis.
- The pharmacy can demonstrate that pharmacists and staff involved in the provision of the service have undertaken CPD relevant to this service.
- The pharmacy can demonstrate that service and monitoring guidelines as stated here and in training, are followed throughout the provision of this service.
- The four-week quit rate meets the local standards.
- The pharmacy participates in any SBC organised audits of service provision and update training.
- The pharmacy co-operates with any locally agreed SBC-led assessment of service user experience.

¹ These are suggested indicators based on evidence of good practice and national standards and guidance. Their inclusion is for local determination.

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APPENDIX D – SERVICE 2

**SERVICE USER, CARER AND STAFF SURVEYS
Patient Satisfaction**

The provider will support Swindon Borough Council in a patient feedback survey which will meet the national requirements around privacy and dignity and access to services.

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**APPENDIX E – SERVICE 2
CHARGES**

This agreement is to cover the 12 months commencing 1st April 2022. On agreeing a service specification with Swindon Borough Council Public Health, the Provider will receive the following payments per service user:

1. Initial Assessment £15
2. Initial Assessment for Pharmacies who are independent prescribers for Varenicline £20
3. Week 1-3 Follow-Up Assessments (maximum of 3) £5
4. Week 4 Week “Quit” Assessment £5
5. Week 5-8 Follow-Up Assessments (maximum of 2) £5
6. Maximum for 8-weeks course £45

Swindon Borough Council, Public Health will reimburse the pharmacy for the cost of NRT supplied including the VAT costs.

The materials and equipment required, including CO monitors, disposable mouth straws and D-pieces, are supplied free of charge to the pharmacy by Swindon Borough Council.

The Provider will be paid quarterly from claims raised on the Pharmoutcomes system.

Fees have not been reviewed over past 4 years and do not reflect the dedicated time necessary from a trained individual to deliver the service effectively - suggest 20% uplift

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**APPENDIX F – SERVICE 2
SAFEGUARDING POLICIES**

The Provider shall ensure all staff are aware of and trained to a level appropriate to their role and abide by guidance and legislation on safeguarding (children and adults).

The Service Provider should ensure that staff are aware of and abide by the **Policy and Procedure for safeguarding adults at risk in Swindon – Swindon Safeguarding Partnership** https://safeguardingpartnership.swindon.gov.uk/swindonlscb/info/1/swindon_lscb/15/adult_safeguarding

This should include understanding safeguarding referral procedures and referral pathways to social care.

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**APPENDIX G – SERVICE 2
INCIDENTS REQUIRING REPORTING PROCEDURE**

The provider will be required to produce a six monthly summary report providing full details of all complaints and how they were resolved.

The provider will adhere to the national regulations on the management of complaints. Any complaints received related to the service, and any responses will be copied to the commissioner at the time they are dealt with.

The Provider will have awareness of and will respond to infectious diseases, outbreaks and other threats to health. A clinical governance report will be submitted to the Commissioner on an annual basis and full details of any Serious Untoward Incidents (SUIs) will be communicated without delay to the commissioner.

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**APPENDIX H – SERVICE 2
INFORMATION PROVISION**

The Provider may be requested to participate in an audit of service users' survey by the Swindon Stop Smoking Service.

The Provider may be requested to provide a copy of their patient medication records to assist in the monitoring arrangements.

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**APPENDIX I – SERVICE 2
TRANSFER OF AND DISCHARGE FROM CARE PROTOCOLS**

The Swindon Stop Smoking Service may conduct a 52 week follow up to see if the client has still quit smoking.

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**APPENDIX J – SERVICE 2
SERVICE QUALITY PERFORMANCE REPORT**

The Provider will work with Swindon Borough Council with regard to service quality issues.

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**APPENDIX K – SERVICE 2
DETAILS OF REVIEW MEETINGS**

Pharmacies will agree to partake in a minimum of one review meeting per year.

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**APPENDIX L – SERVICE 2
AGREED VARIATIONS**