**PART 4- Support to Stop Smoking in Pharmacy**

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| 1. Population Needs | |
| Smoking remains the single, biggest lifestyle factor responsible for premature death and disease. Smoking prevalence across England stands at 14.4%, in North Somerset, smoking prevalence is 12% for the year 2018. Despite this seemingly low rate, this still equates to 20,368 adult smokers. Smoking is both a cause, and effect of inequalities. An estimated 728 families in North Somerset could be lifted out of poverty if the members of that household stopped smoking, smoking is almost purely the pursuit of those who can least afford it. 860 dependent children are living in a household that could be brought out of poverty if the smokers in those households stopped smoking, many more children are exposed to second-hand smoke in the house, which will significantly impact their health.  The most effective means of quitting smoking is through a combination of behavioural support and the use of stop smoking pharmacotherapy as evidenced by NICE guidance.  Pharmacies play a key role in reducing the burden of smoking as they are located in accessible, community locations and are frequently accessed by current smokers. Pharmacies are equipped to handle vouchers for Stop Smoking pharmacotherapy and can offer expert advice on pharmacotherapy. | |
| 2. Scope | |
| **2.1 Aims and objectives of service**  Aims   * To reduce the prevalence of smoking in North Somerset by ensuring adequate and timely access to Nicotine Replacement Therapy and * Support the councils’ corporate plan ambition to “Enable residents to make healthy choices and promote active lifestyles which reduce ill-health and increase independence”. * To reduce the financial barrier associated with purchasing NRT products, thereby improving success of smoking cessation efforts by smokers.   Objectives   * To distribute NRT vouchers to eligible individuals, including smokers who express a desire to quit and meet eligibility criteria. * To process and dispense vouchers sent by Smokefree North Somerset and its partners via secure email. * Ensure accurate and timely inputting of data into pharmoutcomes and claims for stop smoking activity and pharmacotherapy.   **2.2 Service description/pathway**  **NRT**  NRT vouchers will be emailed to participating pharmacies through secure email from email addresses ending with the @n-somerset.gvo.uk domain.  Once NRT vouchers have been retrieved from the pharmacy’s inbox, the voucher will need to be processed in the usual way using Pharmoutcomes under the *“Stage 3 - NRT / Champix Supply (Community)”* service.  Pharmacies do not need to have an in-house stop smoking advisor to process and dispense community NRT vouchers under this service specification.  **Varenicline/Cytisine**  For Varenicline PGDs and Cytisine PGDs, Smokefree North Somerset advisors will email a completed client assessment form and voucher requesting the medication for each new episode of care. For continuation packs of medication following the initial assessment and initial starter pack, Smokefree North Somerset advisors will email vouchers requesting continuation packs.  Please note that there is not currently a PGD within North Somerset for Cytisine however we hope to have one available within 2024.  **2.3 Population covered**  The service is available to all smokers aged 12 years or above who either live or work in North Somerset.  **2.4 Any acceptance and exclusion criteria and thresholds**  Not applicable to this service.  **E-cigarettes/vapourisers**  Electronic cigarettes or vapourisers are not currently available as pharmacotherapy and are therefore not reimbursed through this agreement.  **2.5 Interdependencies with other services**  **-**  **2.6 Any activity planning assumptions**  Activity for 24/25 will be similar to 23/24 | |
| 3. Applicable Service Standards | |
| 3.1 Clinical Effectiveness & Research-Applicable national & local standards e.g. NICE  **NICE guidance**  [Tobacco: preventing uptake, promoting quitting and treating dependence](https://www.nice.org.uk/guidance/ng209/chapter/Recommendations-on-promoting-quitting#using-medicinally-licensed-nicotine-containing-products)  (NG209) NHote: This will link directly to the section relating to the use of medicinally licensed nicotine-containing products  [Varenicline for smoking cessation](https://www.nice.org.uk/guidance/ta123) (TA123)  **Cochrane Reviews**  [Combined pharmacotherapy and behavioural interventions for smoking cessation](https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD008286.pub3/full)  [Pharmacological interventions for smoking cessation: an overview and network meta‐analysis](https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD009329.pub2/full)  [Nicotine receptor partial agonists for smoking cessation](https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD006103.pub7/full)  3.2 Audit   * Providers will take part in the General Pharmaceutical Council (GphC) annual national audit programme * Providers will complete the NHSE-I annual Community Pharmacy Assessment Framework (CPAF) screening questionnaire   3.3 Risk Management   * Providers must comply with latest Infection Prevention Control Guidance IPC * Any serious incidents need to be reported in accordance with the providers local incident reporting policy and NHSE reporting requirements. https://improvement.nhs.uk/resources/learning-from-patient-safety-incidents/. as applicable and notified to the commissioner within one week. The provider should also provide assurance of actions taken and sharing the Lessons Learned. * Pharmacists should read, understand and sign the latest local PGD’s (available on the ALPC website). The signed PGDs should be retained and made available for reference in each pharmacy.   3.4 Education and Training related to PGDs’  **Pharmacists**   * Pharmacists participating in this service specification must have declared themselves competent to do so and provide the evidence using the Declaration of Competence system on Pharm Outcomes. * Pharmacists should review the self-declaration form at least every 3 years or, earlier if the Pharmacists feels his/her competence levels have declined due to undertaking too few consultations. * Pharmacies wishing to deliver the Patient Group Direction (PGD) for Varenicline or Cytisine (When it becomes available) are required to undertake relevant learning and training to deliver and comply with the Patient Group Direction (PGD) for Varenicline and/or Cytisine (When it becomes available). (Appendix 1). * **CPPE Self-declaration of Competence** - Pharmacists are required to self-assess their competence to consult, issue and supply Varenicline. Pharmacists should complete the CPPE self-declaration of competence and should on request, make these forms available to the Council. Relevant support and guidance will be provided by the Avon LPC. * Review the self-certification form at least every 3 years or whenever the Pharmacist feels his/her competence levels have declined due to few consultations.   3.5 Patient and Public Involvement (PPI)   * Pharmacies will complete the annual Community Pharmacy Patient Questionnaire (CPPQ) and review feedback to evaluate public health commissioned services where appropriate and use this information to support service improvement. * The pharmacy co-operates with any locally agreed North Somerset Led assessment of service user experience. This includes being willing to participate in periodic ‘mystery shopping’ exercises to monitor quality.   Pharmacists are required to complete an annual Pharmacy Clinical Governance Assurance Statement to provide assurance that public health commissioned services in North Somerset are safe, effective and meet the required quality standards. | |
| 4. Information provision | |
| **4.1 Record of activity**  Activity should be recorded on Pharmoutcomes using the relevant service templates under the *‘Smoking Cessation New – Community Supported Clients’* heading.  **NRT Vouchers**  NRT vouchers should be processed using the *‘Stage 3 - NRT / Champix Supply (Community)’* service template.  **Varenicline**  Client assessment should be recorded under the *‘Stage 2 - Champix Assessment (Community)’*  Provision of the Varenicline should be recorded under the *‘Stage 3 - NRT / Champix Supply (Community)’* service template.  **Cytisine**  Cytisine is not currently available within BNSSG, however we are working to have it added to the BNSSG formulary and will then issue further information on a Cytisine PGD in the future.  **4.2 Service user feedback**  Smokefree North Somerset will gather feedback from service users on their experiences using structured surveys and ad hoc feedback, exploring service users’ experiences of accessing their NRT through pharmacies. This feedback will include the names and locations of individual pharmacies. | |
| 5. Key Performance Indicators | |
| |  |  |  |  | | --- | --- | --- | --- | | **Key Performance Indicators** | **Method of measurement** | **Threshold** | **Consequence of breach** | | **Quality:** Timely access to NRT, within 2 working days. | Feedback from service users | If a service user experiences long waits on more than 2 occasions within a 12-week episode of support? | We recognise the issues experienced by pharmacies in the current climate and will work to find a solution for all parties. | | |
| 6. Details of Review Meetings | |
| Review meetings will be scheduled as and when they become necessary, usually when triggered by underperformance in relation to the Key Performance Indicators (KPI’s) referred to in this service specification. | |
| 7. Location of Provider Premises | |
| **The Provider’s Premises are located at:** | |
| 8. Charges | |
| **Grace period for claiming pharmacotherapy costs, PGD consultations and handling charges**  There is a 3-month grace period after which North Somerset Council will not reimburse pharmacotherapy costs where the date of claim exceeds 3 months beyond the date of dispensing.   |  |  |  | | --- | --- | --- | | **Activity** | **Cost** | **Payment Frequency** | | Handling fee for community vouchers scheme | £2.50 per community voucher (two-week supply) dispensed from a community-based stop smoking advisor | Monthly | | Varenicline PGD consultation fee for **initial** client assessment for those supported by a community advisor | £12 | Monthly | | Payments for pharmacotherapy | Drug tariff cost for related Nicotine Replacement Therapy, Varenecline, Cytisine. | Monthly | | |