

NORTHUMBERLAND COUNTY COUNCIL

SERVICE SPECIFICATION 2013 - 2014

Service	Intermediate Stop Smoking Service - Pharmacy
Commissioner Lead	Kerry Lynch – Northumberland County Council
Provider Lead	Pharmacy Named Lead XXX – Pharmacy XXX
Period	1 st April 2013 - 31 st March 2014

1.	<p>Overall purpose of service</p> <p>To ensure patients who are smokers have an accessible treatment service to help them to stop smoking. This pharmacy-based service will help to increase choice and improve access to NHS Stop Smoking Services, especially for 'hard to reach' groups, such as pregnant women and young people. It will contribute to local public health and tobacco control strategies, which have a commitment to reduce smoking and contribute to the targets measured by the number of smokers who stop.</p> <p>This public health service refers to the provision of a one-to-one intermediate stop smoking service which complies with best practice and evidence based stop smoking treatment, that is, provision of a pharmacological product to reduce withdrawal cravings within a programme of behavioural support. This approach can quadruple a smoker's chances of stopping, compared with an unaided quit attempt.</p> <p><i>In developing a public health service, it is necessary to ensure that there is no visible overlap with what has been negotiated at a national level in relation to essential services such as 'Promotion of health lifestyles (Public Health)' (ES4). This service specification is for work done by pharmacies which locally exceeds that which would normally be regarded as standard work for pharmacies. It also builds on this to support pharmacies in delivering even higher standards of care. The Intermediate stop smoking service is the provision of support and treatment as described here, and in training. It is in addition to brief advice given routinely or as part of other programmes.</i></p>
2.	<p>Expected outcomes for service</p> <p>It is a key priority to meet the agreed targets for smoking cessation set out in the Northumberland County Council Public Health Service Business Planning Framework 2011-2014. Monitoring of 4-week quits, in line with existing national monitoring requirements, will continue in 2013/14.</p> <p>The following targets are set nationally and are reflected in the Northumberland planning. The national tobacco control plan (Department of Health, March 2011) sets out an aspiration to reduce adult smoking rates to 18.5% or less, and to reduce smoking during pregnancy to 11.0% or less by the end of 2015.</p> <p><u>Targets</u></p> <p>The target for Northumberland for 2013/14 is 2,500 4-week quitters. This is an extremely challenging target. At current rates, less than half of smokers who set a quit date manage to remain quit at 4 weeks, and in order to meet targets, we need to provide high quality, accessible services using best practice.</p>

3.	<p>Evidence base for the service</p> <p>Evidence base information and references will be provided in training by the specialist Stop Smoking Team. Relevant policy and guidance includes:</p> <ul style="list-style-type: none"> • Healthy lives, healthy people: a tobacco control plan for England (Department of Health, 2011) • PH10 Smoking cessation services (NICE, 2008) • TA123 Smoking cessation – varenicline (NICE, 2007) • PH5 Workplace interventions to promote smoking cessation (NICE, 2007) <p>The service is expected to adhere to all such relevant guidance, including any new publications in-year, and provide details of compliance where necessary.</p>
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4.	<p>Scope of service</p> <p>4.1 Service description (including target group)</p> <p>Requirements for qualification as providers:</p> <ul style="list-style-type: none"> • The intermediate stop smoking service must be provided by staff employed directly by the pharmacy. • The service should comply with quality standards, in line with the training provided and the following service description. • The area of the pharmacy used for provision of this service must provide a sufficient level of privacy and safety. The pharmacy should ultimately be working toward having a private consultation area which meets the regulatory requirements for advanced services (as set out in the drug tariff) as a minimum. • All pharmacy intermediate stop smoking advisers who run clinics and return monitoring data should be trained by the Northumberland specialist Stop Smoking Service, be registered as active stop smoking advisors and adhere to the quality principles agreed in training. There is no charge for training. • All intermediate stop smoking advisers are required to attend an annual update to ensure skills are maintained. This will also be provided free of charge by the Northumberland specialist Stop Smoking Service. • The pharmacy contractor has a duty to ensure that pharmacists and staff involved in this service provision have the appropriate skills and knowledge and are appropriately trained by the Northumberland specialist Stop Smoking Service. • Pharmacies which report no service uptake for a period of 6 consecutive months will be required to send staff for an update. • The pharmacy contractor has a duty to ensure that pharmacists and staff involved in this service provision are aware of and act in accordance with local protocols, NICE guidance and local drugs formulary. • The pharmacy contractor should operate in accordance with local procedures for the provision of smoking cessation aids – Nicotine Replacement Therapy, Bupropion and Varenicline - and ensure equal access to such appropriate medications according to client need. • 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.
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- The pharmacy contractor should maintain appropriate records to ensure effective on-going service delivery and audit.
- NCC will reimburse the pharmacy for the cost of the NRT or other treatments supplied as part of the healthcare package described. See separate Patient Group Direction for the administration or supply of Nicotine Replacement Therapy (NRT) by stop smoking advisors.

Key elements of the intermediate stop smoking service are as follows:

- Best results (that is, more 4 week quitters) are achieved when there is a dedicated stop smoking clinic.
- The provision of stop smoking programmes in pharmacy should be for up to 12 weeks.
- Clients wanting appointments with a pharmacy Intermediate advisor should be seen within 2 weeks or referred to other local services (participating GP practice or specialist drop-in) or given the number of the specialist NHS Stop Smoking Service.
- Clients should be given weekly appointments for at least the first 4 weeks.
- The first appointment should be for a minimum of 20 minutes, and subsequent appointments for 10 minutes.
- Each supply of nicotine replacement therapy should be for no more than 2 weeks, unless the patient has a planned holiday or absence from home.
- Patients must have their doctor's approval to use Varenicline or Bupropion.
- Pharmacy Intermediate Advisers should use the carbon monoxide (CO) monitor to validate quit attempts, at every appointment. Pharmacies are expected to achieve an 85% CO validation rate of clients self-reporting at 4-weeks.
- Pharmacy Intermediate Advisers must complete monitoring returns for each patient setting a quit date, and who is followed up after 4 weeks.
- Pharmacy Intermediate Advisers should continue to see patients until they are confident to reduce and stop NRT, and to continue support for up to 12 weeks.
- Pharmacy Intermediate Advisers should continue to support patients using Bupropion or Varenicline until the course of treatment is complete i.e. 2 months or 3 months as appropriate.
- Missed appointments should be followed up (3 attempts) by telephone.

4.2 Entry into service (referral routes)

Self-referral in to Pharmacy. Routine users should be seen by the pharmacy and not referred to the specialist Stop Smoking Service (unless there are long waiting times as previously outlined). Very dependent smokers or smokers with special needs of any kind can in turn be referred to the specialist Stop Smoking Service.

4.3 Exit from service (discharge criteria and planning)

- Smoker is prepared for discharge during treatment programme. Treatment and support is planned and stepped to enable discharge at the appropriate point (approximately 12 weeks). This may be extended under certain circumstances to no greater than 6 months.
- Smoker is discharged following relapse to smoking (anytime within 12 week treatment programme), if a re-attempt is not appropriate.
- Smoker can be referred on to the specialist team if still motivated to quit but unable to do so with this service.
- Smoker is discharged if he/she wishes to abort the quit programme.
- Patients discharged from the service are given details about how to re-access – both this service and the specialist service.

	<p>4.4 Inclusion/exclusion criteria</p> <p>There are no client exclusions for this public health service specification. However, clients who present at the pharmacy for support but who have already stopped smoking and need help with maintenance – ‘spontaneous quitters’ – should not be counted on the monitoring forms and will not be paid for.</p> <p>4.5 Interdependencies</p> <p>Pharmacies are expected to maintain a relationship with the Northumberland specialist Stop Smoking Service via training, updates, quality standards adherence and data returns.</p> <p>4.6 Location of service</p> <p>Pharmacy</p> <p>4.7 Geographic coverage of service</p> <p>All residents of Northumberland and those registered with a Northumberland GP.</p> <p>4.8 Service availability (opening hours)</p> <p>Individual to pharmacy.</p>
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5.	<p>Quality standards for services</p> <ul style="list-style-type: none"> • 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 NCC organised audits of service provision and update training. • The pharmacy co-operates with any locally agreed NCC-led assessment of service user experience.
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6.	<p>Accessibility of service</p> <ul style="list-style-type: none"> • Pharmacists provide an out-of-hours service where appropriate. • All venues are wheelchair accessible. • Literature is available in a range of languages and formats, such as Braille, where necessary. <p>The provider will work within the framework of the Northumberland County Council Equality Policy: NCC Council Equality Policy (Oct 2011).doc</p> <p>The provider shall conduct an annual Equality Impact Assessment (EIA) on services and implement</p>
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	improvements identified. The EIA will be shared with the Council and will be reviewed annually.
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7. Performance management framework

The service provided in pharmacies is monitored by the return of stop smoking data to the Northumberland specialist Stop Smoking Service. *Note that the monitoring and payment systems associated with this agreement will change following the implementation of the Northumberland County Council public health commissioning portal.*

All pharmacies providing this service will need to complete and return the required data to the specialist Stop Smoking Service on a monthly basis, using the monitoring form provided in the training. The form can be faxed, posted or electronically returned if preferred, as long as there is a scanned signature attached.

Data must be forwarded to the stop smoking service within the monitoring returns time frame in order that results can be collated and included in performance reports. Payment will not be given for late returns.

The Northumberland specialist Stop Smoking Service will provide a quarterly comparative data report on participating pharmacies' activity once returns are collated.

Pharmacies must also participate in additional audits as identified to them by the Public Health team, within reasonable timescales.

Pharmacies should also produce an annual monitoring report to include:

- Numbers in pharmacy identified as smokers
- Numbers offered brief advice and referral to support, as part of core primary care management
- Numbers seen by the pharmacy's Intermediate Stop Smoking Adviser(s)
- Numbers achieving 4/52 quitter status
- Numbers of 4/52 quitters who have been CO validated
- Numbers remaining quit after 1 year
- Feedback from patients / service users

Audit

Audit may be carried out on both the activity and quality elements of the service.

Activity audits may include consideration of:

- Activity volumes and associated payments
- Contribution to performance targets
- Equity of provision

Quality audits may include consideration of:

- Compliance with policy and guidance
- Qualification as provider relating to staff training
- Qualification as provider relating to requirements for premises and equipment
- Reporting of serious untoward incidents

	<ul style="list-style-type: none"> • Patient and user feedback, including compliments and complaints <p>The Pharmacy must allow the commissioner's internal and other nominated auditors access to all or any papers and relevant data relating to this agreement for the purposes of audit. The practice must fully co-operate to carry out service evaluation audits.</p> <p>A programme of audit will be set out each year.</p>
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8.	<p>Price</p> <p>Each pharmacy contracted to provide this service will be paid:</p> <ul style="list-style-type: none"> • £XX per patient accessing the service who sets a quit date, engages in a treatment programme according to the service operation, with outcome data of 'Yes – quit smoking' recorded on the service monitoring form at 4 weeks. • £XX per patient accessing the service who sets a quit date, engages in a treatment programme according to the service operation, with outcome data of 'No – not quit smoking' recorded on the service monitoring form at 4 weeks. • £XX per patient accessing the service who sets a quit date, engages in a treatment programme according to the service operation, with outcome data of 'Lost to follow-up' recorded on the service monitoring form at 4 weeks. <p>Payment to pharmacies will be provided according to timely and complete data submitted to the Northumberland specialist Stop Smoking Service. Submissions for Quarter 4 activity (January to March 2014) will not be paid if received after the 16 May 2014. This timeframe accommodates those smokers setting a quit date on March 31st 2014.</p> <p>No payment will be made retrospectively for any part of the LES conducted prior to 1st April 2013 or after final annual accounts have been closed for the current financial year.</p>
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