Schedule 1 - Service Specification Draft

Brighton & Hove Pharmacy Stop Smoking Service

Reference number:

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1. Service requirements

1.1 Aims

- Offer choice of treatment options appropriate to clients through their local pharmacy
- 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

1.2 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.
- Services are required to achieve **four-week quit rate of at least 35% in line with national quality thresholds.**

1.3 Expected outcomes where stop smoking service makes an important contribution

- Reduction in overall smoking prevalence in the Brighton & Hove population.
- A reduction in smoking prevalence which aligns with the variation in smoking rates across different geographical areas across Brighton & Hove
- Reduction in impact of smoking on health outcomes of residents (to include second-hand smoke) and reduced smoking related healthcare utilisation.
- Greater understanding of the effectiveness of the service (this should consider not only 4 week quit rate across key demographics, but also effectiveness based on delivery method, number of support sessions, combination of pharmacotherapy used, number of cigarettes smoked, etc).
- Greater understanding of how the service engages with and effectively supports individuals across the protected characteristics to quit smoking.

1.4 Target audience and eligibility

All service users should be assessed for eligibility and will be eligible where they meet the following criteria:

- They are living within the city of Brighton & Hove (allowance for supporting smokefree workplace i.e. where people work but don't live within city boundary).
- They are aged 18 years or over.
- They are assessed as having an appropriate initial level of motivation/self-confidence to engage in a health-related behaviour change programme.

[1] Four-week quit rate briefing

Priority groups

Whilst the service provider can deliver stop smoking support to any eligible individual, service users from the following priority groups have the highest smoking prevalence and find it more difficult to quit:

- Routine and manual workers
- Current smokers living in social housing.
- Current smokers living with mental illness who are not eligible to access stop smoking support through NHS funded tobacco dependency treatment programme.
- Current smokers who also access the drug and alcohol community treatment and recovery service.
- Current smokers with health conditions caused or made worse by smoking (e.g. COPD, asthma).
- Women (and their partners) who have relapsed after giving birth and following participation in NHS funded tobacco dependency treatment programme via Midwifery services.
- People who have relapsed and are motivated to make another quit attempt.

If a service user is from one of these groups and needs additional support from the dedicated stop smoking service, they should be sign-posted to the BHCC Healthy Lifestyles Team (Stop Smoking Service)[2]. They can self-refer via Help to stop smoking or call 01273 294 589.
Email: healthylifestyles@brighton-hove.gov.uk

1.5 Service outline

1.5.1 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

Session	Timeframe	Duration
Session 1:	Pre-quit assessment (one or two weeks prior to quit date)	30 – 45 minutes
Session 2:	Quit date	20 minutes
Session 3:	1 week post-quit date	15 minutes
Session 4:	2 weeks post-quit date	15 minutes
Session 5:	3 weeks post-quit date	5 minutes
Session 6:	4 weeks post-quit date	15 minutes
	Total	1 hour 50 minutes

For detailed service outline and clinical checklist of each session please see: Standard Treatment Programme (STP). This document will be available on the PharmOutcomes service template.

The STP outlines six contacts and weekly support for the first four weeks after setting a quit date with a total minimum contact time of 1 hour 50 minutes (from pre quit prep to four weeks after quitting). This may be delivered through a combination of face to face, virtual (video call) or telephone intervention. Customers can collect their stop smoking aids at agreed intervals until the minimum 10–12 week period (see Stop smoking aid section below).

[2] See appendix 3 Behavioural support (additional detail) bullet point 2

Service providers should ensure they meet the minimum Quality and Standards as detailed in section 1.7.
This universal model results in at least three times greater success at quitting when compared to no support[3]

Stop smoking aids.
These should be provided for a minimum of 10-12 weeks and at sufficient doses and available to clients for extended periods if required. Stop smoking advisors should use their professional judgement depending on customer needs and assessed nicotine dependence.
Please see Appendix 2 page 12 for details on stop smoking aids.

NRT voucher scheme supporting other stop smoking services: to dispense NRT products to any resident referred from the council's Stop Smoking Service under the NRT voucher scheme. Please refer to Appendix 5 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 5.

Optional service. In addition to the standard community service delivered in community pharmacy premises. Pharmacies can provide a domiciliary stop smoking service. For payments see section **2 Budget and Funding** and for service details and requirements see appendix 4.
Pharmacies must have an SOP in place to provide a domiciliary service.

1.5.2 Dates and timing

1st April 2026 – 31st March 2028

1.6 Interdependencies (services offered in other settings)

Brighton & Hove City Council, Stop Smoking Service: this is for people who require more intensive support from the Brighton & Hove dedicated stop smoking service.
Brighton & Hove Primary Care Federation : this may be helpful for people who want stop smoking support using varenicline (until varenicline is provided by pharmacists through a PGD). Please note that if people are sign-posted to the Federation they will need to sign-up, via the self-referral form in the link, for the Federation service (instead of the pharmacy service) to receive varenicline.
Stop smoking support at - University Hospitals Sussex NHS Foundation Trust: this is for patients at Royal Sussex Hospital.
Tobacco Dependency Service: Sussex Partnership NHS Foundation Trust: this is bespoke stop smoking support for in-patients and out-patients at SPfT.
Brighton & Hove GPs: for people who need GP advice (where needed) before or while receiving pharmacy stop smoking support using stop smoking aids.
Brighton & Hove Tobacco Alliance: this is a partnership of organisations working collaboratively, including those above and the LPC representing pharmacies, to support Brighton & Hove to be a smokefree city.

[3] Bauld L, Hiscock R, Dobbie F, et al. English Stop-Smoking Services: One-Year Outcomes. Int J Environ Res Public Health 2016;13(12) doi: 10.3390/ijerph13121175 [published Online First: 20161124]

1.7 Quality and Standards

Training requirements of advisors see section 2 for payment details:

1. Prior to providing service advisors must complete the NCSCT core competency practitioner NCSCT e-learning
2. Attendance at in-person training organised by BHCC Public Health.
3. BHCC will support pharmacies with regular in person visits and follow-ups via email/phone. This will help ensure good communication between pharmacies and BHCC and ensure any barriers to quality service provision is identified and addressed e.g. training requirements.

Quality standards:

1. Services are required to achieve a **four-week quit rate of at least 35%.**
2. All people who deliver support to stop smoking, including those in specialist stop smoking and community settings, should be NCSCT Certified Stop Smoking Practitioners.
3. Local stop smoking services (SSS) stop smoking practitioners working with priority groups, such as pregnant women and people with mental illness, should complete the relevant specialist NCSCT online training and assessment programme(s). NCSCT e-learning
4. On the job supervision and mentorship, and annual continuing education, should be available to ensure practitioners are up to date on the latest evidence-based practice. (See previous section on Training requirements for advisors.)
5. Carbon monoxide (CO) validated quit rates should be reported for at least 85% of in-person, face-to-face and hybrid specialist support interventions.
6. All required monitoring data should be uploaded to PharmOutcomes to support BHCC Public Health report to NHS England through the quarterly reporting and evaluation system.
7. Services are evaluated and audited at least annually by service commissioners against the minimum quality standards set out within the 2024 Commissioning delivery and monitoring guidance. Quality improvement plans are implemented where standards are not being met. Ideally, services are independently audited for BHCC at least every three years.
8. Priority group access and outcomes will be monitored and reported locally by BHCC Public Health to assess effectiveness of engagement and stop smoking interventions.
9. Pharmacies who sign up to the LCS must have a standard operating procedure (SOP) for the stop smoking service provision.

2. Budget/Funding

Service output	Payment for each outcome
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): 1. The client has received brief advice regarding their smoking. 2. The client has set a quit date. 3. CO readings have been taken during any support session they receive, and results have been recorded. 4. Client service data has been submitted detailing the support the client has received and the outcome of the intervention. This payment will be made for all non-quitters (if the minimum criteria have been met).	£40
Completion of an intervention which meets the criteria described above and where the outcome of the intervention is a successful 4-week quit verified using a CO monitor. Payment will be made at 4-week monitoring stage. Ensure confirmation is given the CO monitoring took place.	£120
Completion of a non-CO verified/self-reported 4-week quit. Self-reported 4-week quitter: A treated smoker who reports not smoking for at least days 15–28 of a quit attempt and is followed up 28 days from their quit date (-3 or +14 days). (Russell Standard).	£60
TOTAL PAYMENT for 1st registration and appointment/s / non-Quit	£40
TOTAL PAYMENT for CO verified 4-week Quit	£160
TOTAL PAYMENT for non-CO verified 4-week Quit	£100

Other payments and optional service payment details:

Activity	Payment
Training attendances	• £75 per member of staff to attend one-day in-person training. • £25 annual network meeting • £75 for up to two new staff per annum to complete online NCSCT core assessment programme: Stop smoking practitioner training. Additional training requests should be discussed with the commissioner. • £25 per member of staff to complete NCSCT vape provision e-learning.

Domiciliary service home visits	£40 per visit (up to three visits per patient)
Reimbursement of NRT Products	The pharmacy will be reimbursed for the cost price for the NRT product: drug tariff cost + 5% VAT. In the event of any announced increases in VAT costs, this arrangement will be renegotiated including any service changes that might be necessary to keep the services within budget.

Termination and Change Arrangement: all services

- The service specification runs for the period from 1st April 2026 to 31st March 2028
- 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.

3. Appendices

3.1 Appendix 1 overview and context

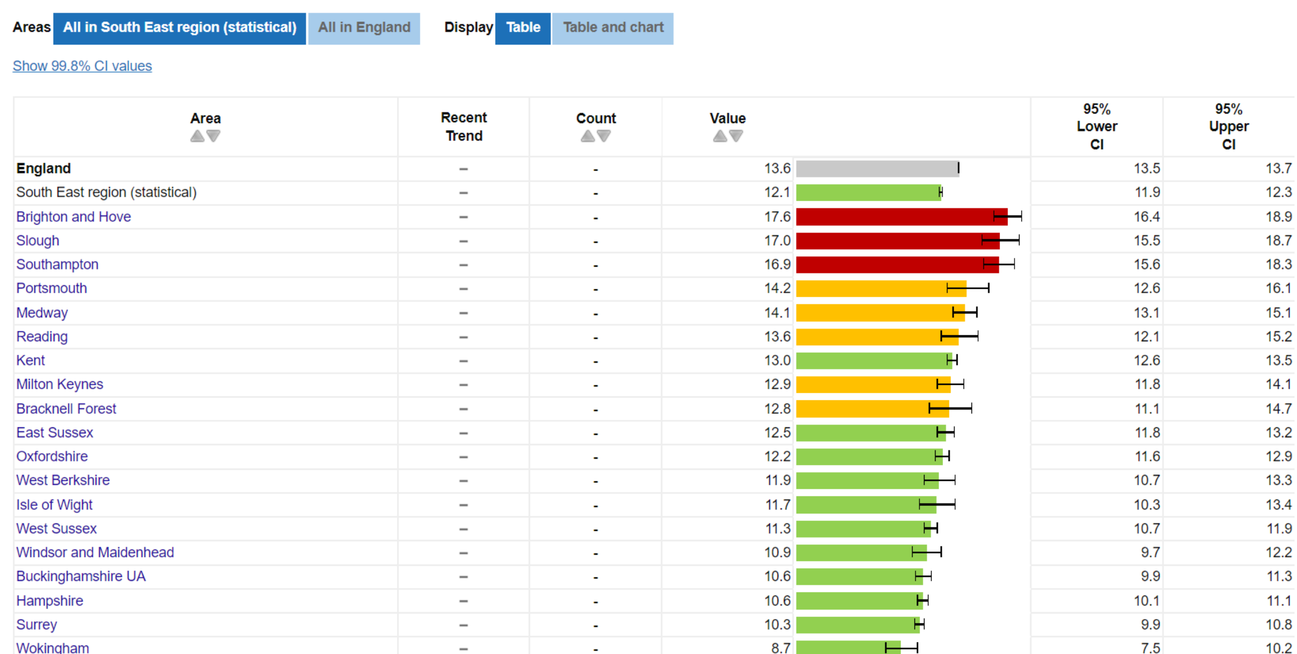
Summary

Brighton & Hove City Council are commissioning pharmacies to provide stop smoking services to ensure residents have access to stop smoking support at their local pharmacy.
This is part of wider plans to increase capacity of local stop smoking service support in line with the Local Stop Smoking Services and Support Grant.

Rationale

Figure 1 shows that, Brighton & Hove has the highest smoking prevalence of all upper tier local authorities in the southeast. It also has one of the lowest rates of quit attempts and conversion to successful quits.

Figure 1: Smoking prevalence in adults (18+) current smokers GPPS 2022/23


Areas All in South East region (statistical) All in England Display Table Table and chart

Show 99.8% CI values

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	-	13.6	13.5	13.7
South East region (statistical)	–	-	12.1	11.9	12.3
Brighton and Hove	–	-	17.6	16.4	18.9
Slough	–	-	17.0	15.5	18.7
Southampton	–	-	16.9	15.6	18.3
Portsmouth	–	-	14.2	12.6	16.1
Medway	–	-	14.1	13.1	15.1
Reading	–	-	13.6	12.1	15.2
Kent	–	-	13.0	12.6	13.5
Milton Keynes	–	-	12.9	11.8	14.1
Bracknell Forest	–	-	12.8	11.1	14.7
East Sussex	–	-	12.5	11.8	13.2
Oxfordshire	–	-	12.2	11.6	12.9
West Berkshire	–	-	11.9	10.7	13.3
Isle of Wight	–	-	11.7	10.3	13.4
West Sussex	–	-	11.3	10.7	11.9
Windsor and Maidenhead	–	-	10.9	9.7	12.2
Buckinghamshire UA	–	-	10.6	9.9	11.3
Hampshire	–	-	10.6	10.1	11.1
Surrey	–	-	10.3	9.9	10.8
Wokingham	–	-	8.7	7.5	10.2

Source: NHS England

Addressing tobacco use is arguably the single most important investment that we can make to improve the health, wealth and social wellbeing of individuals, with significant and direct impacts on health inequalities and national, regional and local healthcare budgets[4].

Two in three people who smoke will die as a result of their tobacco use. Smoking remains the leading cause of preventable heart disease, stroke, and respiratory illness; it is also associated with numerous other health effects.

Smoking is also a leading driver of health and social spending in England. Smoking costs the economy an estimated £49.2 billion per year, £1.9 billion of which falls to the NHS and £15.0 billion

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[4] NCSCT; DHSC: 2024

in social care costs. Additionally, there is an estimated £32.0 billion in lost productivity due to people who smoke being significantly more likely to become ill while working and be out of work.

Smoking is known to cause 16 types of cancers and poorer outcomes among those receiving cancer treatment.

Smoking during pregnancy is particularly harmful and associated with numerous adverse pregnancy and birth outcomes.

3.2 Appendix 2

Effective stop smoking support

Local stop smoking services (LSSS)were built around the principle of a universal offer of support that combined pharmacotherapy with behavioural support. Six contacts with weekly support for the first four weeks after setting a quit date is based on the NCSCT Standard Treatment Programme. This universal model results in at least three times greater success with quitting when compared to no support.[5]

To maximise the reach and efficacy of LSSS, meet the needs of service users and ensure best use of stop smoking budgets, this guidance acknowledges that commissioners may need to provide a range of service delivery models.

Interventions need to be evidence-based and appropriate to need. Evidence suggests that more contact time is associated with higher quit rates. However, a range of less intensive and more intensive service delivery models may be needed. The needs of priority groups should be met whilst remaining relevant and accessible to the mainstream smoking population. Within this approach, the scale of intervention is then proportionate to the most disadvantaged. This means providing services in ways that ensure the outcomes are the same.

Support from a specialist stop smoking practitioner (i.e. a person whose main job it is to deliver stop smoking support) results in greater quit rates when compared to non-specialists (e.g. community stop smoking practitioners whose main job is something other than smoking cessation).[6] At the same time, community-based providers help expand the reach of services, in particular those in pharmacy or primary care.

Table 1 provides overview of all intervention types and their effectiveness.

[5] Bauld L, Hiscock R, Dobbie F, et al. English Stop-Smoking Services: One-Year Outcomes. Int J Environ Res Public Health 2016;13(12) doi: 10.3390/ijerph13121175 [published Online First: 20161124]

[6] Brose LS, West R, Michie S, et al. Effectiveness of an online knowledge training and assessment program for stop smoking practitioners. Nicotine Tob Res 2012;14(7):794-800. doi: 10.1093/ntr/ntr286 [published Online First: 20120116]

Table 1

Rank	Service delivery model	Description	Evidence grading	Efficacy	Cost	Considerations
1	**Standard Treatment Programme**	Minimum six contacts (weekly or bi-weekly) delivered over 6 to 12 weeks, in person or via telephone or video link, from a trained stop smoking practitioner.	A	300%	+++	Will provide the best quality outcomes for majority of people who smoke. Should always be the first option considered for commissioning stop smoking interventions. The frequency of contact may not appeal to all service users and/or be possible in existing budgets for all clients.
1	**Group-based Standard Treatment Programme**	Weekly or bi-weekly contacts delivered over 6 to 12 weeks in a closed group format by a trained stop smoking practitioner.	A	300%	+++	While effective, coordination of groups can pose logistic challenges for services.
1	**Tailored specialist stop smoking programme**	Weekly or bi-weekly support delivered over 12 to 26 weeks by a trained specialist stop smoking practitioner.	A – B	200 – 300%	++++	Most appropriate for people with an SMI, pregnant women and individuals at high risk of relapse.
2	**Brief support and treatment programme**	Initial session with follow-up contacts at approximately two and four weeks, delivered by either a trained specialist stop smoking practitioner or trained community health or social professional (e.g. pharmacist, GP, nurse, social care worker) alongside the provision of a first choice stop smoking aid.	B	50 – 100%	+	Can be commissioned via GP surgeries, pharmacies or delivered by the LSSS.

Source: NCSCT; DHSC: 2024 page 78

Medication

Stop smoking aids Stop smoking aids include NRT, stop smoking medications (bupropion, cytisine and varenicline) and nicotine vapes. Stop smoking aids can be categorised as first choice and second choice based on how effective they are.

First choice stop smoking aids are the most effective:

■ Combination NRT (use of a nicotine patch plus a faster-acting NRT product)

■ Nicotine vapes

■ Nicotine analogue medications (varenicline and cytisine)

Second choice stop smoking aids include:

■ Single-form NRT

■ Bupropion

Dose and length of treatment

One of the main challenges of using stop smoking aids is ensuring clients use them in high enough doses for long enough and use them correctly.

It is up to the stop smoking advisor to use their professional judgement on the dose and amount of stop smoking aids required based on individual customer needs and nicotine dependence.

The general principle is to ensure stop smoking aids are provided at sufficient doses and for long enough to manage withdrawal symptoms and urges to smoke, increase chances of quitting and reduce relapse rates. National NCSCT, DHSC guidance states that stop smoking aids should be offered for at least 10 to 12 weeks. Stop smoking aids should be provided for extended periods if required.[7]

PGD.

Pharmacies will be notified when a local PGD is available to enable individual pharmacies to supply varenicline and cytisine.

If a customer insists on making a quit attempt using varenicline before a PGD is available, they can be signposted to the Brighton & Hove Federation service using this link Form - Self-Referral

[7] NCSCT, DHSC 2024 page 125

3.3 Appendix 3

Behavioural support

Behavioural support consists of scheduled meetings (face to face or virtual) between someone who smokes, and a counsellor trained to provide stop-smoking support. Behavioural support can be provided either individually or in a group. Discussions may include information, practical advice about goal setting, self-monitoring and dealing with the barriers to stopping smoking as well as encouragement. The support also includes anticipating and dealing with the challenges of stopping (see NICE's guideline on behaviour change: general approaches and the National Centre for Smoking Cessation and Training [NCSCT] Training Standard). Support is typically offered weekly for at least the first 4 weeks of a quit attempt (that is, for 4 weeks after the quit date) or 4 weeks after discharge from hospital (where a quit attempt may have started before discharge), and normally given with stop-smoking pharmacotherapies. Behavioural support does not include Allen Carr's Easyway in-person group seminar.

Principles of stop smoking support[8]

Principles for high quality, effective stop smoking support are outlined below. These principles should guide local service commissioning and delivery.

Individual people (and priority groups) matter:

1. The person who smokes should be at the centre of everything that we do. A person-centred approach assesses the needs of people who smoke and is responsive to them. Offering flexible support and minimising barriers to accessing support is essential. This includes individual tailoring of services and consideration of how and where services are delivered.
2. Seamless support. The support that a person who smokes receives should be continuous, including where support starts in one setting and continues in another (Transfer of Care).
3. Enhanced patient-centred communication, family and friend involvement, access to information and shared decision making. These are increasingly important, as smoking is found in the most deprived communities with lower education levels, lower health literacy and limited access to health services and involvement in care.
4. A range of support options available to attract and support people who smoke. Delivering person-centred, tailored interventions requires a range of evidence-based interventions from minimal to specialist support. The cost of these will vary considerably, but they should be judged as a whole, with one offsetting the other.
5. Ensure access to evidence-based support. All people interested in quitting should have ready access to evidence-based support, tailored to their needs and preferences.
6. Young people. Whilst targeting over 18s, services should work with programmes for children and young people to be as accessible and responsive as possible (Please sign-post young people aged 12-18 to the BHCC Stop smoking service).

Stop smoking aids: the following outlines national guidance on stop smoking aids but this needs to be considered in local context taking account of need/demand and available resources.

1. Promote access to all first choice stop smoking aids. All first choice stop smoking aids – combination NRT, nicotine vapes and nicotine analogue medications (varenicline [Champix] and cytisine) – should be offered for at least 10 to 12 weeks[9]. Second choice aids should

[8] Page 74 of NCSCT, DHSC, 2024
[9] NCSCT, DHSC, 2024: page 125

be available for clients who may need them. Please note medication section in appendix 2, page 12 re: PGD and provision of Cytisine and varenicline.

2. Stop smoking aids are provided at sufficient doses and for long enough. To help with withdrawal symptoms and urges to smoke, increase chances of quitting, and reduce relapse rates, stop smoking aids should be provided at sufficient doses and available to clients for extended periods if this is required.

3. Direct supply. To ensure barriers to access and use of stop smoking aids are minimised, direct supply should be employed.[10]

Behavioural support (additional detail):

1. Behavioural support is delivered by NCSCT Certified Stop Smoking Practitioners who have met national and local training requirements. Practitioners delivering specialist support should receive the appropriate training.

2. Match support to the needs of people who smoke. All people should have access to evidence-based stop smoking support, with more intensive specialist services for those with greatest need.

3. It is recommended that intensive support be available, including more frequent and extended contact, for pregnant women, people with an SMI, those who are heavily dependent and those who face multiple barriers to quitting.

4. Treatment models are adapted to address individual physical and mental health needs.

5. Adapting the intervention delivery (e.g. shorter or longer consultation times), using outreach models in community settings clients are visiting for other reasons, or home or remote service delivery models to best meet the needs of people with physical or mental health needs.

6. Target priority groups. Stop smoking support should target and provide outreach to priority groups through co-designed pathways and partnership, working with local organisations within the community.

7. Cut Down to Stop (CDTS) programmes should be available to support people not ready to quit in one go. CDTS support should include first choice stop smoking aids (combination NRT, varenicline or cytisine, nicotine vapes) and structured multi-session behavioural support.

[10] NCSCT, DHSC, 2024: page 74

Summary of national delivery guidance[11]

Delivering stop smoking services

Encourage people to quit smoking and offer multiple simple routes to access evidence-based stop smoking aids and effective support from trained practitioners.

Effective stop smoking interventions should be available to all, but the scale and intensity of interventions must be proportionate to the most disadvantaged and nationally identified priority groups.

LSSS support should reflect latest evidence and best practice and seek to remove barriers to accessing support. Stop smoking practitioners should be trained to national minimum standards.

Develop strong referral networks with a focus on priority groups. Referral pathways should be simple and responsive to patient and provider needs. The Transfer of Care of patients from hospital to LSSS is critical to maximizing national investment being made via the NHS Tobacco Dependence Programme.

Provide access to the full range of evidence-based stop smoking aids, including nicotine vapes, combination nicotine replacement therapy (NRT), varenicline (Champix), bupropion (Zyban) and cytisine (see appendix 2, page 12 for and supply of cytisine and varenicline via PGD). Providing stop smoking aids free of charge removes a barrier to accessing them, and increases the likelihood that aids are used properly and for the recommended duration. Some people who smoke will require higher doses of aids over a longer time period.

Stop smoking support can be delivered in a number of ways and providing a range of service delivery options will meet more peoples' needs. There is a hierarchy of evidence, with some models being more effective than others, and best efforts should be made to match individuals who smoke to the appropriate support to maximise success with quitting.

People who smoke can benefit from a single stop smoking support intervention, but success with quitting increases with multiple sessions. Some people who smoke will require more intensive behavioural support for a longer duration, including people with severe mental illness (SMI), pregnant women, those who are more heavily dependent and those with complex needs.

The strongest and most consistent evidence for the effectiveness of stop smoking interventions is for those that involve an abrupt quit attempt. Cut Down to Stop (CDTS) interventions which combine structured behavioural support and stop smoking aids may assist in engaging with, and increasing the rates of stopping among, people who are unable or unwilling to stop abruptly.

While individual or group face-to-face counselling is most effective, people who receive support via telephone also do well. While there is less evidence for video-based support, it is reasonable to assume that its effectiveness would be comparable to telephone-based models.

Digital support is recommended as a complement to support from a trained practitioner and/or for people who would not otherwise access stop smoking support.

[11] NCSCT, DHSC, 2024: page 92

3.4 Appendix 4

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 **Brighton & Hove 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
- 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 in 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.
- 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. A digital version is available for clients here: https://forms.office.com/e/z1f67Wp3L9

4. Planning a home visit

Domiciliary Stop Smoking Service Kit Bag (it is the responsibility of the pharmacy to supply their own 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.
- Stop smoking aids e.g. 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 6-week programme and the number of home visits available i.e. three phone call contacts and up to three home visits.
- 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. Payment Schedule

- The payment schedule and claim procedure for the delivery of the SS aspect of the domiciliary service is defined in the **Brighton & Hove Pharmacy Stop Smoking Service Specification – see section 2 Budget/Funding**
- 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.

3.5 Appendix 5

NRT Voucher Scheme

Nicotine Replacement Therapy (NRT) e-Voucher Scheme

The aim of the NRT e-voucher scheme is to enable patients to easily access NRT and when attending a Stop Smoking Service provided by the Local Authority's Stop Smoking Service. 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. Residents using the BHCC Stop Smoking Service, requesting NRT through the voucher scheme, are not required to pay a prescription charge to access stop smoking aids.

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 resident for a stop smoking aid.

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. BHCC Stop Smoking Service advisors follow guidance outlined in the BHCC NRT Standard Operating Procedure.

The NRT e-voucher request is then sent to the pharmacy chosen by the resident/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

- Residents will be advised by BHCC 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 BHCC Stop Smoking Service for approval (see contact details below).
- Patients will pay an 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 pharmacy 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**.

BHCC Stop Smoking Service Contact Details

Telephone - 01273 294 589

3.6 Appendix 6

Contacts

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