Pharmacy Integration Fund

NHS Smoking Cessation Service Pilot: Community Pharmacy support for Maternity Services

Service Level Agreement

Version No - 2.0

Date – April 2023

Pharmacy Local Enhanced Service

NHS England

## Document history

### Revision History

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| --- | --- | --- | --- |
| Revision date | Previous revision date | Summary of Changes | Changes marked |
| 15.03.2023 | TBC | Extended the pilot end date to March 2024 and extended inclusion criteria to include pre-conception and 12-month post-natal support. | Accepted |
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### Approvals

This document requires the following approvals:

|  |  |  |
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| Name | Signature | Title |
| Anne Joshua |  | Head of Pharmacy Integration |
| Bruce Warner |  | Deputy Chief Pharmaceutical Officer |
| Lisa Simpson | Lisa Simpson | Deputy Director of Community Pharmacy Strategy and Contracts |
| Ali Sparke |  | Director of Pharmacy, Optometry, Dentistry and Primary Care Commissioning System Transformation |

## Parties to the agreement

**This agreement is between**

**NHS England** (the commissioner)

[NHS England and NHS Improvement Midlands Region

**and the Provider** (the pharmacy)

Trading name and address of pharmacy

Contractor ODS code: F

For the provision of services to test a model for the transfer of smoking cessation support into community pharmacy from maternity services for individuals who decline the recommended in-house pathway and recruitment of individuals who smoke who are considering conceiving, individuals who have a new child less than 12 months old and all associated household members who wish to initiate a quit attempt. The pilot service is a Local Enhanced Service as defined by Part 4 paragraph 14(1)(j) of the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 (as amended).

By signing up to this Service Level Agreement (SLA) you are agreeing that you fully comply with the Terms of Service as outlined in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and agree to comply with the full terms and conditions as outlined in this Service Level Agreement and service specification. NHS England (NHSE) reserves the right to remove you from this pilot if you become unable to meet your terms of service during the pilot period.

Failure to comply with the full terms and conditions as outlined in this SLA and the Service Specification may result in suspension from the pilot. Before any suspension, the pharmacy and commissioner will discuss the reason for the suspension to identify a possible resolution.

Sign up to the service is via the NHS BSA website: [www.nhsbsa.nhs.uk/scs-pilot-maternity](http://www.nhsbsa.nhs.uk/scs-pilot-maternity)

By registering to sign up to the service you are agreeing to the terms outlined in this SLA for the Service.

## Purpose and scope

The purpose of this pilot is to test a model for community pharmacy teams to manage the provision of smoking cessation services for individuals referred by maternity services. The pilot will implement and test a digital referral system between hospitals (including midwife outpatient services) and community pharmacies to allow patient smokers and associated household members to receive tobacco dependence treatment in a community pharmacy following referral.

The pilot creates additional capacity and is not a replacement for the in-house pathway or local authority commissioned services.

This pilot aligns with the priorities of the NHSE Policy Prevention team, who have identified the CURE model for smoking cessation as NHSE’s nearest adaptation of the Ottawa Model of Smoking Cessation (OMSC).

As part of this pilot project an evaluation of the service will be undertaken to measure the effectiveness of the electronic referral process, service user experience and the outcomes of treatment of tobacco dependence within pharmacy.

This service is to be provided in addition to the Essential service ‘Promotion of healthy lifestyles (Public Health)’ (ES4).

## Timescale

This agreement is for the scheme to be available during all pharmacy opening hours.

This agreement and pilot service delivery covers 31st March 2022 to Pilot End.

The pilot is to continue until adequate data has been captured to inform evaluation and / or a national service is commissioned.

## Termination and notice period

One month’s notice of termination must be given in writing to the commissioner if the pharmacy wishes to terminate the agreement before the given end date.

If the pharmacy ceases to provide the service, they must arrange for the equipment to be returned if this is required by the commissioner.

The commissioner may suspend or terminate this agreement forthwith if there are reasonable grounds for concern including, but not limited to, malpractice, negligence, or fraud on the part of the pharmacy.

## Obligations

The pharmacy will provide the service in accordance with the service specification and ensure that all substantive and locum pharmacists and pharmacy staff are aware of it.

This service can be provided by a pharmacist or a trained competent member of the pharmacy team. The provision of the service including the clinical responsibility for supply of nicotine replacement therapy (NRT) remains the responsibility of the Responsible Pharmacist. Refer to the toolkit for more information and for the GSL NRT supply protocols.

The pharmacy will participate fully in the pilot evaluation and provide the data set out in the specification within the timescales specified.

The commissioner will manage the service in accordance with the specification.

## Standards

The service will be provided in accordance with the standards detailed in the specification.

## Eligibility criteria

Service providers will need to satisfy the following criteria to demonstrate ability to take part in this pilot.

* Compliant with the Essential Services elements of the Community Pharmacy Contractual Framework (CPCF).
* In good standing with NHS England and NHS Improvement.
* Located within the agreed pilot footprint.
* Registered to provide the service.
* Can comply with all the elements described in the service specification.
* Face to face consultations must be delivered from inside a consultation room that complies with the GPhC standards for such rooms;
* The service may be delivered by agreement with the Commissioner from a suitable location outside a consultation room that complies with infection control requirements for COVID-19 and supports a confidential consultation;
* The service must be available for all the opening hours of the pharmacy

## Confidentiality

Both parties shall adhere to applicable data protection legislation including the General Data Protection Regulation 2018 and to the Freedom of Information Act 2000.

Registered pharmacy professionals are expected to follow the most recent General Pharmaceutical Guidance on Confidentiality (May 2017).

The service provider must have in place a whistleblowing policy. The aim of which is to allow an employee (or locum) to raise at the earliest opportunity, any general concern that they might have about a risk, malpractice or wrongdoing at work, which might affect patients, the public, other staff, or the organisation itself.

Any approaches by the media for comments or interviews must be referred to the commissioner.

## Indemnity

The pharmacy shall maintain adequate insurance for public liability and professional indemnity against any claims which may arise out of the terms and conditions of this agreement. Any litigation resulting from an accident or negligence on the part of the pharmacy is the responsibility of the pharmacy who will meet the costs and any claims for compensation, at no cost to the commissioner.

Pharmacy Integration Fund

NHS Smoking Cessation Service Pilot: Community Pharmacy support for Maternity Services

Service Specification

Pharmacy Local Enhanced Service

NHS England

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## Service background

**Clinical evidence and National guidance**

Midwives and other NHS staff have helped almost 15,000 mums-to-be in England quit smoking in over just three years.

Latest figures show that the smoking rate for pregnant individuals at the time of birth fell to 9.1% in 2021-22, the lowest annual rate on record, and down from 10.6% prior to the NHS beginning to roll out its [Long Term Plan](https://www.longtermplan.nhs.uk/) in 2019. Over the three years since March 2019, 14,758 fewer pregnant individuals were smokers at the time of birth than there would have been if that rate had stayed the same.

Smoking in pregnancy carries serious health risks. Carbon monoxide in tobacco smoke reduces the amount of oxygen getting to the placenta and baby, which can lead to individuals going into labour early as well as increasing the chance of miscarriage, stillbirth and sudden infant death.

Following the rollout of the Saving Babies Lives Care Bundle, all pregnant individuals are offered electronic checks to test their exposure to carbon monoxide, which is a harmful chemical present in cigarette smoke.

The NHS’s Long Term Plan builds on this success, ensuring all maternity services are able to offer all pregnant individuals who smoke specialist support to quit, with focused treatment which includes nicotine replacement therapy.

*The Community Pharmacy Contractual Framework: 2019 to 2024* sets out how community pharmacy can support delivery of the NHS Long Term Plan. It has given NHS England (NHSE) the opportunity to explore options to modify existing smoking cessation services. Incorporating community pharmacy into the treatment pathway for people who want to quit smoking will improve the health of England’s population, introduce choice and capacity and reduce the burden on NHS resources.

## Aims and objectives

The aims and objectives of this service are to:

* **Pilots**
	+ Apply learning from existing Transfer of Care (e.g. NHS CPCS) initiatives, other discharge medication services and the smoking cessation pilots and national advanced service (SCS) to support electronic transfer of patient data to community pharmacy for tobacco dependence support.
	+ Develop a consistent agreed data set that should be transferred to the community pharmacy independent of any specific IT system.
* **Wider programme**
	+ Consider how this model will align with the in-house maternity pathway and locally commissioned community-based smoking cessation services in supporting people to quit smoking.
	+ Scope the implications for potential national rollout including the involvement of the maternity teams and implementation in community pharmacy.
* **Evaluation**
	+ Understand the user experience, including the experience of the referred / signposted individuals accessing the service, maternity teams’ behaviours and experience, and the experience of the community pharmacy delivering the service.
	+ Understand how effective community pharmacy teams are in supporting the defined patient groups to successfully quit smoking.
	+ Understand how effective the service is within the hospital maternity service and the referral process from maternity trusts (including midwife teams) to community pharmacy.
	+ Carry out a cost analysis of the community pharmacy pathway post-discharge and understand the wider implications for potential national rollout including the involvement of the maternity trust tobacco dependence team in any post-discharge follow up, the technical implications for community pharmacy to support transfer of information and the operational issues for implementation in community pharmacy.
	+ Gain insight through evaluation into accessibility, engagement, and impact in areas of differing demographics and deprivation levels via case studies.

## Service sign up and self-declaration

Community pharmacy registration for the pilot will be via the [NHS BSA website](http://www.nhsbsa.nhs.uk/scs-pilot-maternity)

Registration for the pilot service will require the Responsible Pharmacist to make a self‑declaration of readiness and confirm that they:

* Are satisfied that all pharmacists including locum pharmacists and pharmacy staff involved in the provision of the service are competent to do so.
* Will ensure that other pharmacists working in the pharmacy and pharmacy team members who will provide the service make the same self-declaration of readiness which will be kept on the pharmacy’s records for the duration of the pilot.
* Are satisfied that pharmacists, locum pharmacists, pharmacy technicians and other pharmacy team members providing the service have read and understood the operational processes to provide the service as described in the service specification and local standard operating procedures.
* Have access to a shared premises NHS mail address, Summary Care Records, and an electronic referral system.
* Can deliver the service from inside a consultation room that complies with the GPhC standards for such rooms.
* Will seek to ensure that the service is available for all the opening hours of the pharmacy.
* Will only provide this pilot service using the approved monitoring equipment funded by NHS England and NHS Improvement.
* Are aware of the signposting and escalation processes.

## Service description

* 1. Referral

Hospital Maternity Trusts (primarily maternity teams) will identify people who smoke (this can include all household members) and will provide information about the service (NRT products may be supplied for an in-patient). With an opt-out policy, individuals will be offered referral to a participating community pharmacy. The referral will be made using a secure electronic referral system. Where possible the individual will choose which community pharmacy they wish to be referred to.

The referral notice will include (where applicable) a description of the tobacco dependence treatment items and quantities supplied to support smoking cessation by the maternity service. The community pharmacy will contact the individual within one working day of referral receipt and make arrangements to manage the ongoing smoking cessation support for that person.

4.2 Active signposting

Primary care teams (including community pharmacies and health visitor teams) are also able to signpost the following groups of people to the service:

* a pregnant individual identified as a smoker
* smoker who is considering conceiving and has expressed a desire to stop smoking
* a smoker who has given birth within the last 12 months, who has expressed a desire to stop smoking
* any associated household member to the above who have expressed a desire to stop smoking.

Pregnant individuals: Should be signposted to maternity services for initial support with a quit attempt. If a pregnant individual declines this route of support and chooses to initiate a quit attempt with the community pharmacy, the community pharmacy must offer intensive and ongoing support as described in NICE guideline NG209[[1]](#footnote-2). This involves weekly support until the 4-week quit is achieved, then offered less frequent appointments with an interval no greater than 28 days until birth. Support can be offered up to 12 months post-partum.

Behavioural support should be offered throughout the term of the pregnancy and if required post-partum, NRT is usually supplied for 12-16 weeks per quit attempt but could be supplied alongside the full behavioural support as per NG209.

**When supporting a pregnant individual, good communication with the maternity team is essential. Documenting progress and support offered will encourage the midwife to give additional support as appropriate.**

Individuals who experience a miscarriage or a late foetal loss are still able to access this service.

Non-pregnant individuals and household members: Should be supported through the standard 12-week step down support programme.

There are no restrictions on the number of quit attempts an individual can make. However, it is expected that community pharmacy teams will be aware of alternative local smoking cessation services that may be available and to signpost individuals as appropriate.

## Outcomes and next steps

**COVID-19** Please check for updated guidance from National Centre for Smoking Cessation Training (NCSCT) regarding carbon monoxide monitoring.

4-week follow-up will include self-reported smoking status, followed by a CO test for validation and advice to support ongoing remission.

12-week follow-up will include self-reported smoking status, followed by a CO test for validation and advice to support ongoing remission.

The service provider should maintain appropriate records to ensure effective ongoing service delivery and audit. The service toolkit will provide further guidance about documentation and reporting to support service delivery and evaluation using the pilot web-based tool.

Fees will be payable as detailed in Appendix A.

## Equipment

**Carbon Monoxide (CO) Monitors**

**COVID-19** Please check for updated guidance from National Centre for Smoking Cessation Training (NCSCT) regarding carbon monoxide monitoring.

CO Monitors used in the pilot should meet the specification set out by NHSE (Appendix C).

Pharmacy contractors must have a working and calibrated carbon monoxide (CO) monitor (which is suitable for use with pregnant individuals) and sufficient disposable mouthpieces to meet the likely demand when providing the service via face-to-face consultations in the pharmacy. Stop smoking practitioners using the monitor must be trained in its use and it must be maintained in line with the recommendations of the manufacturer or supplier.

Infection prevention and control measures and cleaning must be carried out on all CO monitors as per the instructions of the manufacturer or supplier and in line with current infection prevention and control guidance.

All equipment provided or reimbursed by the commissioner will remain the property of the commissioner on completion of the pilot. The local commissioning team reserve the right to remove unused equipment from a community pharmacy and redistribute it to other pharmacies in the area.

## Community pharmacy requirements and responsibilities

Prior to commencing provision of the service pharmacy contractors must comply with any service eligibility criteria in the Service Level Agreement.

### Training

**Training evidence**

* The service provider will keep documentary evidence that pharmacists, pharmacy technicians and other pharmacy staff (including locums) involved in the provision the service have successfully completed the relevant training and this may be requested by NHSE.
* Evidence of competencies must be retained within each pharmacy for all pharmacists, locums and staff delivering this service.
* Evidence of competencies must be dated within the last three years and may be requested at pharmacy inspections.
* Before commencement of the service all staff will read the service specification and complete and provide evidence of completion of the following.

**Essential Training**

* All staff delivering the service, including pharmacists, will obtain and evidence [NCSCT Stop Smoking Practitioner Certification[[2]](#footnote-3).](https://elearning.ncsct.co.uk/practitioner_training-registration) The protocol for supply of GSL NRT products must be read and understood. The protocol is accessible as an appendix in the toolkit.
* Specialist NCSCT modules are also available to support treatment for [pregnant individuals](https://www.ncsct.co.uk/publication_pregnancy_and_the_post_partum_period.php)[[3]](#footnote-4) and also people with a mental health conditions too, these **must** be completed as part of service training before delivering the service and will become available once the practitioner training has been successfully completed.
* It is required that staff complete the [NCSCT module on using e-cigarettes](https://elearning.ncsct.co.uk/vaping-launch)[[4]](#footnote-5) to aid a quit smoking attempt. This will help pharmacy staff to provide advice to smokers who are using, or interested in using, a vaping device for quitting (as recommended by [NICE NG92](https://www.nice.org.uk/guidance/ng209)[[5]](#footnote-6)).
* Pharmacy staff that are already certified do not need to repeat their practitioner training for the purposes of this service.
* Smoking cessation advisors must have read the [NCSCT Standard Treatment Programme[[6]](#footnote-7)](https://elearning.ncsct.co.uk/pregnancy_specialty_module-launch) (STP), which will be used to support consultations.

**Additional training**

* Pharmacists, locum pharmacists, pharmacy technicians and other pharmacy team members providing the service must have read and understood the operational processes to provide the service as described in the service specification and local standard operating procedures.
* Before providing the service, all practitioners **other than pharmacists** are required to have observed a consultation by an experienced advisor and be observed providing the behavioural support element of a consultation. Where the pharmacist is an experienced smoking cessation advisor they may carry out the required observation of other smoking cessation advisors to enable them to start to provide the service were deemed competent by that pharmacist.
* Smoking cessation training is available through existing training providers such as [CPPE and can be accessed through e-learning](https://www.cppe.ac.uk/services/smoking-cessation)[[7]](#footnote-8) and face to face training.

Where necessary training will be supported through the pilot for participating pharmacy teams agreed on a per pilot basis.

* Health champions within Healthy Living Pharmacies are also expected to complete the online ‘a very brief advice in smoking cessation’ NCSCT training, unless directly involved in pilot delivery in which case they too will be required to complete the practitioner training described above.

## Data and information management

All parties shall adhere to applicable data protection legislation including the General Data Protection Regulation 2018 and to the Freedom of Information Act 2000. The requirement for confidentiality will be balanced with the needs of the service user.

Each practitioner will be required to obtain verbal consent from the service user to proceed with the service. This consent is recorded at the start of the first consultation in the pharmacy as part of the consultation form. This consent is required to proceed any further. The consent covers the measurement of the CO and informs the individual that their information and results will be shared with their GP practice and with maternity services and stored by the pharmacy in line with ‘Records Management Code of Practice for Health and Social Care.’ It also requests consent for their pseudonymised data to be shared with commissioners and evaluation teams for payment of the service and for service evaluation purposes.

**In addition, service users will be asked at the first consultation in the pharmacy if they consent to being contacted by an evaluation team to complete a service user survey.**

Evidence of consent should be retained for an appropriate period of time. As pharmacy contractors are the data controller, it is for each contractor to determine what the appropriate length of time is. Decisions on this matter must be documented and should be in line with ‘Records Management Code of Practice for Health and Social Care.’

The pharmacy will maintain a clinical record of the consultation (including the CO test results and any NRT supplied). These records will include the dataset reportable to the commissioner.

## Safety and incident reporting

The pharmacy is required to report any patient safety incidents in line with the [Clinical Governance Approved Particulars for pharmacies](https://www.gov.uk/government/publications/clinical-governance-approved-particulars)[[8]](#footnote-9) .

**The pharmacy is required to notify maternity services of any pregnant individual who records an unsuccessful quit attempt.**

The pharmacy is required to report any incidents related to patient safety, near misses, the referral process, or operational issues. An incident reporting form is included within the electronic resource web portal for submission to the local NHS England primary care commissioning team and it is expected that pharmacy teams will also report relevant incidents via the national [Learn from patient safety events](https://record.learn-from-patient-safety-events.nhs.uk/) (LFPSE) portal[[9]](#footnote-10). Complaints about the service, untoward incidents including violence and aggression towards pharmacy staff, and customer falls should be reported to the local primary care commissioning team within 24 hours.

In response to incidents or near-misses the pharmacy should reflect on current practice and, if appropriate, implement changes to reduce the risk of a similar event and improve the quality of care provided.

NHS England, as the commissioner of the service, will monitor the service alongside other community pharmacy contractual framework services and will work with local system providers to ensure the service is integrated.

The Local Pharmaceutical Committee (LPC) can also be contacted to share any governance concerns contractors may have, and they will be able to collate and share these with the local NHS England primary care commissioning team, and feed into local governance systems.

## Review and evaluation

The Commissioner reserves the right to audit or conduct post payment verification (PPV) on the information and data held at the pharmacy in respect of this service.

As a pilot service, independent evaluation of the service and its outcomes is key to ongoing service development and review of the effectiveness of the pilot. The service provider is required to participate in evaluation by ensuring submission of all relevant data and taking part in a questionnaire or survey, and telephone interview if requested.

Aspects of the service to be examined may include but are not limited to:

* Impact on health inequalities (linking to post codes of those diagnosed).
* Service user experience and satisfaction.
* Pharmacy staff and Maternity Trust staff experience.
* Success of signposting.
* Identification of a clinical pathway for referral from community pharmacy.
* Operational efficiency including numbers of potential service users approached and rates of participation.
* Operational issues with the running of the service, which may prompt changes to its design or future development
* Any variation between pilot areas.
* The cost of implementation including time and resources required.

## Data collection and payments

The pharmacy contractor shall provide information, reports, and other data as and when required by the local NHS England primary care commissioning team and authorised agents.

The pharmacy will be responsible for ensuring that accurate and complete records of consultations, advice and treatment provided to each person is recorded along with outcomes using the web-based reporting tool. The web-based pilot tool shall also be used for the purposes of audit and processing payment. See appendix A for a description of fees for service delivery.

Claims for payments should be made monthly via the relevant submission form provided under the Local Payment Application. Contractors are required to register with the NHSBSA to deliver this service and are advised to do this as soon as possible to ensure registration is complete when they want to make a claim for payment. Refer to the toolkit for details.

Claims will be accepted by Local Payment Application within six months of activity and in accordance with the usual Drug Tariff claims process. Later claims will not be processed.

#### Service Quality Performance Report

The pharmacy contractor shall provide information, reports and other data relating to the provision of this service as and when required by the local NHS England primary care commissioning team Reports may be generated automatically using the pilot web-based reporting tool.

The pharmacy contractor shall record consultations using the pilot web-based tool. The web-based tool shall also be used for the purposes of audit and for generating and submitting invoices.

**Monitoring**

**COVID-19** Please check for updated guidance from National Centre for Smoking Cessation Training (NCSCT) regarding carbon monoxide monitoring.

The pharmacy contractor shall ensure the pharmacy has the following and that these are available for inspection should the local NHS England primary care commissioning team undertake a site visit:

* A working and calibrated CO monitor and sufficient disposable mouthpieces for 20 tests (required at the point of CO monitoring restarting as part of a face-to-face service);
* The service must be delivered from inside a consultation room that complies with the GPhC standards for such rooms;
* The service may be delivered by agreement with the Commissioner from a suitable location outside a consultation room that complies with infection control requirements for COVID-19 and supports a confidential consultation;
* ‘Stop Smoking’ health promotional media or evidence of an ability to signpost;
* A suitable quantity of stop smoking pharmacotherapy products to enable efficient and direct supply to the service user and ensure continuation of treatment;
* That the supply of pharmacotherapy products for tobacco prevention is based on clinical suitability and is in no way influenced by sponsorship or by financial incentives.

## Appendix A – fees for service delivery

The commissioner reserves the right to revise fees. The service provider will be given written notification of the commissioner’s intention to change fees three months before the changes take effect.

Claims for payment should be submitted within one month of, and no later than three months of providing the chargeable activity. Claims which relate to work completed more than three months may not be paid.

A successful quit is defined as self-reported abstinence checked using carbon monoxide monitoring of less than 10 parts per million (ppm) at 4 weeks after the quit date. This does not imply that treatment should stop at 4 weeks (NICE, 2018). As described above, support should be offered for the full term of the pregnancy.

**COVID-19** Please check for updated guidance from National Centre for Smoking Cessation Training (NCSCT) regarding carbon monoxide monitoring.

Payment will be based on the claims submitted. The pharmacy will be reimbursed for the NRT supplied and remunerated for dispensing NRT products and providing carbon monoxide monitoring. The product price for NRT supplied will be derived from the NHS Dictionary of Medicine and Devices (dm+d). Discount deduction is not applied.

The range of NRT pharmacotherapy products available under the GSL NRT protocol is listed in the consultation tool and allows increased flexibility to the choice of product type available in the hospital setting. The range of NRT available is based on clinical suitability and is in no way influenced by sponsorship or by financial incentives.

|  |
| --- |
| Payments and deductions |
| Product price plus V.A.T. | Payment derived from the dm+d |
| Prescription charges | Not applied to this pilot service |

Table 1 Payment for supply of nicotine replacement therapy

NHS prescriptions for NRT supplied to service users from their GP practice should be dispensed as part of the essential service element of the pharmacy’s core NHS terms of service.

### Levels of service

There is only one level of service provided. There is not a supply only option for this service. All individuals receiving support through this service with receive both behavioural support and if required, a supply of NRT. The payment for this service reflects the behavioural support, monitoring, supply of NRT and advice provided.

| Payment for behavioural support, monitoring and advice |
| --- |
| Pharmacy / team trainingOne-off payment of £300 per pharmacy premises. |
| Initial appointmentCO recorded and NRT options reviewed. Fee: £30 |
| Regular progress checksFollow-up consultation with patient (and / or household member). Frequency of follow-ups are agreed with patient (and / or household member) and in accordance with NICE guidance. Recommend every 1 – 2 weeks for follow-up. CO recording. Ensure the service user is progressing and using NRT products appropriately. Give positive reinforcement to maintain the quit attempt. For a pregnant individual these progress checks should be available throughout the term of the pregnancy and post-partem as required (up to 12 months post-partem).Fee: £10 |
| Milestone: Week 4 reviewCO verified or self-reported quit recorded. Give positive reinforcement to maintain the quit. If unsuccessful, discharge from the service or where appropriate restart the quit attempt or signpost to locally commissioned service / notify and refer to maternity services any outcomes related to a pregnant individual.Fee: £10 |
| Milestone: Final / Week 12 reviewPregnant individuals should be supported for the full term of their pregnancy.For all other cohorts, confirm whether successful quit.Verified in person with a CO test: £40.  |

Table 2 Payment for fees for the service

## Appendix B – quality outcomes indicators

Activity data and referred person experience from community pharmacy and hospital (including midwife) teams will be captured by the evaluation team:

* The number of referrals sent to pharmacies from the maternity teams.
* The number of referred people who have directly contacted the pharmacy, and those that have needed to be contacted by the pharmacy.
* The number of referred people who attend follow-up sessions in pharmacies.
* The number of referred peoples who successfully reach their 4 week and 12 week quit date with the support of the service in pharmacies.
* Cost analysis of community pharmacy service to establish if the service offers the NHS value for money.
* Additional evaluation points to be confirmed but to include 4- and 12-week smoking status.

Additional data capture for pregnant individuals to include:

* Smoking status at the point of presentation\*
* Smoking status at 36 weeks of pregnancy\*
* Smoking status at time of delivery\*
* Number of quit attempts made during pregnancy+

\* To be provided by the maternity team

+ To be captured by the evaluation team

## Appendix C: Breath carbon monoxide monitor minimum technical specification

|  |  |
| --- | --- |
| Min. concentration range | 0-99ppm |
| Repeatability | ≤±2ppm or +/- 5% (whichever is greater) |
| Accuracy | ≤±2ppm /5% (whichever is greater) |
| Sensor operating life | Minimum 2 years |
| Sensor sensitivity | Minimum 1ppm |
| Sensor drift | <2% per month |
| CE marked device | Mandatory |
| IEC 60601 Electrical Safety Standard compliant | Mandatory |
| Useful life of Device / Sensor | Minimum 5 years / 2 years |

**Calibration Checks (quality control procedure)**

Calibration should be possible to be performed by the appropriately trained user.

The manufacturer should provide the user with appropriate calibration verification equipment (gas canister and calibration accessories) and the operating instructions, which serves as the high-level control.

**Sensor Expiry**

When the sensor has expired, it will become impossible to obtain a correct calibration. When this occurs, the device must be replaced or returned to the supplier for sensor replacement.

**Servicing**

Details of the calibration requirements will be available from the supplier. The supplier should offer contact details for service and or repair advice and provision.

1. NICE NG209: <https://www.nice.org.uk/guidance/ng209/chapter/Recommendations-on-treating-tobacco-dependence-in-pregnant-women> [↑](#footnote-ref-2)
2. <https://elearning.ncsct.co.uk/practitioner_training-registration> [↑](#footnote-ref-3)
3. <https://www.ncsct.co.uk/publication_pregnancy_and_the_post_partum_period.php> [↑](#footnote-ref-4)
4. <https://elearning.ncsct.co.uk/vaping-launch> [↑](#footnote-ref-5)
5. [Overview | Tobacco: preventing uptake, promoting quitting and treating dependence | Guidance | NICE](https://www.nice.org.uk/guidance/ng209) [↑](#footnote-ref-6)
6. [NCSCT STP preg v5.fh11](https://www.ncsct.co.uk/usr/pub/NCSCT%20Standard%20Treatment%20Programme%20for%20Pregnant%20Women.pdf) [↑](#footnote-ref-7)
7. [NHS Smoking Cessation Service (cppe.ac.uk)](https://www.cppe.ac.uk/services/smoking-cessation) [↑](#footnote-ref-8)
8. NHS <https://www.gov.uk/government/publications/clinical-governance-approved-particulars> [↑](#footnote-ref-9)
9. LFPSE portal <https://record.learn-from-patient-safety-events.nhs.uk/> [↑](#footnote-ref-10)