

Public Health Local Services Agreements

1 April 2023 – 31 March 2024

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 or support clients to use 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. Quitting will be measured at 4 weeks (and payment based on 4-week quitters)¹. 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. A minimum session frequency is described as follows (see Table 1):

Table 1: Minimum 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

¹ [14. CO-verified SSS v2 \(ncsct.co.uk\)](https://www.ncsct.co.uk)

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 available 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.

Follow-up Session 2 – 20 minutes

- Assess use of NRT/Varenicline (if available).
- 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.
- Definition of 4 week quitter (from [NCSCT and DH 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>	£35
<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>	£110

- 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, aiming for the national average of 50% but consistently within national quality threshold between 35%-70%.

5. Contacts

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

Tanya Sutton | Smoking Cessation Lead

Mobile: 07914 635856 | Office: 01323 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 lead

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

Nicola Blake, Health Improvement Principal

Tel: 01273 335060 / nicola.blake@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>

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: 01305 755828 Email: enquiries@ncsct.co.uk

Or contact One You East Sussex on: Tanya Sutton | Smoking Cessation Lead

Mobile: 07914 635856 | Office: 01323 404600

email: Tanya.Sutton@oneyoueastsussex.org.uk

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

Evidence Base

Stop smoking services (SSS) based on the NHS model are highly effective in both cost and clinical terms. Smokers are three times more likely to quit using SSS support and medication than going 'cold turkey' or using nicotine replacement therapy over the counter (PHE, 2019). The evidence base is summarised in the National Institute for Health and Care Excellence Public Health Guidance [Overview | Tobacco: preventing uptake, promoting quitting and treating dependence | Guidance | NICE](#)

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/>

Quarterly submission dates

Quarterly data submission dates for 2023/24 can be found at when released:

[Stop Smoking Services-collection | digital.nhs.uk](#)

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.

All interventions should be multi-sessional, offering weekly support for at least the first four weeks following the quit date. One-to-one interventions should have a total potential client contact time of at least 1 hour 50 minutes (from pre-quit preparation to four weeks after quitting). This will ensure effective monitoring, client adherence to the treatment programme and ongoing access to medication. CO readings should be taken and recorded at each of the weekly sessions.

- Training consists of the following mandated, recommended, and optional components, all of which need to be completed in this order:
 - The mandated e-learning National Centre for Smoking Cessation Training (NCSCT) Stop smoking Practitioner training and certification <https://elearning.ncsct.co.uk/england>
 - The mandated additional specialty eLearning courses available on the NCSCT website, for mental health and pregnancy should also be completed.
 - It is also recommended that the NCSCT module 'Vaping: a guide for healthcare professionals' is also completed.
- Successful completion of the NCSCT online course will be confirmed by provision of a certificate, which must be made available to the Council on request.
- Optional attendance at one day face to face training, on request. To request attendance at free virtual/face to face training, please email colin.brown@estsussex.gov.uk
- Providers will also be informed of new training opportunities that are made available. On completion of the East Sussex approved training programme, a

telephone/video consultation can be arranged with a member of the Public Health team to discuss:

- Details of data collection and invoicing on PharmOutcomes.
- This can be supplemented with a site visit from a member of the Public Health team, if required.
- The Service Provider must ensure that trained staff update their knowledge and skills through regular use of NCSCT e-learning training. This is also applicable to staff who have had a break in service of longer than 6 months. In order to maintain skills each smoking cessation advisor will be required to deliver a service intervention to a minimum of 1 Service User per month.
- 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 One You East Sussex.
- Services should be delivered in line with the minimum 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. A client, who relapses, should be asked if they are ready to make another quit attempt and encouraged to do so.
- 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) if available and Bupropion (Zyban) should all be made available in combination with intensive behavioural support. Varenicline (when available) 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 rates². Vapes or E-cigarettes are also an effective and popular aid to making a successful quit attempt. Clients should be supported to make a quit attempt using a vape if they choose to.

Figure 2 Effectiveness of pharmacotherapy and support options

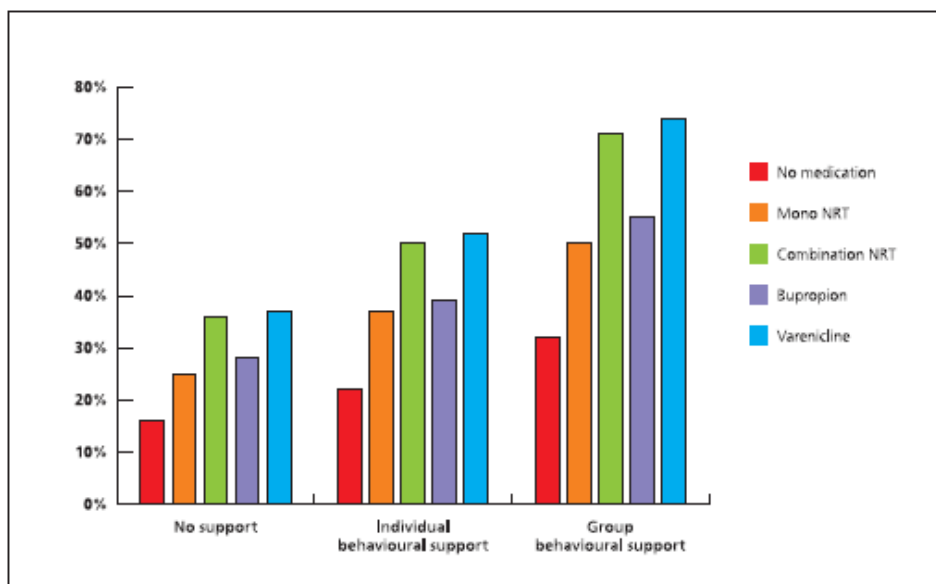


Table 2 Effectiveness of pharmacotherapy and support options

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 PGD³.
- Bupropion (Zyban). A prescription only drug.

² NCSCCT, Local Stop Smoking Services: Service and delivery guidance 2014

³ Varenicline is unavailable from the manufacturer as the time of writing.

- 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 (see footnote 3).

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) and the [Standard Treatment Programme](http://www.ncsct.co.uk/publication_service_and_delivery_guidance_2014.php) 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 they should be encouraged to make another quit attempt until they succeed.
- 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 (see footnote 2, page 11). 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 (see footnote 3 on page 12)

- 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

- 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 behaviour change 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 One You East Sussex 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 One You East Sussex.

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 on request. 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.

- Training consists of the following mandated, recommended, and optional components, all of which need to be completed in this order:
 - The mandated e- learning National Centre for Smoking Cessation Training (NCSCT) Stop smoking Practitioner training and certification [NCSCT e-learning](#)
 - The mandated additional specialty eLearning courses available on the NCSCT website, for mental health and pregnancy should also be completed.
 - It is also recommended that the NCSCT module 'Vaping: a guide for healthcare professionals' is also completed.
- Successful completion of the NCSCT online course will be confirmed by provision of a certificate, which must be made available to the Council on request.
- Optional attendance at one day face to face training, on request. To request attendance at free virtual/face to face training, please email colin.brown@estsussex.gov.uk
- Providers will also be informed of new training opportunities that are made available. On completion of the East Sussex approved training programme, a telephone/video consultation can be arranged with a member of the Public Health team to discuss:
 - Details of data collection and invoicing on PharmOutcomes.

- This can be supplemented with a site visit from a member of the Public Health team, if required.
- The Service Provider must ensure that trained staff update their knowledge and skills through regular use of NCSCT e-learning training. This is also applicable to staff who have had a break in service of longer than 6 months. In order to maintain skills each smoking cessation advisor will be required to deliver a service intervention to a minimum of 1 Service User per month.
- 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.