

Public Health Local Services Agreements

1 October 2021 – 31 March 2023

Community Pharmacy Stop Smoking Service

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1. Aims and Outcomes

Aim: To enable Community Pharmacies to provide SSSs to their clients which:

- Offer choice of treatment options appropriate to clients
- Offer the most effective evidence-based treatments available
- Support people to successfully quit smoking
- Achieve high levels of client satisfaction

Outcomes: The service will support people to successfully quit smoking for 12 weeks. Quitting will be measured at 4 weeks (and payment based on 4 week quitters) and follow up will occur at 12 weeks. It is anticipated that many clients will permanently stop smoking and as a result, will have improved health outcomes and lower levels of healthcare utilisation.

2. Service outline

2.1. Description of the service and its outputs

Interventions should have clear structure and content as detailed below. An optimum session frequency is described as follows (see Table 1):

Table 1: Optimum contact frequency and length

One-to-one behavioural support sessions (support for the first six weeks may be delivered through a combination of telephone or face to face support)	Time Allocated
Session 1: Pre-quit	30
Session 2: Quit date	20
Session 3: 1 week post-quit	15
Session 4: 2 week post-quit	15
Session 5: 3 weeks post-quit	15
Session 6: 4 weeks post-quit	15
Total	1 hour 50 minutes

Total minimum contact time equates to 1 hour 50 minutes (from pre quit prep to four weeks after quitting). This may be delivered through a combination of face to face or telephone intervention. Service providers should ensure they meet the minimum Service Standards as detailed in the Appendix.

2.2. Outline of service:

A description of the pre-quit assessment – 30 minutes approx.

- Inform client about structure and process of sessions.
- Assess motivation and discuss readiness to quit using motivational interviewing tools.
- Discuss – current smoking habits. Smoking history (including previous quit attempts), previous use of NRT/Zyban/Champix.
- Assessment of nicotine dependence and appropriate feedback to client.
- Provide information regarding all pharmacotherapy and unlicensed nicotine containing product (such as e-cigarettes) options.
- Explain process for provision of pharmacotherapy e.g. by direct supply, FP10 prescription or under a PGD.
- Set & record quit date on Pharmoutcomes.
- Discuss possible withdrawal symptoms and management.
- Assist client in developing coping strategies and a stop smoking plan.
- Discuss monitoring and CO.
- Describe and discuss the 'not a puff' rule.
- Take and record CO level.
- Provide additional supplementary resource material e.g. booklets, leaflets, CD's etc.
- Enter client details on Pharmoutcomes.
- Obtain client signature/verbal consent to treatment, follow-up, collection of anonymised information and sharing outcome with GP.
- Make follow-up appointment via Pharmoutcomes or diary sheet and record on client appointment card.
- Provide client with contact details for access to advice and support between appointments and amending appointments.

Follow-up Session 2 – 20 minutes

- Assess use of NRT/Zyban/Champix.
- Confirm quit date and record on Pharmoutcomes database.
- If quit date not yet set, reassess motivation to stop, discuss rationale of aiming to be smoke free rather than cutting down. Explain policy in relation to continuing supply of NRT – set quit date.
- Provide supply of NRT /GP script request (record on Pharmoutcomes).
- Record CO reading.
- Praise client's achievements.
- Support client through early quitting period.
- Discuss withdrawal symptoms and reinforce coping strategies.
- Discuss exercise referral scheme and weight management issues if appropriate.
- Make next appointment.

- Reinforce the 'not a puff' rule.
- If client Did Not Attend (DNA) contact by phone and where possible, leave a message/text.
- A minimum of three contact attempts must be attempted if clients DNA including phone call, text, letter.
- Each contact and all contact attempts should be recorded on the Pharmoutcomes database.

Review sessions (3, 4 and 5) – 15 minutes

- Evaluate use of treatment.
- Further supply of NRT/GP script request.
- Record smoking status.
- Take and record CO reading.
- Guidance on weight gain and withdrawal symptoms.
- Discuss benefits of quitting.
- Reinforce the 'not a puff' rule.
- Make appointment for follow-up.
- Record on Pharmoutcomes.

Four and twelve weeks post quit date – 15 minutes (session number will vary depending on when QD set)

- Confirm smoking status.
- Congratulate Client!
- Record CO reading on Pharmoutcomes.
- Complete 4-week follow up within Department of Health parameters (25 – 42 days post quit) on Pharmoutcomes or client monitoring form.
- Reinforce the continued 'not a puff' rule.
- Send Quit letter to clients GP.
- Inform client about 52-week follow-up.
- Definition of 4 week quitter (from NCSCT PHE monitoring guidance).

A CO-verified four-week quitter = A treated smoker who reports not smoking for at least days 15–28 of a quit attempt and whose CO reading is assessed 28 days from their quit date (-3 or +14 days) and is less than 10 ppm. The -3 or +14 day rule allows for cases where it is impossible to carry out a face-to-face follow-up at the normal four-week point (although in most cases it is expected that follow-up will be carried out at four weeks from the quit date). This means that follow-up must occur 25 to 42 days from the quit date (Russell Standard).

A self-reported four week quitter = the above without CO validation.

Every effort should be made to record CO reading to validate 4 week quit status.

Final Session (4 weeks post quit) – 15 Minutes

- Discuss any problems the clients may have.
- Record CO reading on Pharmoutcomes.
- Offer advice on staying stopped and relapse prevention.
- If client requires further supply of NRT issue GP prescription request.
- Give client contact numbers and explain procedure to re-access service, if necessary.
- To ensure clients accessing the service are motivated to quit clients will normally only be able to access the service four times in any 12 month period. However if the client is committed to stopping the advisor should use professional judgment when assessing readiness to stop and begin a new treatment episode if appropriate i.e. re-sign client and agree new quit date. Care should be taken to ensure the client is not using NRT for prolonged periods without a break (seek advice from specialist advisors or team leader if uncertain).
- To support promotion of the service, if client has successfully quit then the advisor should ascertain if the client is willing to be identified in a media campaign, e.g. newspaper article, radio or television interview and complete a media request form (on Pharmoutcomes).

3. Payment and Cost

Activity	Payment
<p>Completion of an intervention which meets the following minimum criteria and where the outcome of the intervention is not quit / Lost To Follow Up (non-quitters):</p> <p>The client has received brief advice regarding their smoking</p> <p>The client has set a quit date</p> <p>CO readings have been taken during any support session they receive and results have been recorded</p> <p>Client service data has been submitted detailing the support the client has received and the outcome of the intervention</p> <p>This payment will be made for all non-quitters (as long as the minimum criteria have been met).</p>	£20
<p>Completion of an intervention which meets the criteria described above and where the outcome of the intervention is a successful 4-week quit. Payment will be made at 4-week monitoring stage.</p>	£95

- Payment will be made at the end of every quarter, following submission of intervention outcome data.
- For payment to be authorised the Provider must ensure that the data has been recorded on Pharmoutcomes no later than 48 hours after providing a stop smoking service to a smoker during the quit attempt process i.e. at point of care.
- Late recording of smoking status may result in delayed payment.
- Pharmacies can claim reimbursement for NRT products provided directly to clients, where the service is delivered under this specification. ESCC will pay pharmacies at the rate stated in the NHS Electronic Drug Tariff (<http://www.drugtariff.nhsbsa.nhs.uk/>), plus VAT at 5%.
- The Commissioner will investigate frequent late recording and submission of data.

4. Monitoring, Audit and Reporting

The Provider will be expected to achieve a level of success, which is consistently within national limits. This equates to: 50% success rate with a threshold of between 35%-70%.

Smoking status at four weeks from the quit date should be CO validated in a minimum of 85% of cases.

5. Contacts

For details of training and support, and to order consumables, contact:

Tanya Sutton | Quality Co-ordinator

Mobile: 07914 635856 | Office: 01424 404600

email: Tanya.Sutton@oneyoueastsussex.org.uk

Website: [ONEYOU East Sussex | oneyoueastsussex.org.uk](https://oneyoueastsussex.org.uk)

For technical advice and guidance regarding this smoking cessation PHLSA, contact:

Colin Brown: Health Improvement Specialist; tobacco control and alcohol harm reduction

Tel: 01273 335398 / colin.brown@eastsussex.gov.uk

Peter Aston, Health Improvement Principal

Tel: 01273 337207 / peter.aston@eastsussex.gov.uk

For information about service sign up, serious incident reporting and claims and payments contact:

Tracey Houston, Business Manager

Tel: 01273 481932 / fax: 01273 336040 / tracey.houston@eastsussex.gov.uk

For technical support relating to Pharmoutcomes:

<https://pharmoutcomes.org/pharmoutcomes/help/home?sendMessage&contactus> or call:
01983 216699

Appendix

Approved pharmacotherapy products

For the most up to date list of approved products and links to the full Summary of Product Characteristics where you can find all the information on effects, side effects, and drug interactions please go to the National Centre for Smoking Cessation and Training (NCSCT) website: http://www.ncsct.co.uk/pub_stop-smoking-medications.php

You can also contact NCSCT on:

T: 020 3137 9071 Email: enquiries@ncsct.co.uk

Or contact One You East Sussex on: Tanya Sutton | Quality Co-ordinator

Mobile: 07914 635856 | Office: 01323 404600

email: Tanya.Sutton@oneyoueastsussex.org.uk

Website: ONEYOU East Sussex | oneyoueastsussex.org.uk

One You East Sussex hub contact address:

Suite 8, Faraday House,

1 Faraday Close,

Eastbourne,

East Sussex,

BN22 9BH

or email oneyou.eastsussex@nhs.net

Background and evidence

Health impact

Reducing the prevalence of tobacco use is one of the most effective interventions in improving and protecting the public's health. Tobacco use is the single greatest cause of preventable deaths in England – killing over 80,000 people per year (1000 people per year in East Sussex) (East Sussex JSNA, 2014). Smoking prevalence in East Sussex is estimated at 14% which is slightly below the England average (15 %). Whilst it is estimated that there are around 62,000 smokers in East Sussex, there is variation in smoking rates across the county. Hastings has a significantly higher prevalence to England at 20%, while only 10% of people in Wealden smoke (GPPS, 18/19).

Smoking can contribute to many diseases but is most commonly linked with coronary heart disease, stroke, lung cancer, asthma and chronic obstructive pulmonary disease. For

those who smoke, quitting can be the single most effective method of improving health and preventing illness. Smokers are also more likely to suffer complications during and following surgery. Stopping smoking both before and following surgery can reduce post-operative complications and reduce length of stay in hospital (Smoking and Surgery Factsheet ASH. 2014).

Smoking is also the primary reason for the gap in healthy life expectancy between rich and poor and is a key factor in health inequalities. Smoking prevalence is highest in deprived communities but reductions in smoking prevalence have been slower in these communities than in other population groups. Reducing the prevalence of smoking among routine and manual workers, some minority ethnic groups and disadvantaged communities will help reduce health inequalities more than any other measure to improve the public's health. Among men, smoking is responsible for over half the excess risk of premature death between the social classes (Jarvis and Wardle, 1999).

Policy context

The Public Health Outcomes Framework, Improving Outcomes and Supporting Transparency (2012), sets out the desired outcomes for public health and how they will be measured. Tobacco Control actions feature in the following domains:

Domain 1: Improving the wider determinants of health

- Improvements against wider factors which affect health and wellbeing and health inequalities.

Domain 2: Health improvement

- People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities.

The following indicators are used to measure the impact of services and interventions which aim to reduce the prevalence of smoking in adults:

- Smoking status at time of delivery
- Smoking Prevalence – Adults over 18
- The East Sussex Health and Wellbeing Board (ESHWB) is committed to reducing smoking and has set this as a key priority within the Health and Wellbeing Strategy 2013 – 2016 in seeking to 'Enable people of all ages to live healthy lives and have healthy lifestyles' (ESHWB, 2013).

Evidence Base

Stop smoking services (SSS) based on the NHS model are highly effective in both cost and clinical terms. Smokers are four times more likely to quit using SSS support and medication than going 'cold turkey' or using nicotine replacement therapy over the counter (PHE, 2014). The evidence base is summarised in the 'National Institute for Health and Care Excellence Public Health Guidance 10 Smoking Cessation Services' and 'Local Stop

Smoking Service and Delivery Guidance' (PHE, NCSCT 2014). Reclaiming cost of nicotine replacement therapy (NRT) for pharmacies

Reclaiming cost of nicotine replacement therapy (NRT) for pharmacies

Example of Part VIIIA of NHS Electronic Drug Tariff

(The latest version of this tariff can be found at: [England and Wales NHS Electronic Drug Tariff](http://www.drugtariff.nhsbsa.nhs.uk/)
<http://www.drugtariff.nhsbsa.nhs.uk/>)

Name of product	See key	Quantity		Price		Brand
Nicotine 1.5mg lozenges sugar free		60		956	C	NiQuitin Minis
Nicotine 10mg/16hours transdermal patches		7		1037	C	Nicorette invis
Nicotine 15mg inhalation cartridges with device	■	4		427	C	Nicorette
	■	20		1511	C	Nicorette
	■	36		2403	C	Nicorette
Nicotine 15mg/16hours transdermal patches	■	7		1037	C	Nicorette invis
Nicotine 1mg/dose oromucosal spray sugar free		13.2	ml	1212	C	Nicorette QuickMist
Nicotine 21mg/24hours transdermal patches		7		997	C	
Nicotine 25mg/16hours transdermal patches		7		1037	C	Nicorette Invisi
Nicotine 2mg lozenges sugar free		72		997	C	NiQuitin
Nicotine 2mg medicated chewing gum sugar free		96		826	C	Nicotinell
Nicotine 2mg sublingual tablets sugar free		100		1312	C	Nicorette Microtabs
Nicotine 4mg lozenges sugar free		72		997	C	NiQuitin
Nicotine 4mg medicated chewing gum sugar free	■	96		1026	C	Nicotinell
Nicotine 500micrograms/dose nasal spray		10	ml	1380	C	Nicorette
		96		912	C	Nicotinell

ey: the following symbols are used in Part VIIIA

■	Special Container
●	Item requiring reconstitution
§	Selected List Scheme (SLS)

Quarterly submission dates

Quarterly data submission dates for 2021/22 are:

[Stop Smoking Services-collection | digital.nhs.uk](https://digital.nhs.uk/stop-smoking-services-collection)

Quarter	Activity delivered during:	Deadline
1	1 Apr to 30 Jun	4 Oct 2021
2	1 Jul to 30 Sep	10 Jan 2022
3	1 Oct to 31 Dec	19 April 2022
4	1 Jan to 31 Mar	4 July 2022

Additional information

1. Service Standards

Requirements expected of all primary care providers of stop smoking services

- All primary care stop smoking advisor staff working within participating stop smoking services must adhere to the guidelines of this service.
- The Provider will ensure that the Russell Standard (clinical) is followed for assessing performance in NHS Stop Smoking Services. The Russell Standard is summarised as follows: 50% success rate with a threshold of between 35-70%. Smoking status at four weeks from the quit date should be CO validated in a minimum of 85% of cases. Where quit rates fall outside this range pharmacies are expected to work with the specialist service to identify ways of improving outcomes for clients.
- The Provider will support people to successfully quit smoking for 12 weeks. Quitting will be measured at 4 weeks and follow up will occur at 12 weeks.
- Each service user should receive weekly support for at least the first four weeks of a quit attempt.
- CO readings should be taken and recorded at each of the weekly sessions
- All staff involved in stop smoking service delivery must receive either the two day face-to-face Stop Smoking Advisor Training from the integrated lifestyle service, One You East Sussex (OYES), or the NCSCT online pre course (Core knowledge and key practice skills) and one day refresher training from OYES. It is also recommended that advisors participate in a period of shadowing and observation before providing support unsupervised.
- An online smoking cessation database 'Pharmoutcomes', is provided to reduce the administrative burden of stop smoking services. Support on using this system is available from Pinnacle Health Partnership LLP (see section 5 for contact details). Providers must record status of smokers on Pharmoutcomes no later than 48 hours after providing a stop smoking service to a smoker during a quit attempt process (point of care). Providers are expected to record all service data on this system.
- All invoices relating to service activity must be supported by evidence from Pharmoutcomes.
- Consultations should take place in a room or area that is suitable for the purpose of providing clients with a confidential and accessible service.
- The Provider will display appropriate smoking cessation promotional material, including information on their pharmacy stop smoking service and East Sussex Stop Smoking Service (ESSSS), One You East Sussex. All material should be in an appropriate format, accessible to all. Posters will be supplied and at least one poster should be visible at all times.
- The Provider will actively pursue brief intervention whenever possible with clients.
- Support to deliver stop smoking services in pharmacies is available from the integrated lifestyle service One You East Sussex.
- To ensure that competence is maintained pharmacies are required to adhere to the NCSCT Competency Framework. Annual update training to meet this requirement is available from One You East Sussex, and practitioners are normally expected to

attend one update session per year (where this is not possible pharmacies should liaise with the specialist stop smoking service on alternative arrangements).

- Services should be delivered in line with the optimum contact frequency and length as described in Table 1 (section 2)
- Where a client relapses during a quit attempt (and does not wish to begin a new treatment episode), no further pharmacotherapy should be provided until such a time as the client is motivated to make another quit attempt.
- Ensure a minimum of three attempts to follow up DNA clients by telephone, text, letter (ensure attempts are recorded) before coding 'lost to follow up'.

Use of pharmacotherapy, Nicotine Replacement Therapy (NRT) and unlicensed Nicotine Containing Products (NCPs) within quit attempts

As all smokers should be given the optimum chance of success in any given quit attempt, licensed pharmacotherapy, currently nicotine replacement therapy (NRT), Varenicline (Champix) and Bupropion (Zyban) should all be made available in combination with intensive behavioural support. Varenicline or combination NRT offers smokers the best chances of quitting and, unless clinically contraindicated, should be available as first-line treatments to all clients. Figure 2 and Table 2 show the relative impact of a variety of evidence-based stop smoking interventions and pharmacotherapies on four-week quit rates¹.

¹ NCSCT, Local Stop Smoking Services: Service and delivery guidance 2014

Figure 2 Effectiveness of pharmacotherapy and support options

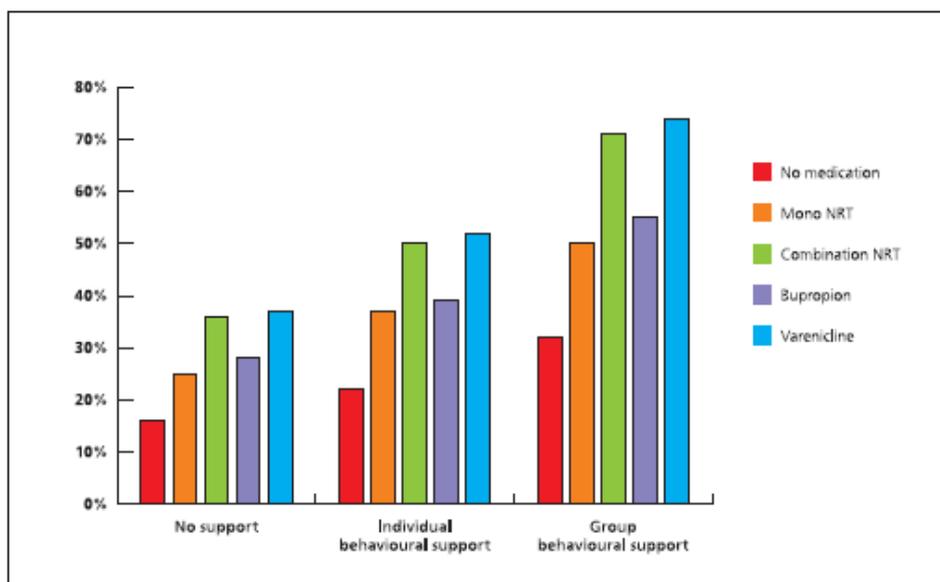


Table 2 Effectiveness of pharmacotherapy and support options

Four-week quit rates	No medication	Mono NRT	Combination NRT	Bupropion	Varenicline
No support	16%	25%	36%	28%	37%
Individual behavioural support	22%	37%	50%	39%	52%
Closed group behavioural support	32%	50%	71%	55%	74%

Following an assessment of the most appropriate option for each client accessing the stop smoking service the advisor must offer, or recommend at least one of the following:

- NRT
- Combination Therapy (a combination of NRT products)
- Varenicline (Champix) a prescription only drug may only be offered to clients by pharmacies who have signed up to supply it via a PGD.
- Bupropion (Zyban). A prescription only drug.
- Unlicensed Nicotine Containing Product (NCP): e-cigarettes

All clients must have the key risks and benefits of pharmacotherapy explained and offered pharmacotherapy within prescribing guidance. The table in Appendix 1 sets out the types and forms of stop smoking medication showing the dosage and duration for adults and adolescents. It is anticipated, in line with national usage, that Varenicline or Bupropion will be the chosen treatment option in around 30% of clients accessing the stop smoking service.

Best practice for the supply or prescription of pharmacotherapy for smoking cessation must be undertaken in line with guidance set out in Local Stop Smoking Services Service

and Delivery Guidance (PHE, 2014)

http://www.ncsct.co.uk/publication_service_and_delivery_guidance_2014.php

Pharmacies can claim reimbursement for NRT products provided directly to clients, only where the service is delivered under this specification. ESCC will pay pharmacies at the rate stated in the NHS Electronic Drug Tariff (<http://www.drugtariff.nhsbsa.nhs.uk/>), plus VAT at 5%

NRT

Where clients are assessed as suitable to receive NRT:

- Clients may obtain up to 12 weeks supply of NRT, dispensed to the client on a weekly basis. In certain situations (client holidays etc), it may be acceptable to dispense more than one week's supply. However, no more than two weeks' supply should be dispensed at once
- NRT must only be supplied to clients who fit the eligibility criteria for the service.
- Supply is free to clients who are exempt from prescription charges or have a pre-payment certificate. A fee equal to the prescription charge should be collected from clients who are supplied NRT by pharmacies where the client is not eligible for free prescriptions. This fee should be deducted from the claim for supply of NRT.
- There is a box in pharmoutcomes to record if a client is exempt for prescription charges. If the 'exempt' box is ticked a drop down menu will appear – please select the reason for exemption.
- A quit date should be discussed before the initial supply and the client needs to demonstrate they are aiming to be abstinent within the next two to four weeks.
- Motivation should be re-assessed if client has not managed to abstain from smoking after four weeks of treatment and provide client with a GP prescription request, if they remain motivated to stop completely
- More than one NRT product can be supplied. Please refer to Appendix 1 for approved product list.
- Details of each NRT product provided for each episode of supply must be recorded on Pharmoutcomes.

In addition to NRT provided, record any advice given e.g. Client is diabetic, advice to monitor blood glucose levels, letter sent to GP to notify supply of NRT. Recording NRT supply for sessions

- Use the relevant Pharmoutcomes section at point of care. This is to record the supply of NRT and the client's progress.
- Where direct supply of NRT is operated, full details of the product supplied should be recorded, including dose, brand and box size e.g. Nicotinell 21mg box, 1 box = 7 days.
- Please check that the client's health has not altered since the initial assessment and that there are no exclusion criteria for NRT. Tick relevant boxes on Pharmoutcomes point of care, or paper monitoring records, as appropriate.
- Enter batch and expiry date and sign accordingly.

- When supplying NRT direct please be aware that a week's supply may be more than 1 pack. Please also take account of previous supply and client's remaining stock of NRT when issuing further supplies.

GP prescription requests

GP prescription requests may be required in the following circumstances:

- Request for the GP to consider the supply of NRT where NRT may be contraindicated for client
- Request for the GP to consider prescribing Bupropion or Varenicline. For pharmacy staff delivering the stop smoking service, a letter to request the GP to prescribe the relevant pharmacotherapy should be produced (HLP level two pharmacies can supply varenicline directly via PGD).
- Varenicline is contraindicated in pregnancy. There is no clinical data for its use in clients with epilepsy.
- Use the relevant Pharmoutcomes section at point of care, to record the recommendation for GP prescription request for stop smoking medication as appropriate e.g. Bupropion, Varenicline, or NRT.

Bupropion and Varenicline

- If a client is considering and is suitable for using Bupropion or Varenicline the stop smoking advisor should refer the client to the pharmacist who can supply varenicline directly via PGD. If the pharmacy is not signed up to the varenicline PGD they should refer the client to their GP who can provide a prescription.
- Bupropion is contraindicated in clients with a history of seizures, eating disorders, CNS tumour, alcohol/benzodiazepine withdrawal, under 18's, pregnancy, and breastfeeding. It should be used with caution in clients on concurrent medication which could lower seizure threshold, alcohol abuse, previous head trauma and diabetes.
- Once a client has been prescribed Bupropion or Varenicline under the PGD the pharmacist must be able to advise clients of actions to take in the event of experiencing any side effects or adverse reactions. If the client has been prescribed Bupropion or Varenicline outside of the PGD any side effects should be reviewed by the clients GP as soon as possible.
- Use the relevant Pharmoutcomes section at point of care to record the recommendation for GP prescription request for stop smoking medication as appropriate e.g. Bupropion, Varenicline or NRT.
- The full summary of product characteristics for the products outlined can be found in the electronic medications compendium website:
<https://www.medicines.org.uk/emc/>

Unlicensed Nicotine Containing Product (NCP): E-cigarettes

- Although stop smoking services do not currently supply NCPs, service users who choose to use an e-cigarette as part of their quit attempt should be supported to do so. A new training course on e-cigarettes for healthcare professionals by the National

Centre for Smoking Cessation and Training is now live and can be accessed at:
http://elearning.ncsct.co.uk/e_cigarettes-launch .

2.Referrals

The following referral criteria and possible sources of referral apply to the service:

- Any self-referred smoker with motivation to quit aged 12 and over.
- For clients recorded on GP practice registers all smokers 15+ who have a recorded status in the last 24 months.
- Providers trained in NCSCT VBA and referral to stop smoking services:
- Self-referred clients
- Clients who have been referred by any healthcare professional, including the specialist stop smoking service.
- Where appropriate, the Provider should signpost and refer to additional lifestyles services such as One You East Sussex's weight management programme, and local alcohol treatment services, in line with local referral processes and pathways.

3. Eligibility

All clients/clients should be assessed as eligible, utilising the following criteria:

- They are living within the county of East Sussex.
- They are aged 12 or over.
- They meet smoking cessation service treatment criteria.

People who do not meet the eligibility criteria are not eligible to access the service. If a Provider has concerns about the suitability of a client who is seeking to access the service, the Provider must seek advice from the ESSSS on their suitability for treatment. The Commissioner must be informed where the Provider is seeking not to offer a service.

A Provider must seek prior approval from the Commissioner to provide a service to a client aged under 12 years old who meets the remaining eligibility criteria. Where a client aged below the age of 12 is seeking to access a service, advice should be sought in the first instance from the ESSSS.

The Commissioner will respond to any requests requiring prior approval within 2 working days. Where approval is granted, the Commissioner will provide a prior approval code which the Provider must quote in its record of activity accompanying the (monthly) invoice.

4. Equipment and Premises

All equipment used in stop smoking services must be used in line with manufacturer guidance and protocols for safe and effective use. CO monitors and associated consumables -mouthpieces, adaptors/T-Pieces are available free of charge to pharmacy stop smoking service providers from One You East Sussex This can be done by telephone on 01323 404600 or by secure email at oneyou.eastsussex@nhs.net.

CO Monitor Protocol: All monitors should be calibrated in line with the manufacturer's instructions for the make and model of the CO monitor being used. Calibration of CO monitors is available from the specialist stop smoking service at annual update sessions. Further advice on calibration of CO monitors is available from One You East Sussex.

Cardboard Tubes or Plastic Straws: Single-use only, change for every Service User/Service Users. Ask the Service User to put their own tube/straw into machine and remove after use.

Plastic adaptor/t-piece: The adaptor contains a one-way valve that prevents inhalation from the monitor. Changing adaptors depends on manufacturers' guidance:

- Micromedical: the adaptor should be discarded and replaced every six months
- Bedfont (Pico): the adaptor should be discarded and replaced monthly
- BMC-2000: adaptor should be changed quarterly, unless usage is heavy, in which case change monthly.

Usage guidance: The following guidance is suggested but the Provider should refer to product specific manufacturer guidance:

- Less than 50 uses per month: change quarterly
- Between 51–200 uses per month: change bi-monthly
- More than 200 uses per month: change monthly.

Cleaning: The monitors should be wiped down using non-alcohol wipes at the end of every session.

Premises: Consultations should take place in a room or area that has been accredited for the purpose of providing clients and clients with a confidential and accessible service.

5.Safeguarding

The Provider must ensure that clients and anyone using the service are safeguarded from any form of abuse or exploitation in accordance with written policies and procedures to be agreed with the Commissioner prior to the commencement of the service and that meet the standards and regulations set out in:

- The Sussex Multi Agency Policy and Procedures for Safeguarding Vulnerable Adults produced by the Safeguarding Adults Boards of Brighton and Hove, East Sussex and West Sussex (2007)
- Section 6 of the Terms & Conditions of Contract ('Safeguarding Vulnerable Adults and Children')
- The Provider will share information with the following relevant organisations: Police, Probation Service, Adult Social Care and Children's Services, if an individual delivering the service or a trained individual discloses information that would indicate a child or vulnerable adult is at risk of harm and/or admitted to an offence for which they have not been convicted.

6.DBS Requirements

A DBS check must be in place for all staff delivering this service. Providers should assure themselves that the appropriate DBS check, for the type of service being undertaken is in place for each member of staff providing the service. Please see guidance www.gov.uk/disclosure-barring-service-check/overview. The County Council policy is that DBS checks are refreshed every three years.

7.Accreditation and Training

One You East Sussex have been contracted by ESCC to provide professional and technical support to local primary care stop smoking service providers. This will ensure that Pharmacies consistently meet and evidence defined quality standards of service delivery and performance achievement. Support will include pharmacy visits, telephone support, training and continuing professional development and the provision and maintenance of equipment and consumables.

- All staff involved in stop smoking service delivery must receive either the two day face-to-face Stop Smoking Advisor Training from the integrated lifestyle service, One You East Sussex (OYES), or the NSCSCT online pre course (Core knowledge

and key practice skills) and one day refresher training from OYES. It is also recommended that advisors participate in a period of shadowing and observation before providing support unsupervised.

- The integrated lifestyle service, OYES will support this process through pharmacy visits, communications and annual update sessions.
- Any services provided by staff members that have not completed the required training will be in breach of contract.
- ESCC will not make payment for any services delivered by staff members that have not completed the required training.

The Provider is required to:

- Employ suitably experienced, qualified and skilled staff to successfully deliver and manage the service.
- Support, train, supervise and appraise all staff who are employed to ensure they remain competent to deliver an effective, quality service.
- Ensure staff members are trained to submit accurate and timely monitoring and performance data.

Ensure staff members engage with continued professional development, including appropriate training provided by key partners.