



**Brighton & Hove
City Council**

**Brighton & Hove City Council
Public Health Locally Commissioned Services**

A. Service Specifications

Service Specification No:	<i>tbc</i>
Service	Community Pharmacy Stop Smoking Services
Commissioner Lead	Jimmy Burke - Health Improvement and Tobacco Control Programme Manager
Provider Lead	
Period	
Date of Review	[Default 3 years]
Summary:	
<ul style="list-style-type: none"> • The stop smoking service must be provided in a way that ensures it is equitable in respect of race, creed, culture, diversity, disability, sex, and age. • Health and care Professionals are trained and confident in supporting people to stop smoking using behaviour change techniques and appropriate pharmacotherapy and/or electronic cigarettes. • Patients who smoke are routinely and opportunistically offered support to stop smoking. • Patients are offered structured support in line with the National Centre for Smoking Cessation and Training (NCSCT) treatment model for a minimum of 4-weeks and up to 12-weeks and are followed-up to ascertain quit status. • Provided they are ready to try quitting again and consent, patients who have not achieved a 4-week quit or relapse during their engagement are referred on to other stop smoking services, such as the council's Health Trainer Team. • Providers are required to accurately record activity on the PharmOutcomes platform to permit automatic data consolidation and generate payments. • The following additional Community Pharmacy stop smoking services must be delivered in line with the service descriptions and objectives defined in this document: <ul style="list-style-type: none"> • The Community Pharmacy Domiciliary Stop Smoking Service • The Community Pharmacy Young Persons Stop Smoking Service • The Community Pharmacy Provision of Varenicline on Patient Group Direction • The Community Pharmacy Nicotine Replacement Therapy Voucher Scheme - where the provider is not delivering the stop smoking service. Pharmacy providers delivering the stop smoking service <i>must</i> participate in the Nicotine Replacement Therapy Voucher Scheme <p>Providers signing-up to provide Stop Smoking services must indicate on the sign-up sheet provided by Public Health which of these additional services, if any, they intend to provide.</p>	

1. Population Needs
1.1 National/local context and evidence base



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This service specification is intended to support the residents of Brighton and Hove to stop smoking by using behaviour change interventions and appropriate stop smoking pharmacotherapy.

At an adult prevalence rate of 13.7% (APS, 2021), there are nearly 33,000 smokers in Brighton & Hove currently. This is significantly higher when compared to the Southeast prevalence (11.9%) and England average (13%).

Reducing smoking remains a key health priority and a national focus. It is one of the most significant factors that affect health inequalities and the biggest contributor to ill health, particularly cancer, coronary heart disease and respiratory disease. Brighton & Hove is an outlier for smoking attributable mortality, with 236 deaths per 100,000 population, compared to 170 for the Southeast and 202 for England.

Action on Smoking and Health (ASH) estimates the cost of smoking to the city of Brighton & Hove is in excess of £121M per annum. The cost to the local NHS is estimated to be £13.25M per annum, with hospital admissions comprising £4.17M of that and costs to primary care comprising £9.08M.

Smoking prevalence in adults, 15-year-olds and smoking at time of delivery are all indicators in the health improvement domain of the Public Health Outcomes Framework. National trends show that overall prevalence of tobacco smoking has declined since 2004, from 19% in 2014 to 12.1% in 2019, however in contrast, rates amongst vulnerable population groups have not fallen and this remains a priority target area for Brighton and Hove.

The provision of skilled face-to-face individual support with pharmacotherapy boosts quits rates by 50-100%, far more effective than individuals attempting to quit unassisted.

2. Outcomes

2.1 Please indicate which of these strategic outcomes this LCS addresses.

<u>Brighton & Hove City Health & Wellbeing Strategy</u>		
Starting Well	Improve the health and wellbeing of children, young people and their families and carers in Brighton & Hove	Yes
Living Well	The health and wellbeing of working age adults Brighton & Hove will be improved with information, advice and support to help people to eat well, move more, drink less and stop smoking to reduce their risk of developing long term health conditions. This also include support for mental and emotional health and sexual health services	Yes
Ageing Well	People will be supported to reduce loneliness, social isolation and to reduce their risk of falls and fractures. More people will be helped to live independently	Yes
Dying Well	The experiences of those at the end of their life, and for their families and carers, whatever their age, will be improved	No
	Brighton & Hove will be a place which helps people to be healthy	Yes
<u>NHS Outcomes Framework Domains & Indicators</u>		
Domain 1	Preventing people from dying prematurely	Yes
Domain 2	Enhancing quality of life for people with long-term conditions	Yes
Domain 3	Helping people to recover from episodes of ill-health or following injury	Yes
Domain 4	Ensuring people have a positive experience of care	Yes



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Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	No
Public Health Outcomes Framework		
A Overarching indicators	A01 Increased healthy life expectancy A02 Reduced differences in life expectancy and healthy life expectancy between communities	Yes
B Improving the wider determinants of health	Improvements against wider factors which affect health and wellbeing and health inequalities.	No
C Health improvement	People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities: C03c - Smoking in early pregnancy C18 - Smoking Prevalence in adults (18+) - current smokers <ul style="list-style-type: none"> - Smoking prevalence in adults in routine and manual occupations (18-64) - current smokers - Smoking-related mortality and ill health - Smoking attributable mortality - Smoking attributable hospital admissions 	Yes
D Health protection	The population's health is protected from major incidents and other threats, whilst reducing health inequalities	No
E Healthcare public health and preventing premature mortality	Reduced numbers of people living with preventable ill health and people dying prematurely, whilst reducing the gap between communities	Yes

2.2 Local defined outcomes

The principal locally defined outcomes for the Locally Commissioned stop smoking services are as follows:

- Smoking prevalence declining significantly from its current rate of 13.7%
- Smoking prevalence declining significantly among groups of high smoking prevalence such as routine and manual workers and people with serious mental health conditions.
- Numbers of 4-week quitters (per 100K population) being generated by Locally Commissioned stop smoking services increasing year on year.
- Success rates among stop smoking service users are as good or better than national standards and benchmarks – currently benchmark is around 50% quit rate, 85% CO validation rate, lost-to-follow-up rates of no more than 15%.
- Significant reductions in local smoking-related ill health and mortality as recorded in the Public Health Outcomes Framework.
- High and rising levels of service user satisfaction in Locally Commissioned stop smoking services.
- Heightened local awareness of smoking harms and Stop Smoking Services delivered via special annual campaigns and year-round health promotion, resulting in increases in demand for Locally Commissioned stop smoking services



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3. Scope

3.1 Aims and objectives of service

- To drive down adult smoking prevalence in Brighton & Hove, by ensuring all adult smokers wishing to quit can access effective, evidence-based support and pharmacotherapy to stop smoking for good.
- To provide one-to-one personalised behavioural support and advice as well as the provision of pharmacotherapies for up to 12-weeks.
- To support individuals to achieve at least a 4-week quit, as defined by the Russell Standard, and, for those identified as members of priority populations (see below), to go on to achieve a 12-week quit.
- To endeavour to validate each quit biochemically through the use of exhaled carbon-monoxide (CO) monitoring. Higher financial incentives will be paid for CO validated quits.
- To address health inequalities by targeting support at identified groups of high smoking prevalence or especial vulnerability. The commissioner pays an enhanced rate for quitters from the following groups, as identified on the standard registration form during the registration process:
 - Pregnant people
 - Routine and manual workers¹
 - People with serious or severe mental health conditions
 - BAME groups (defined as groups B to E on the standard registration form - Appendix 2)
 - 18–25-year-olds
 - Lesbian, Gay and Bisexual people (defined as codes 2 or 3 on the standard registration form - Appendix 2)
 - Self-identifying transgender people
 - Those who are sick or disabled and unable to work
 - Those who are homeless or in assisted living accommodation
 - Never worked / unemployed over a year
 - Unpaid home carers
 - People who self-identify as having a learning disability
- To develop and maintain the appropriate experience and expertise within the provider team to be able to provide a high-quality service. Training and support is provided by the commissioner to enable this – see section 4.4.
- For every provider, to initiate stop smoking service recruitment activity within 3 months of receiving the one-day stop smoking adviser training course.
- To provide individuals with informed choices around aids to quitting, including nicotine replacement therapy (NRT), Varenicline, Bupropion and e-cigarettes. The provider will provide up to 12-weeks of nicotine replacement therapy (NRT) or Varenicline to support the quit attempt as appropriate for the patient. Varenicline can only be supplied on Patient Group Direction (PGD) by authorised pharmacists who have enrolled to provide the service on PharmOutcomes (refer to the Community Pharmacy Provision of Varenicline under PGD

¹ In line with the National Monitoring Guidance for Stop Smoking services (Department of Health, Service and Monitoring guidance, 2011/12) the definition of routine and manual workers for the purposes of this project include: electrician, fitter, gardener, inspector, plumber, printer, train driver, tool maker, bar staff, caretaker, catering assistant, cleaner, farm worker, HGV driver, labourer, machine operative, messenger, packer, porter, postal worker, receptionist, sales assistant, security guard, sewing machinist, van driver, waiter/waitress.



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service specification). Individuals requesting Bupropion as a stop smoking pharmacotherapy should be referred to their GP. See Appendix 3 for latest guidance on e-cigs/vaping.

- Provided they are ready to try quitting again and consent, refer on all individuals that have not achieved a 4-week quit or have relapsed to other stop smoking services such as the council's Health Trainer Team (www.brighton-hove.gov.uk/healthylifestyles or call 01273 294589)
- Where providers do not provide the domiciliary service themselves, to refer or signpost housebound Individuals unable to access the stop smoking services to pharmacies commissioned to provide the Community Pharmacy Domiciliary Stop Smoking Service – see Appendix 6.
- Where providers do not provide the young peoples' service themselves, to refer or signpost young people under the age of 18 years to pharmacies delivering the Community Pharmacy Young Persons Stop Smoking Service- see Appendix 7.
- Where patients are taking medicines that require monitoring when they stop smoking, or they are taking medicines that interact with other stop smoking pharmacotherapies, to refer the patient to the council's Health Trainer Team (www.brighton-hove.gov.uk/healthylifestyles or call 01273 294589)
- To dispense NRT products to any patient referred from the council's Health Trainer service or Sussex Partnership Foundation Trust (SPFT) under the NRT voucher scheme. Please refer to Appendix 9 for details of the NRT e-voucher scheme. NRT voucher redemption is an essential part of stop smoking service provision. Where pharmacies do not wish to provide the stop smoking service, they are still encouraged to participate in the NRT voucher scheme as per the specification in Appendix 9.
- To provide advice to all successful 4-week quitters on weight management and local weight management services – significant weight gain is associated with quitting smoking. See section 3.4.
- To collect and record accurate data from each individual and maintain appropriate records in line with the requirements of the [Standard Monitoring Form](#), for periodic consolidation via the PharmOutcomes system. This provides the data needed for provider payments and for the stop smoking services quarterly submissions to NHS Digital.
- The availability of stop smoking support should be promoted to all patients and the provider will participate in annual smoking health promotion campaigns such as National No smoking Day (second Wednesday of March), World No Tobacco Day (May) and Stoptober (October).

3.2 Population covered

All residents of Brighton & Hove, as identified by having a Brighton & Hove postcode, or any patient registered with a GP practice in Brighton and Hove. Additionally, any homeless person (as identified on the registration form) without an address or GP registration in the city.

3.3 Addressing inequalities

Health inequalities are preventable differences in health outcomes between different population groups. Reducing health inequalities remains a key goal of public policy in England. Because smoking is so harmful, differences in smoking prevalence across the population translate into major differences in death rates and illness. **Smoking is the single largest driver of health inequalities in England.** Smoking is far more common among people with lower incomes as well as other marginalised groups.



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The more disadvantaged someone is, the more likely they are to smoke and to suffer from smoking-related disease and premature death. Because smoking is most associated with disadvantaged groups, by providing stop smoking services, you are actively tackling health inequalities. In addition, the commissioner provides enhanced payments for quits from specific target populations – see section 3.1.

3.4 Dealing with the risks of weight gain for patients who quit smoking

Significant weight gain is sometimes associated with quitting smoking and can be a cause of relapse and so patients must be prepared for potential weight gain and be supported to develop a plan for managing this. The confidence that has been developed whilst quitting smoking can provide momentum for other healthy lifestyle changes and so a 4-week quit provides an ideal opportunity to address the potential for weight gain issues. Upon a patient achieving a 4-week quit, the adviser should discuss options with the patient guided by the script below. They should also explain that even if the patient does gain some weight, it will still be worth remaining a non-smoker because of the major health benefits of quitting.

GUIDE SCRIPT FOR HEALTHY WEIGHT CONVERSATION WITH 4-WEEK QUITTERS

'Many smokers gain weight once they quit smoking. This can lead to returning to smoking and so it's a good idea to have a plan in place for tackling any potential weight gain. You've done a great job of changing your behaviour around smoking, so you might be feeling confident enough to be able to look at other areas of your personal health and well-being too.'

The reason people tend to gain weight after quitting smoking is that nicotine reduces appetite and interferes with normal metabolism. Another reason is that people sometimes deal with cravings by snacking.

Things that can help control weight gain include:

- **Continuing to use NRT or an e-cigarette for a while, reducing use over time, and eliminating nicotine-use altogether when you are ready.**
- **Eating a healthy diet, low in fat and sugar, with lots of fruit and vegetables.**
- **Reducing or eliminating alcohol consumption – alcoholic drinks can contain lots of calories.**
- **Taking up, or increasing, regular physical activity – this can also help deal with cravings to smoke.**

Fortunately, we have a wide range of local services and opportunities that can support you to lose weight and be active. This includes a local authority commissioned weight management service, the Active for Life Team, the Health Trainer Team and many other opportunities detailed on this summary sheet which you can take away and I will share with you by email.

Just be aware that quitting smoking is a great way to improve your health and wellbeing and even if you do gain some weight, it will be worth it when compared to the health harms that come from continuing to smoke.'

The information sheet for smoking quitters provided in Appendix 10 should be used as a basis for this discussion and should be provided to all 4-week quitters at their 4-week follow-up appointment.



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3.5 Service description/care pathway

The complete NCSCT standard treatment programme is available here:

<https://www.ncsct.co.uk/usr/pub/NCSCT%20Standard%20Treatment%20Programme.pdf>

Stage	Intervention Type	Service Specification – Outcome	Time	£
Initial assessment Quit Date set by patient	Face to Face	<ul style="list-style-type: none"> Assess the client's current readiness and ability to quit Assess physiological and mental functioning Inform the client about the treatment programme Assess current smoking Assess past quit attempts Explain how tobacco dependence develops and assess nicotine dependence Explain and conduct carbon monoxide (CO) monitoring Explain the importance of abrupt cessation and the 'not a puff' rule Inform the client about withdrawal symptoms Discuss stop smoking medications and vaping Set the Quit Date Prompt a commitment from the client Plan for the week ahead – any social occasions? Discuss preparations and provide a summary Agree treatment plan – if NRT dispensed it must be provided to the individual upon setting a quit date Complete the relevant sections of the standard monitoring form Book in a face-to-face meeting or phone call for follow up Set a 4-week appointment for CO verification on that date 	30 mins	Non-priority groups - £20 Priority groups - £25
Second week follow up appointment or as agreed with patient (a maximum of two follow up appointments between day 8 and 27)	Telephone support or Face to Face	<ul style="list-style-type: none"> Check in on progress Validate success Reminder of coping mechanisms Discuss any issues with medication/vaping Repeat NRT if required Keep motivated CO reading (if face-to-face appointment) Confirm the importance of abrupt cessation Prompt a commitment from the client Discuss plans and provide a summary 	10 mins	Non-priority groups - £7.50 Priority groups - £8.50
Third week follow up appointment or as agreed	Telephone support or Face to Face	<ul style="list-style-type: none"> Check in on progress Validate success Discuss any issues with medication/vaping ensure that the client has sufficient supply 	10 mins	Non-priority groups - £7.50



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<p>with patient (a maximum of two follow up appointments between day 8 and 27)</p>		<ul style="list-style-type: none"> • Discuss any withdrawal symptoms and cravings / urges to smoke that the client has experienced and how they dealt with them • Discuss any difficult situations experienced and methods of coping • Address any potential high-risk situations in the coming week • Confirm the importance of the 'not a puff' rule and prompt a commitment from the client • Provide a summary 		<p>Priority groups - £8.50</p>
<p>Four week follow up i.e. 4 weeks after Quit Day (must be carried out between day 28 and day 42 from the quit date)</p>	<p>Face to Face for CO verified</p> <p>Telephone for non-CO verified individual</p> <p>Self-reported quit</p>	<ul style="list-style-type: none"> • Check on client's progress • Validate success • Measure carbon monoxide levels - CO verification must be undertaken for higher 4-week quit payment to be made • If client has not remained smokefree, record as not-quit (if the client is ready, committed and confident to attempt another quit, consider setting a new quit date, assessing readiness to quit, and beginning new treatment episode or referring to council's Health Trainer Team: www.brighton-hove.gov.uk/healthylifestyles 01273 294589) • Advise about continued medication or vape use and ensure that the client knows where to obtain further supplies • Discuss cravings / urges to smoke that the client has experienced and how they can deal with them in the future • Discuss any difficult situations experienced and methods of coping and address any potential high-risk situations in the future • Inform individual of further online quit support resources available via Smokefree website here. • Carry out weight management discussion and brief intervention as per section 3.4 of this specification and issues information sheet in Appendix 10. Confirm this on Pharmoutcomes. <p><i>NOTE: A self-reported 4-week quitter (one without CO validation) is defined as someone who reports complete abstinence between days 15 and 28 from the quit date with the 4-week review to be carried out between day 28 and day 42 from the quit date. See Appendix 4 for guidance on the questions required to ask individuals via the telephone conversation in order to make a claim.</i></p>	<p>15-20 mins</p>	<p>Non-priority groups - £110 for CO verified. Priority groups - £127</p> <p>Non-priority groups - £60 for non-CO verified. Priority groups - £70</p>
<p>12-week follow up for 4-week quitters</p>	<p>Face-to-face for CO verified</p>	<ul style="list-style-type: none"> • Check on client's progress • Validate success 	<p>10 mins</p>	<p>CO verified. Priority</p>



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<p>from priority populations only (8 weeks after 4-week quit achieved) (must be carried out between the first day of week 12 and the last day of week 14 measured from the quit date)</p>	<p>Telephone for non-CO verified individual self-reported quit</p>	<ul style="list-style-type: none"> • Measure carbon monoxide levels - CO verification must be undertaken for higher 12-week quit payment to be made • If client has not remained smokefree, record as not-quit (if the client is ready, committed and confident to attempt another quit, consider setting a new quit date, assessing readiness to quit, and beginning new treatment episode or referring to council's Health Trainer Team: www.brighton-hove.gov.uk/healthylifestyles 01273 294589) • Advise about continued medication or vape use and ensure that the client knows where to obtain further supplies • Discuss cravings / urges to smoke that the client has experienced and how they can deal with them in the future • Discuss any difficult situations experienced and methods of coping and address any potential high-risk situations in the future • Inform individual of further online quit support resources available via Smokefree website here. <p><i>NOTE: A self-reported 12-week quitter (one without CO validation) is defined as someone who reports complete abstinence from the date of the confirmed 4-week quit date, with the 12-week review to be carried out between the first day of week 12 and the last day of week 14 measured from the quit date. See Appendix 4 for guidance on the questions required to ask individuals via the telephone conversation in order to make a claim.</i></p>		<p>groups - £40</p> <p>£16 for non-CO verified. Priority groups</p>
<p>Onward referrals to Health Trainers for non-quitters</p>	<p>Face-to-face, or phone online</p>	<p>When appropriate, via single point of contact to Health Trainers or call 01273 294589</p>	<p>n/a</p>	<p>£3.50</p>

Summary of Provider Requirements

- *Qualifying requirements*
 - Provider is a GP practice or community pharmacy in the city of Brighton & Hove
 - Minimum of two staff trained as per section 4.4 of this specification.
 - 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 commissioner will reimburse the cost of 2 DBS checks per year for any participating pharmacy upon production of proofs of expenditure.



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- *Service requirements*
 - The availability of a private consultation space for support to be provided.
 - A functioning, calibrated carbon-monoxide monitor plus disposable mouthpieces – see section 4.3.2.
 - Access to a wide range of smoking cessation pharmacotherapies (see section 3.1) or the ability to prescribe them.

- *Key Performance Indicators (KPIs)*
 - See service standards are detailed in section 4.3.

- *Training*
 - Staff trained as per section 4.4 of this specification.

- *Quality*
 - See service standards are detailed in section 4.3.

- *Audit / data returns*
 - See section 4.3 and section 6.

3.6 Any acceptance and exclusion criteria and thresholds

See population covered in section 3.2. Children and people young aged under 18 must be seen only as part of the young people's service – see Appendix 7.

For patients with mental health issues that are medicated, the patient's GP should be consulted as some psychotropic medications require dosage adjustments when using stop smoking pharmacotherapies (https://www.sps.nhs.uk/wp-content/uploads/2020/03/UKMi_QA_Interactions-with-tobacco_update_Jul-2020.pdf).

3.6.1 Exclusions:

Patients who are not adequately motivated to quit smoking should not be encouraged to register for a service or given stop smoking pharmacotherapies. Unmotivated patients are unlikely to be successful quitting smoking and a bad experience with the service may preclude them using the service in the future when they may be more motivated to quit. They should instead be encouraged to take some time to consider the benefits of quitting smoking and, once they have developed sufficient motivation, to then access the service. The message is 'when you are ready to quit, we are ready to help'.

3.7 Interdependence with other services/providers

This service provision has interdependencies with other Local Authority funded services, including direct referral and/or signposting arrangements with the council's Health Trainer Team, the council's provider of tier 2 weight management services (currently Bee Zee Bodies, though this could change during the course of this LCS contract period) local community pharmacies and local GP practices and their PCNs. All pharmacies should take referrals from Brighton & Hove GP practices, where these are made.



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The NHS also has a new tobacco dependency treatment pathway in development, and it should be noted that this entirely separate stop smoking provision, provided in secondary care, inpatient mental health services and maternity services, and which has the potential to cause confusion among patients and the public. This local authority funded service is discrete, though it works in concert with the NHS tobacco dependency pathway to ensure maximal coverage.

In addition, community pharmacies are nationally contracted to provide continuity care for discharged patients who have been supported to quit smoking while in hospital through the NHS tobacco dependency pathway. Again, awareness of these various stop smoking support frameworks and an understanding that they are similar but distinct is absolutely crucial. Note, however, that the treatment model is the same for both pathways and clinical skills are transferable, though technical arrangements e.g. for reporting or funding, will be different and separate.

4. Applicable Service Standards

The Provider is responsible for ensuring that,

- **Premises** - the service is provided in a suitable confidential setting.
 - **Equipment** is procured, meets all criteria set out in national and local guidance, and is maintained in line with manufacturer's guidance.
 - **Training** – staff are trained in line with local requirements as per the commissioner's requirements.
 - **Serious Incidents** – follow internal processes and report incidents to the LCS commissioner.
 - **Infection Control Guidance** is adhered to.
 - **Privacy and Dignity Guidance** is adhered to.
 - **Health and Safety** standards are met.
 - **Information Governance Standards** are met.
 - **Safeguarding Adults, Children and Looked After Children Guidance** is adhered to including statutory training.
 - **Young people** - an enhanced DBS check must be in place for all staff providing the stop smoking service. The Local Authority's policy is that DBS checks are refreshed every three years. Safeguarding concerns (for children aged 13 to 18) identified at presentation should be referred to the Local Safeguarding Children Board. Information regarding local safeguarding arrangements for children can be found at the Front Door for Families portal: <https://www.brighton-hove.gov.uk/families-children-and-learning/child-protection/child-protection>
- Pharmacy staff are required to consider Gillick Competency (see Appendix 8) to assess competence and risk when providing advice or treatment to young people.
- Pharmacies must inform the commissioner within 2 working days if for any reason they are unable to provide the service either temporarily or permanently.

4.1 Applicable national standards

4.1.1 Infection control



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Providers must ensure that latest national infection control and prevention guidance is adhered to.

Other resources and information can be found locally at NHS Sussex intranet page:

<https://www.sussexccgs.nhs.uk/clinical/clinical-guidance/infection-prevention-and-control/>

4.2 Applicable standards set out in Guidance and/or issued by a competent body

The stop smoking service will be delivered in line with the most recent evidence-based practice recommendations for stop smoking services issued by:

- The National Institute for Health and Care Excellence: [Overview | Tobacco: preventing uptake, promoting quitting and treating dependence | Guidance | NICE](#)
- The National Centre for Smoking Cessation and Training (NCSCT) standard treatment protocol: [Standard treatment programme \(ncsct.co.uk\)](#)
- and Local Stop Smoking Services: Service and delivery guidance 2014 published by PHE (now OHID): [Local Stop Smoking Services: Service and delivery guidance 2014 \(ncsct.co.uk\)](#)

4.3 Applicable local standards

Expectations around service standards are as follows:

- Pharmacy providers must commit to reliably redeeming Local Authority Health Trainer Team vouchers for nicotine replacement therapy – see Appendix 9.
- In order to maintain a sufficient level of skill and experience among their team, the provider of this stop smoking services LCS must achieve the minimum throughput of service clients of **9 patients per quarter, or 36 per year**. These minimum throughput expectations will not apply for the first three months of the service following the first staff-member level 2 training date, to allow mobilisation.
- As a measure of service quality, the provider of this stop smoking services LCS must deliver a minimum of **13 x 4-week quits per year**, pro rata for new starters with the three-months grace to allow mobilisation.
- A provider of this stop smoking services LCS must achieve a **minimum quit rate of 35%**. Performance against this indicator will be reviewed quarterly.
- A provider of this stop smoking services LCS **must not exceed a maximum lost to follow up rate 15%**. Performance against this indicator will be reviewed quarterly.
- Providers should have at least two trained stop smoking advisors available within 6 months of starting to provide the service.
- A provider of this stop smoking services LCS must ensure their staff delivering this service attend all necessary training for which they will receive payment as detailed in appendix 1, payments. The minimum training requirements are detailed in section 4.4.
- Where the provider of this stop smoking services LCS fails to maintain these service standards, a service audit and an agreed improvement plan may be put in place. Where improvements are not achieved as a result of this support, the LCS contract may be withdrawn from the provider and the service suspended.
- All providers of this stop smoking services LCS will conduct a conversation and brief intervention around weight management for all 4-week quitters. The information sheet for



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smoking quitters provided in Appendix 10 should be used as a basis for this discussion and should be provided to all 4-week quitters at their 4-week follow-up appointment.

- A random selection of providers will be selected by the commissioner every year for auditing to prevent fraud and ensure quality, as per the NCSCT service audit model ([Independent auditing of stop smoking service providers \(ncsct.co.uk\)](http://independentauditingofstopsmokingproviders.ncsct.co.uk)). In agreeing to provide this stop smoking services LCS, providers consent to participating and cooperating with this audit process. Service audit involves the commissioner team making contact with patients who have received a service and providers should note that consent to contact patients as part of the service auditing process is requested as part of the standard monitoring form, see appendix 2. Advisers should emphasise this when registering patients for a service.

4.3.1 Quality Requirements

- Serious incidents related to this service must be reported to the Brighton & Hove City Council Public Health LCS commissioner
- If and when audited by the commissioner, the provider is required to evidence effective clinical governance, quality assurance, continuous quality improvement and appropriate risk management.
- The opportunity to feedback on patient satisfaction about the service should be offered to all patients accessing this service and quality improvements should be made as an outcome of this feedback. See the patient satisfaction survey in appendix 5.
- As part of the annual quality assurance process, the provider may be required to make an annual quality assurance self-declaration that it has met the requirements of this LCS. A copy of the self-declaration form will be made available by the commissioner. This may cover elements pertaining to the
 - Service specification
 - Service standards
 - Training
 - Audit standards

4.3.2 Equipment

- The contractor must purchase their own carbon monoxide (CO) monitor and be responsible for the infection control and supply of mouthpieces, wipes and the calibration of the monitor according to the manufacturer's instructions. The commissioner recommends Bedfont as a manufacturer of reliable CO monitors ([Smoking Cessation - Bedfont Scientific Ltd.](http://smokingcessation-bedfont.com)).
- The handling of consumables and associated activities (e.g. procurement, storage, prescribing, decontamination, and disposal of consumables) must be safe and in line with current legislation, licensing requirements, good practice, and any national guidelines. Used disposable mouthpieces should be disposed of as offensive waste if such a stream is available; otherwise, general waste is appropriate, but not recycled waste.
- Equipment must meet all criteria set out in national and local guidance and be maintained in line with manufacturer's guidance.

4.3.3 Safeguarding



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Providers must have appropriate Safeguarding Policies, Procedures and Governance arrangements in place.

4.4 Training requirements

Local Stop Smoking Services Smoking Cessation training and annual update meetings are provided free of charge and reimbursements are made by the commissioner to enable practice and pharmacy staff to attend prior to commencing delivery of the service. The following mandatory training must be completed by all staff who will be smoking cessation advisers delivering the Stop Smoking Service at the practice or pharmacy:

- It is a requirement to have at least 2 trained advisors per practice within 6 months of starting to offer the service.
- Complete the online [Making Every Contact Count \(MECC\) e-learning](#) or to notify the commissioner if equivalent training has already been completed.
- Stop smoking advisors are required to complete the online [NCSCT core programme - 'Stop smoking practitioner training'](#) as well as the speciality modules -[Very Brief Advice](#) in smoking cessation and [E-cigarettes](#): A guide for healthcare professionals and the module [Stop Smoking Medications](#).
- Attend the one-day face to face course provided by the designated local Stop Smoking Training Lead. To find out dates of upcoming training events and to register for a place on the one-day course, please Contact Anna Fairhurst anna.fairhurst1@nhs.net
- Registered advisors will be expected to maintain continuing professional development by attending an annual update session delivered by the designated local Stop Smoking Training Lead.

Training reimbursements are as follows:

- £75 per member of staff to attend one-day training
- £25 per member of staff to attend the annual update meeting
- £25 per member of staff to complete online NCSCT core assessment programme: 'Stop Smoking Practitioner Training'. Staff must pass the assessment in order for the provider to receive reimbursement.

It is the pharmacy's responsibility to ensure that all staff involved in delivery of this LCS are familiar with the requirements and any relevant guidance, including NRT voucher redemption.

Practices and pharmacies will be expected to complete an annual self-declaration stating that all relevant staff and clinicians have been, or are planning to be, appropriately trained.

5. Payment, Medicines Costs and Claiming

Payment will be made quarterly (or monthly) based on data gathered via Pharmoutcomes.

Providers will be paid as follows.

- £20 for the initial assessment appointment and set a quit date. £25 if the client is from an identified priority population.



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- £7.50 each for a second and third face to-face or telephone appointment, or £8.50 if the client is from an identified priority population. Up to a maximum of two follow-ups can take place but they must both take place between days 8-27 inclusive to qualify for payment.
- £75 for the four-week follow-up appointment, or £85 if the client is from an identified priority population, payable in both cases **only** for those patients who are 4-week quitters biochemically verified by CO monitoring (less than 10 parts per million).
- £25 for a self-reported quit, or £28 if the client is from an identified priority population, payable for those clients without CO monitoring but where the individual has confirmed no tobacco use for 15-28 days of their 4-week quit.
- £40 for a twelve-week follow-up appointment for clients from an identified priority population, payable **only** for those patients who are 12-week quitters biochemically verified by CO monitoring (less than 10 parts per million).
- £16 for a self-reported quit for clients from an identified priority population, payable for those clients without CO monitoring but where the individual has confirmed no tobacco use for 15-28 days of their 4-week quit.

For definitions of priority populations see section 3.1.

Training reimbursements (section 4 for training detail)

- £75 per member of staff to attend one-day training
- £25 annual update meeting
- £25 new staff to complete online NCSCCT core assessment programme: [Stop smoking practitioner training](#)

Home visits provided as part of the optional Stop Smoking Services Domiciliary Service (Appendix 6) are paid at £40 per visit for up to three visits per patient.

The 4-week quit payment for the Young People's Stop Smoking Service (Appendix 7) is classed as a priority population and will be paid at that tariff plus an additional payment of £30 per patient provided they achieve a CO verified four-week quit.

Pharmacies will undertake occasional *proxy* CO monitoring for Health Trainer Team clients, by specific request, and will be paid at £15 per appointment by the commissioner.

A payment of £3.50 will be paid for onward referral of a patient to Health Trainer Service.

Medications:

- Prices are inclusive of equipment costs and all other costs. PharmOutcomes links to the NHS dictionary of medicines and devices.
- NRT product supply is reimbursed at a maximum of 2 separate products per week per patient for the first 4 weeks of a quit attempt. Then only 1 product to be dispensed per week per patient if they receive continued support for up to 12 weeks.
- The pharmacy will be reimbursed for the cost price for the NRT product: drug tariff cost + 5%. These prices are fixed for the term of this contract.
- No NRT products are to be issued for more than 12 weeks per patient within a single quit attempt.



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- The individual should be charged the current NHS prescription charge or declare the reason for NHS prescription charge exemption for each supply of NRT or Varenicline. The individuals' reason for exemption from NHS prescription charges should be recorded on the PharmOutcomes registration template. If a combination of two NRT products are supplied this would constitute two charges.
- Medications activity is remunerated monthly when PharmOutcomes data is submitted. Data must be submitted before the 14th of the following month.

Providers whose claims are at variance with expectations may be asked to submit additional evidence to support past or future claims.

Brighton and Hove City Council Public Health reserves the right to ask for provider held information at any time to support any post-payment verification.

7. Termination

7.1 Termination

Unless otherwise notified, this Locally Commissioned Service terminates on March 31st 2026

The service, or any of the additional services described in this specification, may be terminated by either Brighton and Hove City Council Public Health or the provider through the service of three months' notice.

Brighton and Hove City Council Public Health may require the provider to suspend the provision of the service immediately if it has reasonable grounds for believing that patient health or safety is at risk as a result of continuing provision of this service.

The LCS may be subject to review by BHCC Public Health at any time during the term of the service.



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APPENDIX 1: Service Remuneration

Stop smoking activity and tariff:

Tariff	Non-priority populations pricing	Priority populations pricing (See section 3.1)
Week 1	20	25
Week 2	7.5	8.5
Week 3	7.5	8.5
Week 4 non-COV	25	28
Week 4 COV	75	85
Total for non-COV quit	60	70
Total for COV quit	110	127
Week 12 non-COV	-	16
Week 12 COV		40
Maximum possible for non-COV quit (at 4-weeks and 12-weeks)		86
Maximum possible for COV quit (at 4-weeks and 12-weeks)		167

Other service activities and payments:

Activity	Payment
Training attendances (see section 4)	<ul style="list-style-type: none"> • £75 per member of staff to attend one-day training • £25 annual update meeting • £25 new staff to complete online NCSCCT core assessment programme: Stop smoking practitioner training
Domiciliary service home visits	£40 per visit (up to three visits per patient)
Young People's Stop Smoking Service	Paid at priority population tariff plus an additional payment of £30 per patient provided they achieve a CO verified four-week quit
Pharmacies undertaking CO monitoring (for Health Trainer Team clients, by specific request)	£15 per appointment
Onward referral of a patient to Heath Trainer Service	£3.50 per patient



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APPENDIX 2: Gold Standard Monitoring Form

STANDARD MONITORING FORM

(INSERT SERVICE NAME & ADDRESS) STOP SMOKING SERVICE

Note: All patient data will be kept securely and in accordance with Caldicott guidelines.

PRACTITIONER DETAILS	
Practitioner Name	Venue
Contact tel. no.	Practitioner code/ref

CLIENT DETAILS		
Surname		
First name	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> other (please specify)	
Address		
Postcode	NHS ID no.	
Daytime tel. no.	Mobile no.	
Alternative contact number (friend/relative)		
Date of birth	Age (in years)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Exempt from prescription charge – record here only those are able to prove that they are eligible to receive free prescriptions <input type="checkbox"/> Yes <input type="checkbox"/> No		
Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No	Breastfeeding <input type="checkbox"/> Yes <input type="checkbox"/> No	
Occupation code (see notes on page 3 for further information)		
<input type="checkbox"/> Full-time student	<input type="checkbox"/> Never worked/unemployed over a year	<input type="checkbox"/> Retired
<input type="checkbox"/> Home carer (unpaid)	<input type="checkbox"/> Sick/disabled and unable to work	<input type="checkbox"/> Managerial/professional
<input type="checkbox"/> Intermediate	<input type="checkbox"/> Routine manual	<input type="checkbox"/> Prisoner
<input type="checkbox"/> Unable to code		
Sexual orientation (insert number 1–5. See notes on page 3 for further information)		

ETHNIC GROUP (please tick relevant group)		
a. White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Other white background	b. Mixed <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other mixed background	c. Asian or Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other Asian background
d. Black or Black British <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other Black background	e. Other ethnic groups <input type="checkbox"/> Chinese <input type="checkbox"/> Other ethnic group	f. Not stated <input type="checkbox"/> Not stated

HOW CLIENT HEARD ABOUT THE SERVICE (please tick relevant box)			
<input type="checkbox"/> GP	<input type="checkbox"/> Friend/relative	<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Other health professional
<input type="checkbox"/> Advertising	<input type="checkbox"/> Other (please specify)		

Agreed quit date	Date of last tobacco use	Date of 4-week follow-up
------------------	--------------------------	--------------------------



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INTERVENTION SETTING		
<input type="checkbox"/> Community setting	<input type="checkbox"/> Dental setting	<input type="checkbox"/> Prison setting
<input type="checkbox"/> Community psychiatric setting	<input type="checkbox"/> General practice setting	<input type="checkbox"/> Military base setting
<input type="checkbox"/> Hospital setting	<input type="checkbox"/> Maternity setting	<input type="checkbox"/> Workplace setting
<input type="checkbox"/> Psychiatric hospital setting	<input type="checkbox"/> Children's centre setting	<input type="checkbox"/> Other setting (please describe)
<input type="checkbox"/> Pharmacy setting	<input type="checkbox"/> Education setting	

TYPE OF INTERVENTION DELIVERED		
For the purpose of data capturing, the intervention type is the one chosen at the point the client sets a quit date and consents to treatment		
<input type="checkbox"/> Closed group	<input type="checkbox"/> Telephone support	<input type="checkbox"/> Open (rolling) group
<input type="checkbox"/> Couple / family	<input type="checkbox"/> One-to-one support	<input type="checkbox"/> Drop-in clinic
<input type="checkbox"/> Other (please specify)		

TYPE OF LICENSED PHARMACOLOGICAL SUPPORT USED (please tick all relevant boxes)		
<input type="checkbox"/> Single NRT	<input type="checkbox"/> Combination NRT	<input type="checkbox"/> Champix
<input type="checkbox"/> Zyban	<input type="checkbox"/> None	<input type="checkbox"/> Licensed NRT plus Zyban / Champix
Where more than one pharmacotherapy has been used were these:		
<input type="checkbox"/> Used at the same time		
<input type="checkbox"/> Used consecutively (i.e. the client switched use as part of a single quit attempt but not used at the same time)		
NRT products used (only complete if the client used either single or combination NRT)		
<input type="checkbox"/> Patch	<input type="checkbox"/> Gum	<input type="checkbox"/> Lozenge
<input type="checkbox"/> Nasal spray	<input type="checkbox"/> Mouth spray	<input type="checkbox"/> Oral strips
<input type="checkbox"/> Inhalator	<input type="checkbox"/> Microtab	

USE OF UNLICENSED NICOTINE CONTAINING PRODUCT (NCP)
Unlicensed NCP (e.g. unlicensed e-cigarette) used: <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes was this:
<input type="checkbox"/> Used instead of licensed medication
<input type="checkbox"/> Used at the same time as licensed medication
<input type="checkbox"/> Used consecutively to licensed medication (i.e. the client switched use as part of a single quit attempt but not used at the same time)

TREATMENT OUTCOME			
<input type="checkbox"/> Not quit	<input type="checkbox"/> Lost to follow-up	<input type="checkbox"/> Quit self-reported	<input type="checkbox"/> Quit CO verified

Practitioner signature

Client signature

Signing this form indicates consent to treatment and the sharing of outcome data with your GP and/or referrer. Data may also be used for follow-up and service review purposes including by a third party where applicable.

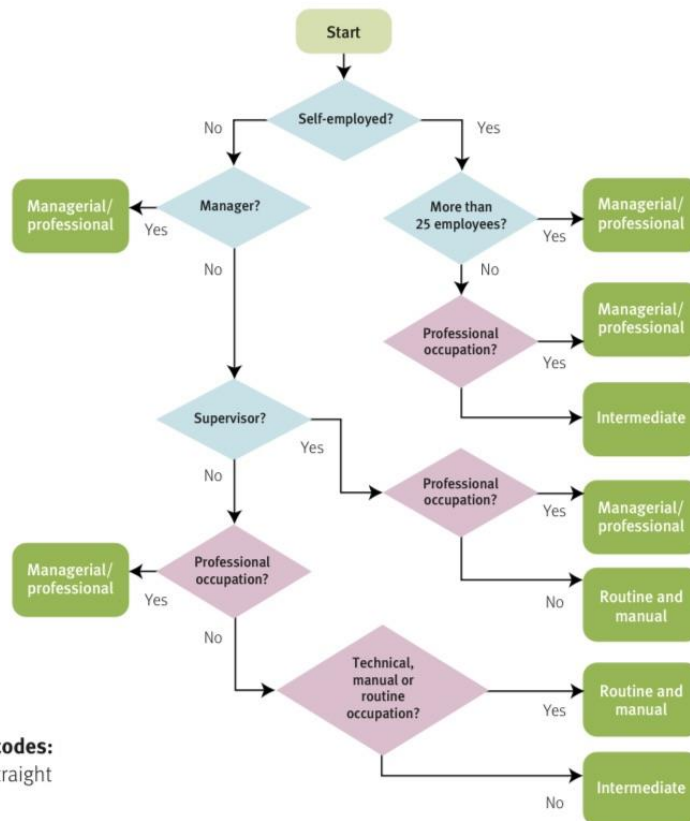


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Notes

1. Location/setting should be one of the following: stop smoking services, pharmacy, prison, primary care, hospital ward, dental practice, military base setting or other.
2. A client is classified as long term unemployed if they have currently been unemployed for one year or more. If unemployed for less than a year, last known occupation should be used for classification.
3. Home carer – i.e. looking after children, family or home.
4. If a client is self-employed please use the flowchart below to determine classification.
5. Supervisor or Foreman is responsible for overseeing the work of other employees on a day-to-day basis.
6. Managerial and professional occupations include: accountant, artist, civil/mechanical engineer, medical practitioner, musician, nurse, police officer (sergeant or above), physiotherapist, scientist, social worker, software engineer, solicitor, teacher, welfare officer; those usually responsible for planning, organising and co-ordinating work or finance.
7. Intermediate occupations include: call centre agent, clerical worker, nursing auxiliary, nursery nurse, office clerk, secretary.
8. Routine and manual occupations include: electrician, fitter, gardener, inspector, plumber, printer, train driver, tool maker, bar staff, caretaker, catering assistant, cleaner, farm worker, HGV driver, labourer, machine operative, mechanic, messenger, packer, porter, postal worker, receptionist, sales assistant, security guard, sewing machinist, van driver, waiter/waitress.
9. The 'prisoner' occupation category has been introduced for collections from 2009/10 onwards in an effort to reduce the number of clients recorded under 'unable to code.' With the exception of prison staff, clients treated in prisons should all be recorded as prisoners.

For further assistance in determining socio-economic classifications please see the flowchart below. If you are still unable to establish this, please record as unable to code.



Sexual orientation codes:

1. Heterosexual or Straight
2. Gay or Lesbian
3. Bisexual
4. Other
5. Prefer not to disclose

APPENDIX 3: Guidance on Electronic Cigarettes as an Aid to Quitting

Though Local Authority commissioned stop smoking services in Brighton & Hove do not offer e-cigs as a nicotine replacement option at the current time, services should be considered 'vape friendly' and they should encourage the public to switch from smoked tobacco to e-cigs where appropriate; our message for the public is 'swap to stop'.

Public Health England's (PHE) [seventh independent report on vaping in England](#), carried out by researchers at King's College London, found that:

- Nicotine vaping products were the most popular aid (27.2%) used by smokers trying to quit in England in 2020.
- It is estimated that in 2017, more than 50,000 smokers stopped smoking with the aid of a vaping product who would otherwise have carried on smoking.
- However, 38% of smokers in 2020 wrongly believed that vaping is as harmful as smoking and 15% wrongly believed that vaping is more harmful.
- Using a vaping product as part of a quit attempt in local stop smoking services has seen some of the highest quit success rates nationally – [between 59.7% and 74% in 2019 and 2020](#).

Although we cannot be certain on the exact degree of risk or safety of e-cigarettes, evidence to date suggests that they can be considered 95% less harmful than smoked tobacco. Not only are they safer than tobacco and highly effective aids to quitting smoking, for most people a vaping habit is significantly less expensive than continuing to smoke.

An e-cig friendly stop smoking service supports clients who want to use an e-cigarette to help them quit smoking and reaches out to smokers considering using an e-cigarette to come to the service for behavioural support. Nicotine does not cause smoking related diseases, such as cancers and heart disease. These are caused by other chemicals found in tobacco smoke. Nicotine is addictive, however, and nicotine is the reason people continue to smoke despite knowing about the harmful effects of tobacco. Nicotine in e-cigs poses little danger to adult users (in order to prevent accidental poisoning of children, e-cigarettes and liquids should be stored away safely just as with household cleaning products and medicines, including NRT products) and supporting a patient to transition from smoked tobacco to a safer nicotine delivery system such as e-cigs is a success; just as it is with NRT.

Practitioners may feel they lack knowledge about e-cigs but the training required in this Locally Commissioned Service Specification will equip them to deal with e-cigs as part of a patient's quit attempt – see section 4.4.

Recommendations for practice:

1. Be open to e-cigarette use in people keen to try them; especially in those who have tried and failed to stop smoking using licensed stop smoking medicines.



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2. Provide advice on e-cigarettes that includes:
 - E-cigarettes provide nicotine in a form that is much safer than smoking.
 - Some people find e-cigarettes helpful for quitting, cutting down their nicotine intake and/or managing temporary abstinence.
 - There is a wide range of e-cigarettes and people may need to try various types, flavours and nicotine dosages before they find a product that they like.
 - E-cigarette use is not like smoking and people may need to experiment and learn to use them effectively (e.g. longer 'drags' may be required and a number of short puffs may be needed initially to activate the vaporiser and improve nicotine delivery). They may also need to recognise when atomisers need replacing.
 - People previously using e-cigarettes while smoking (e.g. to reduce the number of cigarettes that they smoke) may need to consider changing devices and/or nicotine concentrations when making a quit attempt.
 - Although some health risks from e-cigarette use may yet emerge, these are likely, at worst, to be a small fraction of the risks of smoking. This is because e-cigarette vapour does not contain the products of combustion (burning) that cause lung and heart disease, and cancer.
3. Multi-session behavioural support provided by trained stop smoking practitioners will improve the chances of successfully stopping smoking whether or not people use e-cigarettes. It may be useful to encourage clients to familiarise themselves with the use of their e-cigarette before setting a quit date.
4. Stop smoking services should provide behavioural support to clients who are using e-cigarettes and count this just as they would any other service activity.
5. Clients of stop smoking services who are using an e-cigarette and who also want to use NRT can safely use the two in conjunction. They do not need to have stopped using the e-cigarette before they can use NRT.

Which e-cig?:

E-cigs are regulated under the revised European Union Tobacco Products Directive (TPD). Under the TPD, e-cigarettes are either licensed as medicines or, if unlicensed, are subject to new quality and safety standards, packaging and labelling requirements, and restrictions on advertising. The new regulations include specification of ingredients, limits on nicotine concentration and on the size of tanks and refills, and child and tamper proof containers.

Practitioners must not recommend or supply any e-cig product. As licensed products are not yet widely available and so most e-cig products are not licensed, health care professionals and the stop smoking service cannot make recommendations. Many smokers seeking support may already have procured their own e-cig and the service can be provided to them immediately. Where they have not, they can seek advice on the e-cig device that is right for them from a reputable retailer. A current list of local Independent British Vape Trade Association (IBVTA) registered shops can be found online at <https://www.findavapeshop.com/find-a-shop/>. These shops should be aligned with national TPD and trading standard regulations and are not linked to big tobacco companies.



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APPENDIX 4: Self-reported 4-week or 12-week quit without CO monitoring – Assurance questions prior to claiming:

Questions to ask individuals self-reporting a 4 week quit or 12 week quit via the telephone:	Reasonable responses:
How do you feel about the support you have received during your quit attempt?	Positive - Obtain feedback on service. Negative - Obtain feedback on service.
<p>Have you managed to remain without tobacco, 'not-a-puff', for at least 15-28 days of your 4-week quit attempt?</p> <p>Or for 12 week quits, have you managed to remain without tobacco, 'not-a-puff', from the date of your 4-week quit to the present?</p>	<p>Yes - I have not smoked, not even a puff, during this period (follow on to next question)</p> <p>No – Use professional discretion (are they ready to quit?) to offer them to start their quit journey again and set-up a new initial appointment – or refer then to the Health Trainer Team (www.brighton-hove.gov.uk/healthylifestyles or call 01273 294589)</p>
<ul style="list-style-type: none"> • Provide advice on remaining smoking abstinent. Inform individual of further online quit support resources available via Smokefree website here. • Undertake the healthy weight intervention as per the script in section 3.4. • A copy of the healthy weight support services information sheet should be emailed to the patient (Appendix 10). • A copy of the service satisfaction questionnaire should be emailed to the patient. 	Deal with any questions that may arise.



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APPENDIX 5: Service User Survey

We are very keen to improve the service we provide to individuals wanting to stop smoking. Your views about this are very important to us and will be treated in the strictest confidence. Please answer the following questions as honestly as you can. The results of this survey will be used for evaluation and to improve services for the future.

Please tick your answer for each question.

1	Overall how satisfied are you with the stop smoking service you received?	Unsatisfied	Unsure Please comment	Satisfied
2	Would you recommend this service to others who want to stop smoking?	No	Unsure - Please comment	Yes
3	If you started smoking again would you return to the service for help to stop?	No	Unsure - Please comment	Yes
6	How satisfied were you with the amount of time you had to wait for your first appointment with the Service?	Too long please specify	Unsure - Please comment	Satisfied please specify
7	How helpful was the advisor support?	Unhelpful	Unsure - Please comment	Helpful
11	Were you offered a range of Nicotine replacement therapy - medication?	No	Unsure - Please comment	Yes
12	Was it easy to obtain your Nicotine replacement therapy - medication?	No	Unsure - Please comment	Yes
13	If you have any suggestions as to how we can improve our Stop Smoking Service please give details here:			

Thank you for your time in completing this survey. Please return it to your stop smoking advisor or in the envelope provided.

APPENDIX 6.

The Community Pharmacy Domiciliary Stop Smoking Service

1. Aims of the Domiciliary Stop Smoking Service (DSSS)

The DSS offers home-based stop smoking service for patients with long-term conditions that impede mobility and independence and prevent patients from accessing services in their usual place of delivery. It builds on the **Community Pharmacy Stop Smoking Service Specification** using the same treatment model, with one-to-one behaviour support and supply of stop smoking pharmacotherapy, delivered in patients' homes.

2. Service Outline

Providers offering the DSSS must adhere to the service model described in the **Community Pharmacy Stop Smoking Service Specification**. Patients requiring the service are eligible for up to three visits during the stop smoking support cycle.

3. Service Standards

- Providers offering the DSSSS must meet all the requirements of the **Community Pharmacy Stop Smoking Service Specification**.
- Lone working and risk assessment policies must be in place to safeguard and protect advisers providing the domiciliary service.
- Providers must ensure that all advisers providing the domiciliary service have completed an enhanced DBS check.
- Providers must have adequate business insurance to cover provision of the DSSS.
- Providers are required to contact patients before initiating the service. The initial conversation should include discussions around the visit risk assessment, current health, medical history and medications as well as information about previous stop smoking attempts. Providers should ensure the initial screening conversation covers all the requirements of lone working and risk assessment policies
- Providers must ensure there are no exclusions to the DSSS service before visiting a patient.
- Providers must ensure advisers are fully enabled to raise safeguarding issues with their line manager and, when appropriate, with the local authority (see section 4.4.3 of the **Community Pharmacy Stop Smoking Service Specification**)
- Details of patients engaging with the Domiciliary Stop Smoking service must be recorded on the PharmOutcomes platform. Remuneration will be based on the data entered into PharmOutcomes.
- Providers must adhere to GDPR by using an NHS email account for communication with hospital and community services when appropriately sharing patients' information.
- To undertake the domiciliary service the stop smoking advisor will need access to a home visit kit bag. Suggested contents to be included within the kit bag are detailed below.



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- The adviser will request that the DSSS patient complete a patient satisfaction questionnaire at the second or third visit in the stop smoking support episode. See the service user survey Appendix 5
- The contractor must comply with the commissioner's service standards and auditing procedures as defined in the **Community Pharmacy Stop Smoking Service Specification**.

4. Planning a home visit

Domiciliary Stop Smoking Service Kit Bag:

Recommended contents include:

- Appointment diary and appointment cards
- Charged mobile phone and personal alarm
- Photo ID
- Hand gel
- Paperwork file containing, risk assessment forms, initial referral information, consultation record form, levy declaration form and health promotion leaflets to support behaviour change.
- CO monitor and mouth pieces
- Nicotine Replacement Therapy products

Introductory Phone Call Guidance:

- Discuss the visit, the risk assessment and lone worker policy with patients before making a visit.
- Discuss the structure of the 12-week programme and the number of home visits available.
- Discuss relevant medical conditions and medications being taken by the patient.
- To determine which NRT products to include in the kit bag discuss options with the patient i.e. gather information about how many cigarettes smoked per day; when they have their first cigarette of the day; have they tried any NRT and formulation preferences etc.
- Discuss prescription charges. If the patient pays for NHS prescriptions, ensure they are aware that the NHS levy (per item) will be collected when the NRT is supplied and ensure change is available where necessary.

5. Referral Pathways

Patients requiring smoking cessation support in their own homes may be signposted or referred with appropriate consent to participating providers by email or telephone call from other providers, including GP practices, Royal Sussex County Hospital Local Authority-funded Stop Smoking Service, other statutory and non-statutory services or from the council's Health Trainer team. A list of DSSS providers will be made available on [Brighton and Hove City Council \(BHCC\) website](#)

6. Payment Schedule

- The payment schedule and claim procedure for the delivery of the SS aspect of the domiciliary service is defined in the **Community Pharmacy Stop Smoking Service Specification** section 5 (also Appendix 1)
- The domiciliary service requirements of the SS service will be remunerated at £40 per visit. This payment covers all costs associated with setting-up the domiciliary service such as training,

enhanced DBS checks, risk assessments and lone working policies. The payment also encompasses all costs associated with travel, parking, insurance and mobile phones. A maximum of three visits can be claimed per patient for each stop smoking support cycle.

7. Termination and Change Arrangements

- The DSSS service specification runs for the period from 1st April 2023 to 31st March 2026 Including a review of the service in April 2024.
- Termination can be made earlier by either party at 3 month written notice or on failure to provide activity data or meet the terms and conditions of the service specification as stated above.
- Pharmacies must inform the commissioner within 72 hours if for any reason they are unable to provide the service either temporarily or permanently.

APPENDIX 7.

The Community Pharmacy Young Persons Stop Smoking Service (YPSSS)

1. The Aims of the Service

- The YPSSS service builds on the **Community Pharmacy Stop Smoking Service Specification** using the same treatment model to provide an accessible service to young people between the ages of 12 and 17 years.
- Young people wishing to access the service will be referred with appropriate consent from Schools or the School Nurse Service to a community pharmacy providing the service.
- The service will be provided by advisers using a young person-friendly and non-judgemental approach. The contractor will ensure that all staff involved in the provision of the service maintain individual confidentiality and are appropriately skilled in sensitive, person-centred communication.

2. Service Standards

- Providers offering the YPSSS must meet all the requirements of the **Community Pharmacy Stop Smoking Service Specification**.
- Providers must ensure that all advisers providing the YPSSS service have completed a successful enhanced DBS check. See section 4 of the **Community Pharmacy Stop Smoking Service Specification**.
- Service delivery must be in accordance with the commissioner's specified training standards for the Stop Smoking service, as detailed in section 4.4 of the **Community Pharmacy Stop Smoking Service Specification**. In addition, the LFH Safeguarding Children Level 2 training (<https://www.e-lfh.org.uk/programmes/safeguarding-children/>) must also be completed. The provider must ensure that at least one staff-member is trained to provide the YPSSS service
- Pharmacotherapy should be supplied in accordance with the **Community Pharmacy Stop Smoking Service Specification**. Please note Varenicline is not licenced for use in young people under the age of 18 years and young people under the age of 16 are exempt from the NHS prescription levy.
- Advisers must use the Gillick Competency checklist (Appendix 8) to assess a young person under 16 years of age to ensure they fully understand and can consent to undergoing the stop smoking programme. The Gillick Competency checklist should be completed on PharmOutcomes during the consultation.
- Providers must ensure advisers are fully enabled to raise safeguarding issues with their line manager and, when appropriate, with the local authority (see section 4.4.3 of the **Community Pharmacy Stop Smoking Service Specification**)
- The provider will ensure that pharmacists and counter staff involved in the provision of the service have up to date knowledge, training, are able to maintain appropriate patient confidentiality, offer a friendly and non-judgemental service and can interact in a sensitive, person-centred way.
- Details of young persons engaging with the YPSSS service must be recorded on the PharmOutcomes platform. Remuneration will be based on the data entered into PharmOutcomes.



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- The adviser will ask the young person complete a patient satisfaction questionnaire (Service User Survey Appendix 5) at the 4-week quit consultation appointment.
- The contractor must comply with the commissioner's service standards and auditing procedures as defined in the **Community Pharmacy Stop Smoking Service Specification**

3. Payment Schedule

- The payment schedule and claim procedure for the delivery of the SS aspect of the YPSSS service is defined in the **Community Pharmacy Stop Smoking Service Specification** section 5 (also Appendix 1)
- The 4-week quit payment for the YPSSS service is classed as a priority population and will be paid at that tariff plus an additional payment of £30 per patient provided they achieve a CO verified four-week quit.
- An enhanced DBS check must be in place for all staff providing this service. The commissioner will reimburse the cost of one enhanced DBS check per year for any participating pharmacy upon production of proofs of expenditure.

4. Termination and Change Arrangements

- The YPSSS service specification runs for the period from 1st April 2023 to 31st March 2026 Including a review of the service in April 2024.
- Termination can be made earlier by either party at 3 month written notice or on failure to provide activity data or meet the terms and conditions of the service specification as stated above.
- Pharmacies must inform the commissioner within 72 hours if for any reason they are unable to provide the service either temporarily or permanently.

APPENDIX 8.

Young Persons Stop Smoking Service: Gillick Competency.

Young people 16 years and above are generally deemed competent to consent to medical treatment. If a client is believed to be under 16 years of age, the practitioner must assess the client's competence using Fraser Guidelines. Discussion with the young person should explore the following issues at each consultation. This should be documented in treatment notes. The checklist is available to complete on the PharmOutcomes platform.

ASSESSMENT OF FRASER COMPETENCE	YES	NO
Does the young person appear to understand the advice given including side effects and contraindications of treatment?		
Have you discussed with the young person about informing his/her parents about the treatment?		
Is treatment in the young person's best interests?		
Has consideration been given to the effect on the physical or mental health of the young person if advice or treatment is withheld?		

If you have answered NO to any of the above questions, the client cannot be deemed to be 'Fraser Competent'. In this case, you CANNOT PROVIDE TREATMENT.

APPENDIX 9.

Nicotine Replacement Therapy (NRT) e-Voucher Scheme

The aim of the NRT e-voucher scheme is to enable patients to easily access NRT when attending a stop smoking programme provided by the Local Authority's Health Trainer team and other authorised stop smoking advisors. The NRT e-voucher scheme is a mandatory requirement of providing the **Community Pharmacy Stop Smoking Service**.

NRT products are classified as General Sales List products; they can therefore be supplied directly from community pharmacies without a prescription. This enables patients to access stop smoking pharmacotherapy at the same cost as the NHS prescription levy or free, if they are exempt from NHS prescription charges, instead of the recommended retail price.

Under the scheme, a trained stop smoking advisor recommends the supply of NRT products using an e-voucher that is then issued to a participating pharmacy of the patient's choice. The NRT e-voucher request is generated on PharmOutcomes by the adviser who assesses the suitability of the patient for stop smoking pharmacotherapy.

This scheme does NOT apply to varenicline (Champix) & bupropion (Zyban) – both are Prescription Only Medicines (POMs).

Please note that advisers issuing e-vouchers do not have to be from a clinical background but will have received the one-day level two training from the Local Authority training lead and be NCSCT certified.

The NRT e-voucher request is then sent to the pharmacy selected by the patient via PharmOutcomes. Staff at pharmacies commissioned to provide the Community Pharmacy Stop Smoking Service will receive and should process the request on the PharmOutcomes platform.

NRT Supply and Remuneration

- A maximum of two product items can be recommended on one voucher for up to 4 weeks.
- No more than 1 NRT product per week should be dispensed once patient has reached a 4-week quit.
- Patients will be advised by Health Trainers that they must collect their NRT products from the nominated pharmacy within seven days of issue of the NRT e-voucher. Attempts to redeem after 7 days should be referred back to the Health Trainer team for approval (see contact details below)
- Patients will pay a NHS prescription charge for each product supplied unless they are exempt from prescription charges, in which case this exemption should be noted on PharmOutcomes.
- A professional fee (claimed through PharmOutcomes) of £2.50 will be paid to providers for each voucher redeemed.
- PharmOutcomes links to the NHS dictionary of medicines and devices and therefore NRT supplied will be remunerated as per the **Community Pharmacy Stop Smoking Service**.

Health Trainer Contact Details



**Brighton & Hove
City Council**

Telephone - 01273 294 589



Brighton & Hove City Council

APPENDIX 10:

INFORMATION SHEET FOR SMOKING QUITTERS

Congratulations on your smoking quit!

Did you know lots of people put on weight when they quit smoking? In Brighton and Hove, we have a wide range of services that can support you to lose weight and be active.

Beezee Bodies provide face to face and virtual weight management group sessions that run for 1-2 hours a week over a period of 10-12 weeks. The groups offer a combination of healthy eating advice and the opportunity to take part in physical activity. Beezee Bodies have sessions specific to men, women and families. You can self-refer at www.beezeebodies.com or call 01273 294589

Brighton and Hove Food Partnership have lots of services focused on growing your own food, volunteering, cooking on a budget and more. To find out more visit their website <https://bhfood.org.uk/>

NHS Eat Well website has lots of tips, advice and resources <https://www.nhs.uk/live-well/eat-well/>

The Active for Life Programme has a wide range of free activities, suitable for people of all ages and abilities. Activities include things like yoga, Pilates, dance classes, social ping, and Healthwalks. For our free Active for Life sessions just turn up and join in. Expect to fill in registration form on arrival.

www.brighton-hove.gov.uk/activeforlife

For our free Healthwalks, complete a form before turning up and then come along and join the walks, with details found here: [Join a guided Healthwalk \(brighton-hove.gov.uk\)](http://www.brighton-hove.gov.uk/activeforlife)

Health Trainers support adults who want to make lifestyle changes through goal setting and planning for challenges. Health Trainers offer up to 6 free confidential sessions to support people to make sustainable changes. There may be a waiting list for this service. We can complete a referral form with you on the phone on 01273 294589 or you can do this online at www.brighton-hove.gov.uk/healthy-lifestyle-referrals

Freedom Leisure have reduced price offers to support people to become more active:

The **Leisure Card** - available to people in receipt of a means tested benefit and gives a 40% reduction on membership costs. Information and the application form is available on our website here: <https://www.brighton-hove.gov.uk/content/leisure-and-libraries/sports-and-activity/leisure-card>

Exercise Referral Scheme is for people who have a medical condition that would be improved by exercise. This scheme offers a 9-month reduced price membership and additional support for people to start exercising at a level that is suitable for their health condition. Followed by the option of a reduction in membership if they continue after the 9 months. To access this scheme a referral needs to be made by your GP.

The **Active Communities** Team also have lots of different sessions on offer, not just gym and swim. To find out more take a look at their website <https://www.freedom-leisure.co.uk/centres/active-communities/brighton-and-hove/>