SERVICE SPECIFICATION

Version	Date	Issue Status	Changed by	Reason for Change
V1	05-10-17	Draft	Rachel Swindells	
V2	16-10-17	Final	Rachel Swindells	
V3	23-10-17	Final	Denise Jackson	Scheme start date; coverage across Blackpool; Removal of reference to Varenicline (Champix) and associated PGD; Inclusion of provision of NRT products and associated payments
V4	24-10-17	Final	Rachel Swindells	Clarification regarding training, clarification regarding NRT dispensing fee, removal of pregnant women from exclusion criteria
V5	04-07-18	Final	Rachel Swindells	Scheme start and end date; updates to overview of service and service delivery; Inclusion of Varenicline (Champix) and associated pathway; Change to NRT direct supply

Service	**Community Pharmacy Led Stop Smoking Service**
Commissioner Lead	**Public Health Commissioning Lead**
Provider Lead	**Community Pharmacies across Blackpool**
Period of Service	**1st October 2018-30th September 2019**

1. GENERAL OVERVIEW

The population of Blackpool experiences poorer health and lower life expectancy than much of the rest of the country and this is seen across a range of health indicators including the prevalence of chronic conditions, hospital admissions for self-harm and alcohol related harm and early deaths from heart disease and cancer.

Lifestyles are a major determinant of health and are considered to account for 30-50% of what makes us healthy (or unhealthy), alongside our genetics, our environment (including social, economic and physical environment) and access to health care.

In Blackpool, major causes of shorter life expectancy are:

- Higher levels of harmful drinking and drug use
- Smoking
- Unhealthy diets and excess weight and
- Inactive and sedentary lifestyles
- Mental Ill Health

Not only does the population of Blackpool experience higher than average levels of poor health but within the town stark differences are apparent. Life expectancy for men living in the most disadvantaged parts of the town is more than 13 years shorter than that of those in the least deprived areas.

Blackpool Council's Priorities

Priority 1 The Economy: Maximising growth and opportunity across Blackpool
Priority 2 Communities: Creating stronger communities and increasing resilience

2. SERVICE

2.1 Overview of Service

The service will provide an integrated, safe, effective, person-centred and evidence based stop smoking service, which is of the highest possible quality to ensure it contributes to improving the health of our population and tackles health inequalities.

Primary care is a key setting for stop smoking interventions. The public increasingly expect health professionals to ask about / question their smoking. It is intended that this model will recruit smokers opportunistically during routine pharmacy visits. Pharmacy teams are ideally placed to become actively involved in stop smoking support. There are opportunities to intervene with all visitors to the pharmacy, and providing both preventive advice and treatment.

A redesign of stop smoking services has recently been undertaken for stop smoking support across Blackpool. The agreed new model of stop smoking support for Blackpool will provide a light touch universal element and a proactive targeted approach to provide support for priority groups. A summary of the new proposed service model is detailed in the attached (Appendix A).

The Community Pharmacy Led Stop Smoking Service sits within level 2 of the model, offering a universal service to individuals who would like face-to-face stop smoking support which they can easily access within their local community.

2.2 Aims

- To provide evidence based stop smoking advice and support to clients accessing community pharmacy in Blackpool.
- To collect and supply output data as required by DH and Blackpool Council, through Pharmoutcomes.

2.3 Expected Outcomes

The service will improve patient health and wellbeing and reduce premature mortality by supporting cessation of tobacco use. This will lead to improved health outcomes including: prevention of smoking related disease, preventing the deterioration of existing conditions and reducing health care costs from smoking related diseases.

- A reduction in the number of smokers in Blackpool
- A reduction in health inequalities by ensuring the service is aimed at the target population
- A reduction in the risk of developing smoking related conditions
- A contribution to a reduction in infant mortality

2.4 Rationale for commissioning this service

Each year, there are over 442 smoking related deaths per 100,000 population aged 35+ (around a quarter of all deaths in Blackpool every year) and 3116 smoking related hospital admissions per 100,000

populations in Blackpool (PHE, 2016). In 2014/15, smokers in Blackpool paid approx. £28.4m in duty on tobacco products. Despite this contribution to the Exchequer, tobacco still costs the local economy in Blackpool roughly twice as much as the duty raised. This results in a shortfall of about £24.6m each year.

In England there has been a steady decline in smoking prevalence in the adult population with a reduction from 20.8% in 2010 to 14.9% of adults classified as current smokers in 2017. The picture in the North West as a whole is similar with smoking prevalence showing a similar decline. However in Blackpool, whilst there was a decline in prevalence from 29.5% in 2012 to 22.5% in 2016 (2017 data not yet available) overall the rate has remained higher than both the England and regional averages.

For prevalence amongst routine and manual workers, in 2017 England showed a prevalence rate of 26.5% nationally. In Blackpool, this rate also remains significantly higher than the national average at 36.2%% in 2016 (2017 data not yet available).

The Smoking at Time of Delivery (SATOD) rate in Blackpool has been amongst the highest rates in the country since 2010 with rates over double that of the rest of England as a whole. In 2017, the rate declined to 26.0%, from 32.7% in 2010, but this is still over double the national average (10.8%).

Smoking is the chief cause of COPD and the Public Health Outcomes Framework1 indicator on premature mortality from respiratory disease focuses public health attention on the prevention of smoking and other environmental factors that contribute to people getting respiratory disease. Across Blackpool in the three year period 2013-15:

- 857 (15%) deaths were from respiratory disease, approximately 285 per year,
- 252 deaths in the three year period were in people aged under 75 years,
- The under 75 mortality rate was significantly higher than the national average

'Towards a Smokefree Generation, the Tobacco Control Plan for England 2017-22' was published by the Government in July 2017 to continue leading the national effort on tobacco control. The delivery plan to support the strategy has prioritised actions that supports smokers to quit. Smokers who use stop smoking services are up to four times more likely to quit successfully compared to those who choose to quit without help. The most effective approach remains the provision of specialist behavioural support combined with pharmacotherapy as provided by evidence based local stop smoking services[i]. The Community Pharmacy Led Stop Smoking Service will deliver this approach.

2.5 Evidence Base

Smoking remains the leading cause of preventable death and disease in England (Department of Health, 2008) and is one of the most significant factors that impact upon health inequalities and ill health, particularly cancer, coronary heart disease (CHD) and respiratory disease. Treating smoking related illness is estimated to cost the NHS £2.7bn a year, (Callum et al, 2010) with the wider economic costs reaching over £13bn once factors such as lost productivity, tobacco litter and smoking-related house fires are taken into account (Nash & Featherstone, 2010). Reducing smoking prevalence therefore remains a key local public health priority and a national and local focus.

This specification adheres to the principles and standards laid down in the key national guidance documents:

- NICE (2018) Stop smoking interventions and services. NICE guideline [NG92] Published date: March 2018. Retrieved from https://www.nice.org.uk/guidance/ng92
- NICE (2013) Smoking: supporting people to stop Quality standard 43. Published: 28 August 2013 Retrieved from http://www.nice.org.uk/guidance/qs43
- NICE (2007) Public health guideline [PH6] Behaviour change: general approaches. Published date: October 2007. Retrieved from https://www.nice.org.uk/guidance/ph6
- NICE (2014) Public health guideline [PH49] Behaviour change: individual approaches. Published date: January 2014. Retrieved from https://www.nice.org.uk/Guidance/PH49

2.6 Service Delivery

The Community Pharmacy Led Stop Smoking Service is expected to adhere to the evidence base for delivering stop smoking interventions as set out in the *Local Stop Smoking Services: Service and Delivery Guidance 2014* and any subsequent updates. This includes providing:

- Face to face individual consultations
- Telephone counselling where clients are unable or unwilling to attend individual or group sessions
- Prompt and accurate client data collection using Pharmoutcomes and submission to commissioner
- Annual review of Quality and Performance Indicators with commissioner
- Supply of NICE approved Nicotine Replacement Therapy (NRT) as first line treatment. Clients will pay for their own NRT supply, ideally being able to purchase from within the pharmacy.
- Support and advice for clients who request Varenicline (Champix®) to support their quit attempt. *The pharmacy will use the 'Pharmacy Notification to GP/Treating Physician of supply of Varenicline' form (Appendix B) to request the prescribing of Varenicline from the patient's GP. If the GP chooses to prescribe Varenicline it should be in accordance with the Champix® SmPC: Initial supply of Varenicline should be for a 2 week 'starter pack' plus two further week's supply (usually 28 x 1mg tablets); the client should set a quit date sometime during the 2nd week of treatment. The patient will have been advised of this by the community pharmacy providing their behavioural support. Further prescriptions should only be issued if the patient demonstrates a continuing attempt to stop smoking. The pharmacy will provide feedback on progress of the patients quit attempt to their GP. Except in exceptional circumstances patients should receive a two week supply of Varenicline on each ongoing prescription. Patients should be attending a smoking cessation advisor for weekly behavioural support and monitoring of any side effects. Limiting the quantity of medication prescribed helps to ensure ongoing support and reduces waste should the quit attempt be unsuccessful.*

The service will provide one to one support and advice to the client as part of a series of weekly or fortnightly consultations for at least a four week period to include;

- Initial consultation lasting around 30 minutes and should:
    - Provide information on the consequences of smoking, the benefits of smoking cessation and the main features of nicotine withdrawal
    - Assess smoking habits and behaviours of each client and apply diagnostic criteria
    - Assess current readiness and ability to quit including past history of quit attempts
    - Support clients to identify smoking and relapse triggers
    - Measure Carbon Monoxide (CO) levels using a CO monitor

- Describe techniques to cope with urges to smoke
- Support clients to identify personal goals and develop action plans including setting a target quit date
- Offer appropriate written materials
- Agree frequency and dates of follow up consultations.

- Follow up consultations should include a smoking status validation using a CO screen and be used as an opportunity for additional counselling and support.
- For clients who continue to give high CO readings (over 5ppm) for more than two weeks, a discussion regarding their motivation to quit should be discussed.
- Clients who do not attend follow up consultations should be contacted by telephone to determine if they wish to continue with the service and to ascertain and record self-reported smoking status. A minimum of three attempts should be made to contact any patients that do not attend follow up consultations.

The service should identify treatment options that have proven effectiveness and maximise commitment to the target quit date ensuring the client understands the ongoing support and monitoring arrangements and is provided with appropriate information and advice.

Stop Smoking products recommended as a result of this service must be supplied in accordance with the Nicotine Replacement Therapy (NRT) product list below:

Lozenges
- NiQuitin 2mg and 4mg
- Nicotinell 1mg and 2mg
- NiQuitin Mini Lozenge 1.5mg and 4mg

Patch
- NiQuitin 7mg, 14mg and 21mg (24 hour).
- Nicotinell 7mg, 14mg and 21mg (24 hour)
- Nicorette 5mg, 10mg, 15mg and (16 hour)
- Nicorette Invisi 10mg, 15mg and 25mg (16 hour)

Inhalator
- Nicorette 15mg

Nasal Spray
- Nicorette 500 micrograms / metered spray

Gum
- NiQuitin 2mg and 4mg
- Nicorette 2mg and 4mg
- Nicotinell 2mg and 4mg

Mouth Spray
- Nicorette Quickmist 1mg per spray

Oral Strip

- NiQuitin Strips 2.5mg oral film

The service provider is responsible for recording the four week follow up for each client. The service should include the client's smoking status and quits should be confirmed by a carbon monoxide reading. A successful quitter is as defined by the Department of Health Stop Smoking Guidelines.

The service provider will use Pharmoutcomes to record activity and to enable payment.

It is the service provider's responsibility to ensure that data collection is accurate and only CO verified quits will receive a payment.

2.6.1 Location(s)

Participating community pharmacies in Blackpool

2.6.2 Days / hours of operation

The Service should be available on a variety of days and times in response to local needs

2.6.3 Referral criteria and sources

This must be available to all smokers accessing the pharmacy

2.6.4 Exclusion criteria

Clients who are unable or unwilling to accept treatment at the time may be excluded from treatment and support from the Pharmacy Led Smoking Cessation Service. The service can refuse to support people who:

- are abusive to staff
- fraudulently attempt to obtain medication
- abuse stop smoking medication

If support is withdrawn for a patient the reasons why must be noted and feedback to the commissioner.

2.6.5 Response time

As a minimum, clients will be followed up at the following stages during their quit attempt:

- 4 weeks after their agreed quit date
- 12 weeks after their agreed quit date *if successfully quit at 4 weeks*
- 26 weeks after their agreed quit date *if successfully quit at 4 weeks and remained so at 12 weeks*

2.6.6 Priority Groups

The provision, whilst being accessible to all, will ensure support for key priority groups whose smoking prevalence is particularly high. These priority groups are:

- people with a diagnosed mental health illness,
- people from deprived communities
- routine and manual workers
- people with long-term conditions such as chronic obstructive pulmonary disease (COPD), diabetes, coronary heart disease (CHD), and asthma.

N.B. All pregnant women who are still smoking in pregnancy should, in the first instance, be referred to their midwife within Blackpool Teaching Hospitals NHS Foundation Trust, for support.

2.7 Essential links to other services

The service will liaise with the Commissioner (Public Health, Blackpool Council) and other services (including the Blackpool Teaching Hospitals NHS Foundation Trust as appropriate) and GP practices as needed.

3. SERVICE REQUIREMENTS

Social Value: Accessibility, fairness and equity of provision

The commissioning of this service will reflect The Public Services (Social Value) Act 2012. Blackpool Council support this Act and will not seek just to assess the implications of commissioning decisions regarding the risk to groups of people but will look for opportunities (social value) to advance opportunities to those people. The service:

- will be non-stigmatising and non-discriminatory, providing fair and equitable access. The service will comply with the Equality Act 2010;
- will work in a way that it does not discriminate against individuals on the grounds of gender, race, disability, sexual orientation, sexual practices, gender reassignment, age, pregnancy or maternity, marriage/civil partnership or belief system and will ensure that all applicable legislation is adhered to;
- is accessible to people who have had difficulties accessing support to become well, including people with mental health problems, from black and minority ethnic communities, people with sensory impairments, and people with learning disabilities or learning difficulties and people from the Gypsy / Romany / travelling communities;
- will consider the needs of those not in training, education and employment (NEET), including employment, apprenticeships and training opportunities;
- will promote supply chain opportunities to local companies, in particular new and small enterprises.

Registration, Competencies and Training

- All staff involved in delivery should obtain full certification through the NCSCT Training and Assessment Programme. This can be accessed via http://www.ncsct.co.uk/publication_training-and-assessment-programme.php
- All staff involved in delivery of the service are also expected to undertake the NCSCT Stop Smoking Medication module before they can advise on stop smoking medication.
- All staff should also take the opportunity of taking speciality modules as they become available.
- All staff should be supported to continuously update skills and techniques relevant to their work. All staff are to retain core skills and knowledge and are to keep up to date with developments in the field.

Data Collection

The Community Pharmacy Led Stop Smoking Service will use Pharmoutcomes for service and patient management and data collection. No other recording method will be considered.

Business Continuity
The Community Pharmacy Led Stop Smoking Service Provider must ensure staffing is available for the effective running of the service, including contingency planning for times of sickness, absences or any other occurrence that may jeopardise the delivery of the service to service users at levels sufficient to meet the performance objectives and service standards of the service as outlined in this agreement.

Buildings and Accommodation
The service provider will be responsible for sourcing buildings that have the appropriate planning permission for delivering services.

The service provider will be responsible for the maintenance costs of any buildings occupied for delivering treatment services, which includes fittings, equipment, repairs and alterations. The service provider will be responsible for any costs associated with the replacement of furniture, and provide consumables required for the smooth operation of the building.

Additional Costs
All additional costs will be met by the provider.

Communication and Marketing
All marketing/media tools must be approved by the Commissioner prior to use or publication. The Blackpool Council logo must be used in any communications and/or marketing in line with the Corporate Branding guidelines and agreement should be made with the commissioner prior to use. All costs in relation to communication and marketing will be met by the provider. Providers will have the responsibility for ensuring interpreter services are available when required.

Intellectual Property Rights (IPR)
IPR, existing and improvements, used by the provider which is relevant and necessary to the performance of the service will be owned by or licensed to Blackpool Council.

Health & Wellbeing
Foresight (2008) project on Mental Capital and Wellbeing - This report recommends five ways to well-being. It presents the evidence and rationale between each of the five ways, drawing on a wealth of psychological literature. In line with similar messages for healthy eating, these are Connect, Be active, Take Notice, Keep learning and Give. The provider will be highly encouraged to promote wellbeing in the workplace. It is recommended that the provider accesses the national Every Contact Count Training programme. Available at: http://makingeverycontactcount.co.uk/training/e-learning/

Incident Reporting
All serious incidents must be reported to the authority in accordance with the Public Health Serious Incident policy.

Geographic coverage / boundary
This service must be available to all smokers accessing pharmacies in Blackpool.

Insurance
The Provider must at its own cost effect and maintain with a reputable insurance company the Required Insurances. The cover shall be in respect of all risks which may be incurred by the Provider, arising out of

the Provider's performance of this Contract, including death or personal injury, loss of or damage to property or any other such loss. Such policies must include cover in respect of any financial loss arising from any advice given or omitted to be given by the Provider.

Audit

The provider may be asked to undertake audits to the requirements of the Commissioner to understand the adequacy, effectiveness and compliance of the service being provided.

4. KEY PERFORMANCE INDICATORS

Data Collation/Reporting

Activity must be reported to the commissioner on a monthly basis via PharmOutcomes to ensure payment. No other reporting method will be considered.

Consequence of Breach

Failure to comply with the requirements of Section 4 may result in the implementation of the Public Health Poor Performance policy. All long term staff vacancies/absences/issues must be raised with the Commissioner immediately where these have or could have an impact on service delivery as outlined in the Service Specification and/or where the identified outcomes and outcome targets are not able to be worked towards and/or achieved.

Key Performance Indicator	Threshold	Data Source	Frequency
Quit date setters and 4 week follow ups			
Number of clients setting a quit date	Activity monitored	From database	Monthly
% of clients who set a quit date who are smokefree at 4 weeks (cumulative for the year) (follow up completed between days 25 and 42 following the quit date)	>25%	From database	Monthly
% of 4 week quits validated by carbon monoxide (CO) screening	100%	From database	Monthly
% of clients who set a quit date who are 'lost to follow up' at 4 week follow up	<30%	From database	Monthly
% of 4 week follow ups completed within the DH timescales (completed between days 25 and 42 following the quit date)	100%	From database	Monthly
12 week follow ups			
% of clients remaining smokefree at 12 week quits as a % of those achieving a 4 week quit (follow up completed between days 81 and 99 following the quit date)	Activity monitored	From database	Monthly
% of 12 week quits validated by carbon monoxide (CO) screening	100%	From database	Monthly
% of clients quit at 4 weeks who are 'lost to follow up' at 12 week follow up	< 30%	From database	Monthly
% of 12 week follow ups completed within the timescales (completed between days 81 and 99 following the quit date)	100%	From database	Monthly
26 week follow ups			
% of clients remaining smokefree at 26 week quits as a % of those achieving a 4 week quit (follow up completed between days 179 and 197 following quit date)	Activity monitored	From database	Monthly
% of 26 week quits validated by carbon monoxide (CO) screening	100%	From database	Monthly
% of clients quit at 12 weeks who are 'lost to follow up' at 26 week follow up	<30%	From database	Monthly
% of 26 week follow ups completed within the timescales (completed between days 179 and 197 following quit date)	100%	From database	Monthly

5. CONTRACT VALUE

5.1 Value

The payment breakdown, which must be recorded via the agreed database, is as follows:

Activity	Value (£)	Measure
Patient sets a quit date	20.00	Date recorded on database
Patient achieves 4 week quit	35.00	CO Validated and recorded within set timescales
Patient achieves 12 week quit	50.00	CO Validated and recorded within set timescales
Patient achieves 26 week quit	50.00	CO Validated and recorded within set timescales

Total potential value = £155 per patient through service

5.2 Method of Payment

BACS

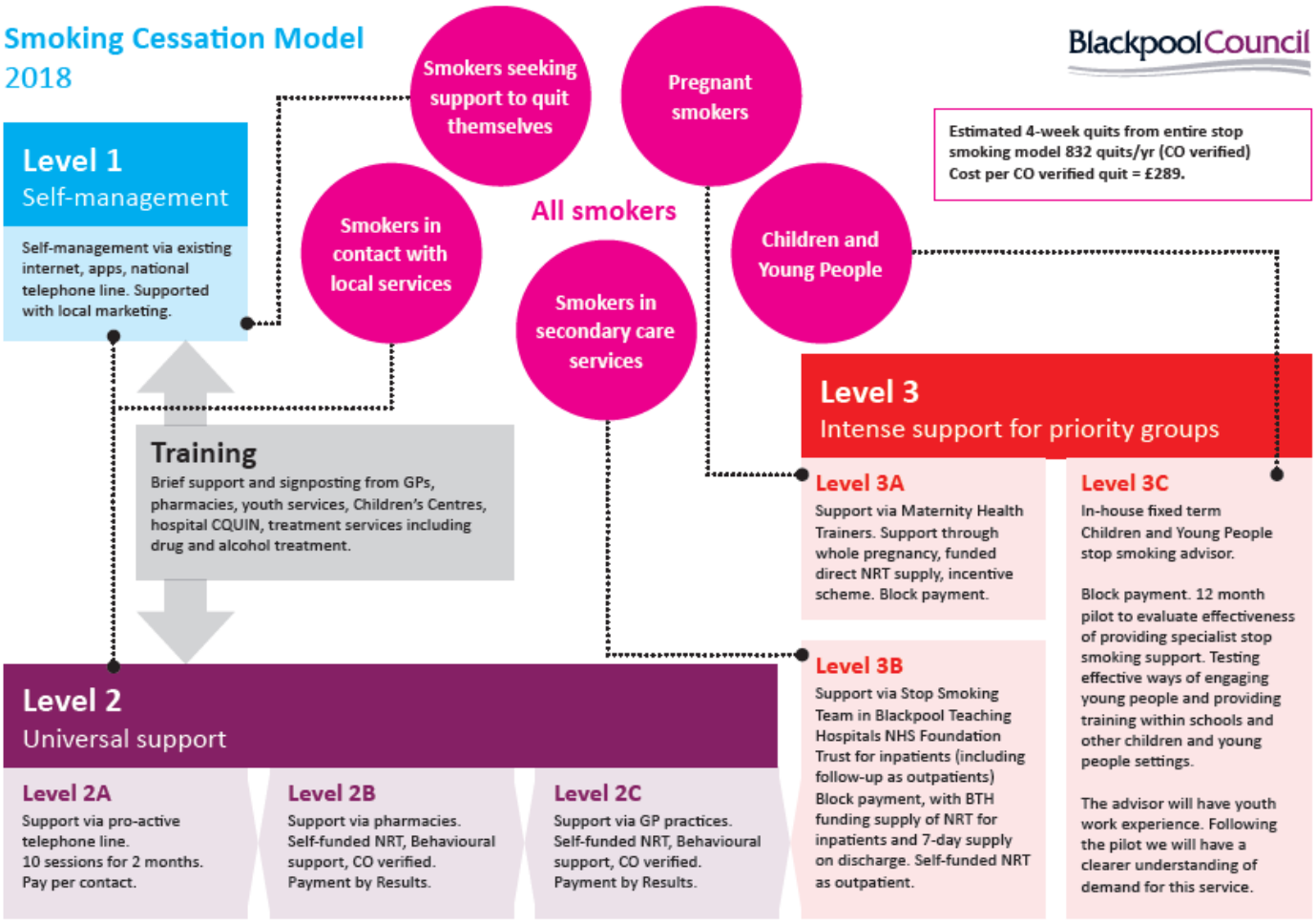
5.3 Frequency

Monthly

5.4 Withdrawal or Reclaim of Payments Made:

If, for any reason, the Provider fails or is unable to provide the services, including any agreed additional services, to the level and / or standard agreed, the commissioner reserves the right to reduce the level of payment proportionally. Before taking this step the commissioner will consult with the provider in good faith and give details in writing of the breach or failure and value of the service lost or expenses incurred by the commissioner.

Appendix A
New Stop Smoking Model for Blackpool



Appendix B

Pharmacy Notification to GP/Treating Physician of supply of Varenicline
URGENT & CONFIDENTIAL

Confidentiality note: This message is intended only for the use of the individual or entity to whom it is addressed and may contain information that is privileged, confidential and exempt from disclosure under law. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited.

Pharmacy stamp:

FAO: GP Name:

GP Address:

Client's Name:

Address:

DOB: Telephone:

(Section 1): Prescribing criteria

The patient named above is currently involved in a stop smoking support programme with the pharmacy named above. The patient is interested in using Varenicline (Champix®) to help them quit smoking and appear to be highly motivated to quit. I would be grateful if you would consider prescribing Varenicline (Champix®) for this patient. **We recommend that initially the STARTER PACK ONLY be prescribed**. Future prescriptions are only to be issued on receipt of subsequent requests from our service confirming that the client is still motivated to quit and is still receiving support. If you do prescribe Varenicline (Champix®), we will continue to provide behavioural support for this patient whilst they are in the course of treatment.

Patient consent

To my GP,

The advisor has discussed the risks and benefits of using Varenicline. I understand the benefits from using Varenicline, and also some of the potential problems. I have also been told what to do if I suffer from any unwanted effects, and to contact my advisor straight away. I still wish to take Varenicline.

Patients signature..... Print name..... Date.....

Advisors signature..... Print name..... Date.....

(Section 2): Continuation Treatment Request – Please prescribe as indicated below, thank you

Tick the required amount and frequency box in relevant dosage section.	Signature	Date
1mg ☐28 ☐56 tablets ☐ Daily ☐ Twice Daily		
0.5 mg ☐28 ☐56 tablets ☐ Daily ☐ Twice Daily		

(Section 3): Treatment Discontinuation/Completion

Your patient has been taking Varenicline (Champix®) and we thank you for working in partnership with our service to deliver this treatment, however the patient no longer requires continuing treatment for reasons as indicated below;

☐ Unresolved unwanted effects. Decision made to discontinue treatment

☐ Patient successful at cessation and no longer required further treatment

[i] Department of Health and Social Care (2018). Tobacco Control Delivery Plan. Retrieved from; https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/714365/tobacco-control-delivery-plan-2017-to-2022.pdf