

**SWINDON BOROUGH COUNCIL: PUBLIC HEALTH SERVICES CONTRACT:  
STOP SMOKING SERVICES**

**APPENDIX A – SERVICE 2**

**SERVICE SPECIFICATIONS: PHARMACY STOP SMOKING SERVICES**

Service Specification No.	PH/P SS
Service	Pharmacy - Stop Smoking
Authority Lead	Lewis Bird (Public Health Principal)
Provider Lead	Name of Pharmacy Manager
Period	1 <sup>st</sup> April 2026 to 31 <sup>st</sup> March 2027
Date of Review	1 <sup>st</sup> October 2026

## 1. Population Needs

### 1.1 National/Local Context and Evidence Base

Smoking remains the leading cause of preventable disease and premature death in the UK, with an estimated 74,600 deaths attributed to it in 2019. Although national smoking prevalence continues to decline, health inequalities related to smoking persist in Swindon. In 2023, smoking prevalence among adults in routine and manual occupations (aged 18–64) was 10.3%, slightly higher than the overall adult prevalence of 9.7%. Smoking at the time of delivery is also decreasing locally, with rates in Swindon falling to 6.6%<sup>1</sup>.

Smoking is more prevalent among certain groups compared to the general population. These include people with mental health conditions, those on lower incomes, individuals who are unemployed, experiencing homelessness, in contact with the criminal justice system, living in social housing, without formal qualifications, lone parents, and those who identify as LGBTQ+. <sup>2</sup>

In 2022/23, there were an estimated 408,700 hospital admissions attributable to smoking. This represents an 8% decrease from the 2019/20 peak of 446,400 admissions, but a 5% increase compared to 2021/22, when there were 389,800 admissions.<sup>3</sup> Smoking-related illness is estimated to cost the NHS around £2.7 billion annually.

Smoking is the leading cause of lung cancer and chronic obstructive pulmonary disease (COPD), and a major contributor to strokes, coronary heart disease, and other circulatory conditions such as peripheral vascular disease. It is also a significant cause of cancers of the mouth, oesophagus, bladder, kidney, and pancreas, and is linked to cancers of the stomach, liver, and nose, as well as leukaemia. Beyond cancer and cardiovascular disease, smoking contributes to numerous other serious health issues, including asthma, osteoporosis, increased risk of miscarriage, low birth weight, and sudden infant death. It can also complicate surgical procedures and delay recovery. Smoking is

<sup>1</sup> [Local Authority Health Profiles - Data | Fingertips | Department of Health and Social Care](#)

<sup>2</sup> Action on Smoking and Health (2019). Health Inequalities Resource Pack

<sup>3</sup> [Part 1: Hospital admissions - NHS England Digital](#)

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estimated to be responsible for 86% of deaths from lung cancer, 86% of deaths from COPD, and 12.5% of deaths from heart and circulatory diseases.

In 2017, the government set an ambition for England to be smokefree by 2030, defined as smoking prevalence falling to 5% or less. Interim targets included reducing adult smoking prevalence from 15.5% to 12% and smoking in pregnancy from 10.7% to 6% by the end of 2022. The strategy focused on preventing uptake, supporting cessation, prioritising mental health equally with physical health, and embracing innovative technologies to aid quitting.

The Khan Review, *Making Smoking Obsolete* (2022), concluded that England is unlikely to meet the 2030 smokefree target without significantly greater government action. It called for increased investment, stronger legislation, enhanced NHS prevention, and a faster transition to vaping. This informed the Government’s 2023 launch of initiatives such as the ‘Swap to Stop’ scheme, which aims to provide one million smokers with free vaping kits over two years via local authorities and NHS trusts.

In October 2023, the Government published *Stopping the Start: Our New Plan to Create a Smokefree Generation*. The plan includes a national programme of support for current smokers, backed by an additional £70 million per year for local stop smoking services. Local authority public health teams have received increased public health grant funding to help meet ambitious targets (see table below), including expanding access to support and increasing the number of people setting a quit date. Swindon’s local ambition is to reduce adult smoking prevalence to 5% by 2028.<sup>4</sup>

Swindon Current Rate (as reported in SSS)	Target Quit Attempts				
	Year 1	Year 2	Year 3	Year 4	Year 5
<b>673</b>	851	1,030	1,565	1,744	1,744

The NHS is playing a key role in supporting a smokefree society by helping individuals in contact with its services to quit smoking. Under the NHS Long Term Plan, all patients admitted to hospital who smoke must be offered NHS-funded tobacco treatment services.

In 2023, NHS England also announced the rollout of Lung Health Check screening for all ‘ever smokers’ aged 55 to 74 by 2029. This programme has now launched in the Swindon area. Eligible individuals—those aged 55 to 74 with a GP record indicating current or past smoking—will be invited by letter to attend a free NHS Lung Health Check.

The B&NES, Swindon and Wiltshire Partnership Inequalities Strategy (2021–2024) promotes a whole-system approach, embedding the principle that tackling health inequalities is everyone’s responsibility. It provides a framework for coordinated system-wide action. The strategy is delivered in three phases: starting with raising awareness, then progressing to focus on NHS Core20PLUS5 priorities. These priorities target the 20% most deprived populations and five key clinical areas: cardiovascular disease, cancer, respiratory health, maternity, and mental health. The ‘PLUS’ groups are locally defined; in Swindon, this includes people from ethnic minority backgrounds.

In England, around 60% of smokers say they want to quit, with 10% planning to do so within the next three months. However, about half of all quit attempts are made without support, relying on willpower alone—the least effective method. Evidence shows that accessing support significantly increases the chances of quitting successfully.

<sup>4</sup> Swindon has pledged this in our Tobacco Control Strategy. [Swindon-Tobacco-Control-Strategy-2023-2028.pdf](#)

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There is training guidance available from the National Centre for Smoking Cessation and Training <https://www.ncsct.co.uk/publications/category/training> and NICE Guidance [Overview | Tobacco: preventing uptake, promoting quitting and treating dependence | Guidance | NICE](#) for the delivery of stop smoking services to support those who want to give up smoking to quit.

## 2. Key Service Outcomes

### 2.1 Key Service Outcomes

To provide a high-quality stop smoking support service to enable people in Swindon to quit smoking. Outcomes will contribute to a reduction in smoking prevalence rates.

In addition, it will protect the health of those who don't smoke, particularly children, by reducing exposure to second hand smoke.

## 3. Scope

### 3.1 Aims and Objectives of Service

The overall aim of this locally commissioned service is to support the reduction of smoking prevalence in Swindon and to reduce health inequalities, by enabling clients to access high quality stop smoking support which best fits their needs.

Objectives are to:

- Provide a readily accessible quality service for smokers who want to quit.
- Improve access to and choice of stop smoking services, including access to pharmacological, non-pharmacological stop smoking aids and combination Nicotine Replacement Therapy (NRT).
- Encourage brief interventions with people who smoke, ensuring that interactions are recorded and include appropriate referral pathways for those ready to quit. (See [NCSCT](#) p7 - pre quit assessment readiness to change advice).
- Ensure that robust data is collected by the Stop Smoking Service to enable accurate and timely measurement of outcomes, to assess effectiveness and cost effectiveness of the stop smoking intervention and to secure additional funding if required.

### 3.2 Service Description/Pathway

This service specification details the provision of one-one stop smoking support, which are locally determined by Public Health SBC and reviewed by the Avon & Wiltshire Local Pharmaceutical Committee (CPAW).

Pharmacies participating in the scheme are expected to:

- Provide person-centred, evidence-based support to help people stop smoking.
- Offer a structured stop smoking programme, appropriate pharmacotherapy, and brief interventions.
- Maintain regular delivery through one or more trained Stop Smoking Practitioners.
- Deliver services in line with NHS Stop Smoking Services Guidance and NICE Guidance (2021).

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Types of Support Offered

- Minimal support – Very Brief Advice (AAA model: Ask, Advise, Act – 30 seconds to save a life).
- Structured programme – up to 12 weeks of support. Practices should accurately inform patients about stop smoking aids including Nicotine Replacement Therapy (NRT), stop smoking medications (Bupropion, Cytisine and Varenicline<sup>5</sup>) and nicotine vapes (Swap to Stop) and arrange supply as appropriate to patients being supported by the Pharmacy Stop Smoking Practitioner in line with NICE Guidance (NICE 2021). Stop smoking aids can be categorised as first choice and second choice based on how effective they are:

First-Choice Aids (most effective)

- Combination NRT (patch + fast-acting product)
- Nicotine vapes (Swap to Stop)
- Nicotine analogue medications (Varenicline, Cytisine)

Second-Choice Aids

- Single-form NRT
- Bupropion

See *Figure 1* for rates of smoking abstinence by treatment.

Pharmacies are expected to use any appointment or meeting as an opportunity to ask pregnant people if they smoke. Those who are pregnant can be referred to The Great Western Hospital Health in Pregnancy Team ([gwh.healthinpregnancyteam@nhs.net](mailto:gwh.healthinpregnancyteam@nhs.net)) which has a specialist midwife working with both those who are pregnant and other members of the household who smoke. For pregnant people, combination NRT (a patch plus a short-acting preparation) is considered the most effective treatment and individuals should be encouraged to enrol on the specialist stop smoking support programme provided by the Great Western Hospital [gwh.healthinpregnancyteam@nhs.net](mailto:gwh.healthinpregnancyteam@nhs.net) (Key contact: Corinne Mildiner). The Health in Pregnancy Team can offer enhanced support as well as vapes and patches.

If pharmacy capacity is limited, clients should be referred to:

- LiveWell Swindon Stop Smoking Service: [swindon.stopsmoking@nhs.net](mailto:swindon.stopsmoking@nhs.net)
- Other participating pharmacies

To deliver the service, pharmacy staff must:

- Complete NCSCT online training and attend local Practitioner Training. [NCSCT e-learning](#)
- Where staff previously completed local training, they must complete the NCSCT modules within 12 months.
- Submit training certificates to: [SGill@swindon.gov.uk](mailto:SGill@swindon.gov.uk).

Practitioners must inform Public Health when CPD modules are completed. Recommended modules include:

- VBA+ on Smoking
- Stop Smoking Medications
- Vaping: A Guide for Healthcare Professionals
- Swap to Stop

Ongoing requirements:

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- Certified practitioners are expected to keep their practice up to date
- Attend an online annual Best Practice CPD (after six months of delivery). Available via Eventbrite.
- Engage in further CPD as relevant (e.g. network meetings, refresher sessions, and conferences)

All updates and training opportunities will be shared via the Knowledge Hub (KHub). Practitioners must register on KHub before seeing clients.

**Responsibilities of the Pharmacy Provider:**

- Ensure all staff can deliver Very Brief Advice (AAA model) (see Appendix 1).
- Promote and accurately inform patients about available stop smoking aids:
  - o NRT, stop smoking medications (Varenicline, Cytisine, Bupropion), and vapes (Swap to Stop).
- Ensure appropriate aid is supplied according to NICE guidance and clinical need.
- Provide face-to-face appointments where possible, and ensure a trained Practitioner is regularly available.
- Evening and weekend availability are encouraged.

Carbon Monoxide (CO) verification is required for all self-reported 4-week quitters.

- Payment is on a case-by-case basis.
- Aim: at least 85% of 4-week quitters should be CO verified (reading under 10ppm).

Face-to-face support is preferred to enable carbon monoxide (CO) monitoring. A **minimum of four follow-up sessions** is recommended after setting a quit date. (NICE 2021, West et al 2000).

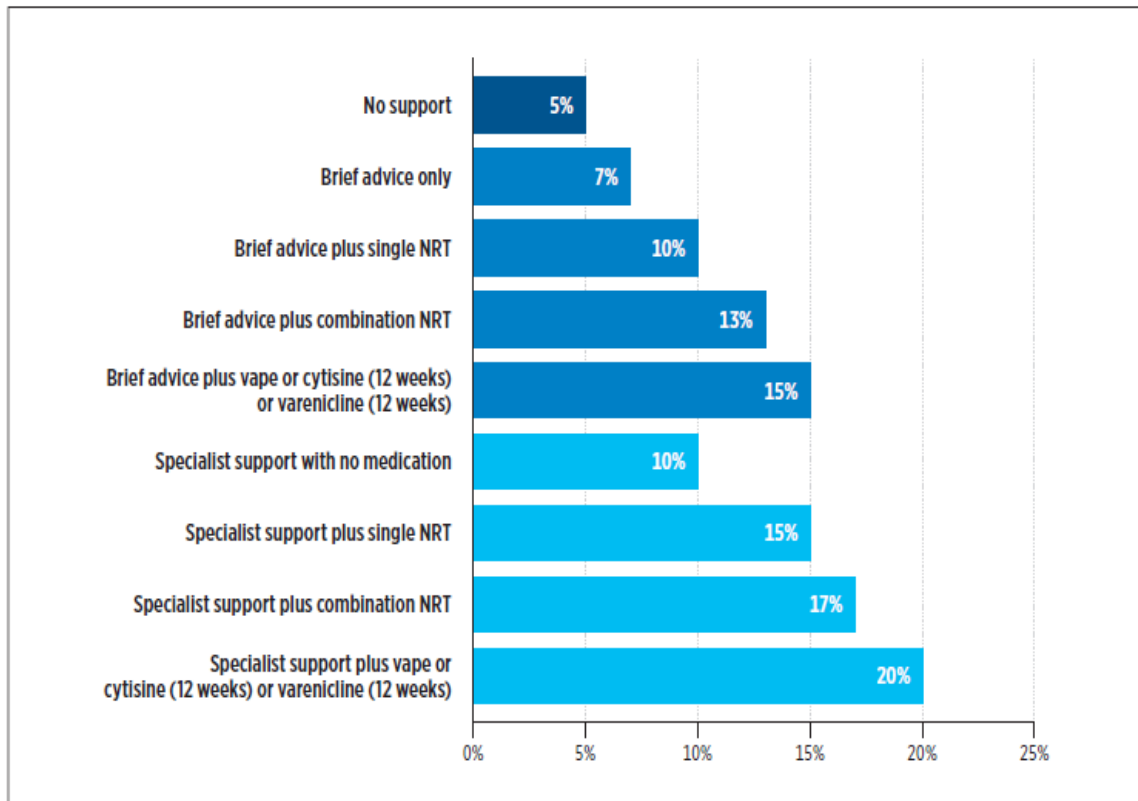
Session 1 Pre-Quit Assessment	45 mins	Plan strategy for quitting, including assessment for drug therapy, CO test and discuss quit date
Session 2 Quit Date	30 mins	Confirm readiness to quit.CO test. Set quit date
Session 3 (Follow-up 1)	20 mins	Support and monitor progress, CO test, assess progress with chosen drug therapy
Session 4 (Follow-up 2)	20 mins	Support and monitor progress. CO test
Session 5 (Follow-up 3)	20 mins	Support and monitor progress. CO test
Session 6 (Follow up 4)	20 mins	4-week quit assessment. Support and monitor progress. CO test. Complete monitoring form

Timings provided are informed by best practice guidance and represent a maximum; individual consultations may be completed in less time or combined where clinically appropriate.

Figure 1. Rates of smoking abstinence by treatment<sup>5</sup>

<sup>5</sup> <https://www.ncsct.co.uk/library/view/pdf/Commissioning-delivery-and-monitoring-guidance.pdf>

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Information and guidance on the use and prescribing of stop smoking aids across B&NES, Swindon and Wiltshire (BSW) is found [here](#).

### **Service Specification**

All elements of the pharmacy service shall be delivered under the supervision and professional accountability of a registered pharmacist.

The part of the pharmacy used for provision of the service will provide a sufficient level of privacy and safety. The pharmacy-based stop smoking Practitioner and the service user must be able to sit comfortably together, and the conversations between the Practitioner and service user cannot be overheard by members of the public or other pharmacy staff.

Access routes to this service will be determined locally, and could include:

- Self-referral by client.
- Hospital Treating Tobacco Dependency Team.
- Pharmacy referral as a result of the 'NHS Health Checks, NHS Lung Cancer Screening Program, Promotion of Healthy Lifestyles (Public Health) or 'Signposting' Essential Services.
- Swindon Stop Smoking Service helpline (07341 077530) or email [swindon.stopsmoking@nhs.net](mailto:swindon.stopsmoking@nhs.net))
- Referral by another health or social care worker

The pharmacy would have to confirm the eligibility of the person to access the service. This service is for people aged 12 and over, who smoke tobacco and are registered with a Swindon GP (excluding

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Elm Tree Surgery). If an individual is neither resident in Swindon nor registered with a Swindon GP but routinely works in Swindon, and they cannot conveniently access services in their home area, then they may access this service.

If considered appropriate, the pharmacy-based stop smoking Practitioner may supply Nicotine Replacement Therapy (NRT), at the cost of an NHS prescription charge for each item dispensed (or free of charge for service users that are exempt from charges) according to the protocol in Appendix 2. The prescription charge(s) should be taken at the initial consultation and then at each supply.

Providers are expected to monitor, support, and evaluate a client's progress throughout their quit attempt, with particular focus on the 4-week post-quit point:

- Monitor all clients' progress, especially at 4 weeks after the quit date, including those who do not attend (DNA).
- If a patient DNAs their 4-week follow-up, make three attempts to contact them via phone, letter, or email.
- If no contact is made after three attempts, classify the client as Lost to Follow-Up (LTFU).
- Conduct carbon monoxide (CO) verification for all self-reported 4-week quitters (between 25 and 42 days after quit date).
- CO reading should be under 10ppm.
- At least 85% of verified 4-week quitters should have a CO reading recorded.
- Follow the CO monitor infection control protocol, as outlined in Appendix 3.

-

Accurate and timely data collection is essential for service delivery, evaluation, and payment.

- Ensure the minimum data set (as per NHS Smoking Cessation Services: Service and Monitoring Guidance) is completed for each client.
- Enter data into the PharmOutcomes system.
- Training for PharmOutcomes is available via the Swindon Stop Smoking Programme, Public Health team at Swindon Borough Council.
- Ensure patient records are kept up to date.
- Retain all records and forms in accordance with national information governance standards.
- Ensure appropriate consent is obtained for all service users.

Providers should actively promote the service and equip clients with relevant health promotion information:

- Display materials to advertise the availability of the Stop Smoking Service within the pharmacy.
- Ensure appropriate health promotion materials are available and that staff can discuss the content with clients where needed.
- Materials can be obtained from the Swindon Stop Smoking Service.

Combination NRT has been shown to have an advantage over using just one product and is also considered to be cost effective. It can, therefore, be used when considered clinically appropriate. When using combination therapy please ensure that the quantity supplied of the supplementary NRT product meets their clinical need. (The majority of patients will not require the full dose). The [BSW Stop Smoking Community Quit Guide 2024](#) provides further detail.

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Where a Pharmacy does not have appropriate Patient Group Directions (PGD's) in place, and are therefore unable to dispense Cytisine and Varenicline, these medications must be requested via PharmOutcomes, and prescription requests are automatically sent to the client's registered GP practice.

- Pharmacies will be incentivised to obtain and use a current PGD for stop smoking medications. Including Generic Varenicline and Cytisine. Training will be provided by Public Health upon request.
- Pharmacies with an appropriately trained pharmacist able to prescribe all stop smoking medications under a PGD will be paid £17 per clinical consultation and assessment via PharmOutcomes. A full breakdown of costs can be found in Appendix E – Service Charges.
- Service users who are exempt from prescription charges should sign the exemption certificate that can be printed from PharmOutcomes and mirrors that found on a standard prescription.

It is expected that any Stop Smoking Practitioner dealing with clients under 18 years old will have a valid Disclosure Barring Service (DBS) certificate and will have undertaken foundation child protection training:

- NRT should be considered alongside behavioural support for young people aged 12 and over who are smoking and dependent on tobacco. NRT for children over the age of 12 should be limited to 12 weeks.
- Stop smoking medications including Varenicline, Cytisine and Bupropion are not to be offered to people under the age of 18.

For clients interested in using nicotine vapes as a quit aid, the Swap to Stop Scheme provides additional support:

- Practitioners may provide voucher codes for the Swap to Stop Scheme if appropriate.
- Replenish vouchers by emailing: [swindon.stopsmoking@nhs.net](mailto:swindon.stopsmoking@nhs.net).
- Clients redeem the voucher online to receive a free vape starter kit:
- Includes a vape device, approx. 4 weeks vape liquid, and a replacement atomiser.
- Week 5–12 liquids must be self-funded by the client.

While evidence-based guidance for stop vaping services is currently limited, support should be person-centred and aligned with national recommendations:

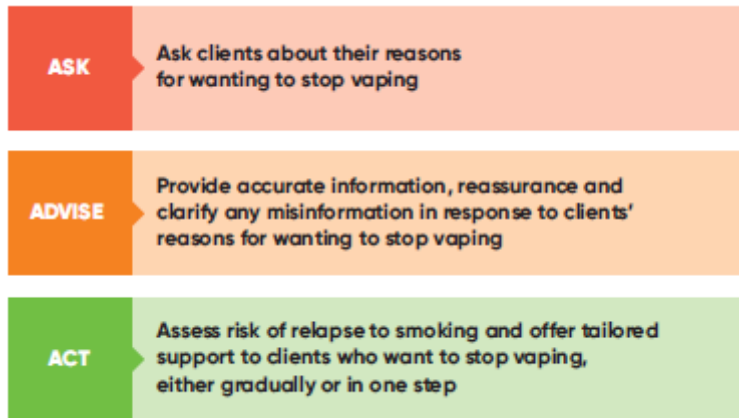
- The primary goal should be to prevent a return to smoking.
- NICE guidance recommends continued vape use if it helps prevent relapse to smoking.

When supporting a client to stop vaping:

- Assess their reason for stopping and their risk of relapse.
- Help them prepare to quit vaping, either gradually or in one step.
- Use the **ASK, ADVISE, ACT** model to structure support (figure 2).

Figure 2. **ASK, ADVISE, ACT for support with stopping vaping**

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The Swindon Stop Smoking Programme located within the Public Health Team (SBC) will:

- Provide advice to the whole practice on giving brief interventions and advice to smokers.
- Provide free training for person(s) identified within the practice as the Stop Smoking Advisor(s).
- Issue each practice with a carbon monoxide (CO) monitor for use by the Stop Smoking Advisors free of charge. The monitor will remain the property of the specialist Stop Smoking Service at SBC, and it should be returned should it cease to function. The practices should adhere to a carbon monoxide (CO) monitor infection control protocol, an example of which is given in Appendix 3.

The provider will notify Swindon Borough Council Public Health immediately if there are any changes to the service or if a trained Stop Smoking Practitioner leaves the pharmacy. If the pharmacy enters a period without a trained practitioner available to deliver the service, clients should be signposted to the Live Well Swindon Stop Smoking Service. The pharmacy will have three months to identify and train a new Stop Smoking Practitioner and must inform the Public Health team once this is in place.

Providers will need to share relevant information with other health care professionals and agencies, in line with locally determined confidentiality arrangements. The pharmacy-based stop smoking Practitioner will request consent to allow contact by the Stop Smoking Service and obtain patients consent accordingly.

**Swindon Stop Smoking Service**

Contact details are:

Tel: 01793 465512

Text: 07341 077530

Email: [swindon.stopsmoking@nhs.net](mailto:swindon.stopsmoking@nhs.net)

Swindon Stop Smoking Service  
Public Health  
Swindon Borough Council  
Wat Tyler West – 4<sup>th</sup> Floor  
Beckhampton Street  
Swindon  
Wiltshire  
SN1 2JG

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### **3.3 Population Covered**

This service is for people aged 12 and over, who smoke tobacco and are registered with a Swindon GP (excluding Elm Tree Surgery).

If an individual is neither resident in Swindon nor registered with a Swindon GP but routinely works in Swindon, and they cannot conveniently access services in their home area, then they may access this service.

### **3.4 Any Acceptance and Exclusion Criteria and Thresholds**

The client must not be currently registered with any other Stop Smoking Practitioner or other Stop Smoking Service (e.g. group support).

For re-referral after an unsuccessful quit attempt a practitioner will need to complete a readiness to change assessment and be confident that the client is ready to try again (See NCSCT p7)

### **3.5 Interdependencies with other Services**

The Swindon Stop Smoking programme is delivered by a variety of different providers. To ensure the programme is as effective and achieves optimal outcomes providers will maintain efficient working relationships with a range of agencies to enhance the quality of service delivered. This includes but is not restricted to:

- Community pharmacies
- Local Authority Live Well Team, which includes Social Prescribers and Community Navigators
- Acute hospitals
- General Practices

The Provider is expected to actively participate in local Stop Smoking networks, training and audit programmes where applicable.

### **3.6 Any Activity Planning Assumptions**

As this is a demand led service no activity planning assumptions have been made.

If the provider, for whatever reason, is unable to provide Stop Smoking services at any point during the contract period they must inform the Commissioner at the earliest opportunity [kafreemna@swindon.gov.uk](mailto:kafreemna@swindon.gov.uk) and refer all requests for service to the Stop Smoking service at Swindon Borough Council ([swindon.stopsmoking@nhs.net](mailto:swindon.stopsmoking@nhs.net)).

## **4. Applicable Service Standards**

### **4.1 Applicable National Standards e.g. NICE**

National Institute for Health and Clinical Excellence (2021). Tobacco: preventing uptake, promoting quitting and treating dependence [NG209] Available at: <https://www.nice.org.uk/guidance/ng209>

National Centre for Smoking Cessation and Training (NCSCT) (2024) Local Stop Smoking Services and support: Available at: [Local Stop Smoking Services and support: commissioning, delivery and monitoring guidance](#)

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National Centre for Smoking Cessation and Training (NCSCT) (2023) Briefings and Practice guidance. Available at: <https://www.ncsct.co.uk/publications/topCategory/briefings-practice-guidance>

National Centre for Smoking Cessation and Training (NCSCT) (2019) Standard Treatment Program. Available at: [Standard treatment programme](#)

National Centre for Smoking Cessation and Training (NCSCT) Vaping a guide for health and social care professionals. Available at: [Vaping: a guide for health and social care professionals](#)

National Centre for Smoking Cessation and Training (NCSCT) (2024) Maximizing the impact of stop smoking services: latest evidence and best practice. Available at: [Maximizing the impact of stop smoking services: latest evidence and best practice](#)

National Centre for Smoking Cessation and Training (NCSCT) Swap to Stop. Available at: [Swap to Stop](#)

National Centre for Smoking Cessation and Training (NCSCT) Cytisine. Available at: [Cytisinicline \(Cytisine\)](#)

Office of Health Improvement and Disparities: Nicotine Vaping in England: 2022 evidence update. Available at: [Nicotine vaping in England: 2022 evidence update - GOV.UK](#)

Department of Health (2012). Stop Smoking Service: monitoring and guidance update. Tobacco Policy Team. Gateway reference 17904. <https://www.gov.uk/government/publications/guidance-for-providing-and-monitoring-stop-smoking-services-2011-to-2012>

Jarvis M, Wardle J (1999) Social patterning of individual health behaviours: the case of cigarette smoking. In: Marmot M, Wilkinson R, editors. Social determinants of health. Oxford: Oxford University Press.

Public Health England (2017) Reducing health inequalities: system, scale and sustainability. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/731682/Reducing\\_health\\_inequalities\\_system\\_scale\\_and\\_sustainability.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/731682/Reducing_health_inequalities_system_scale_and_sustainability.pdf)

Public Health England (PHE) (2021) *Vaping in England: evidence update February 2021*. Available at: <https://www.gov.uk/government/publications/vaping-in-england-evidence-update-february-2021/vaping-in-england-2021-evidence-update-summary>

Royal College of Physicians (2018) *Hiding in plain sight: Treating tobacco dependency in the NHS*. Available at: <https://www.rcplondon.ac.uk/projects/outputs/hiding-plain-sight-treating-tobacco-dependency-nhs>

West R, McNeill A, Raw M. Smoking cessation guidelines for health professionals: an update. *Thorax* 2000; **55(2)**: 987-999.

### **Smoking cessation interventions**

- NICE has produced guidelines on the effectiveness of different smoking cessation interventions. The evidence is clear that behavioural support makes stopping smoking, and staying stopped much more likely. The evidence is also clear that stop smoking aids have a positive impact and help people quit for good. More information can be found at:

<https://www.nice.org.uk/guidance/ng209>

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[Smoking cessation | Health topics A to Z | CKS | NICE](#) NICE

[Smoking cessation | Treatment summaries | BNF | NICE](#) BNF

[Overview | Tobacco: preventing uptake, promoting quitting and treating dependence | Guidance | NICE](#) NICE guidelines for system wide approach

- The National Centre for Smoking Cessation Training provides evidence and effectiveness of stop smoking interventions and guidance on service delivery and monitoring. This can be found at:

<https://www.ncsct.co.uk/publications/topCategory/briefings-practice-guidance>

#### **4.2 Applicable Local Standards**

Service provision cannot be subcontracted to other parties and claims made on this basis will not be paid.

We advise that National Centre for Smoking Cessation and Training (NCSCT) Accreditation to be achieved before attending any local training. For more information see <http://www.ncsct.co.uk/publication/training-and-assessment-programme.php>

#### **4.3 Data Requirements**

Data reporting is provided by the Swindon Stop Smoking service commissioned database - Pharmoutcomes.

### 5. Location of Provider Premises

#### **5.1 The Provider's Premises are located at:**

Services must have a Swindon address and postcode and predominantly serve the population of Swindon.

### 6. Required Insurances

#### **6.1 The following minimum insurances are required:**

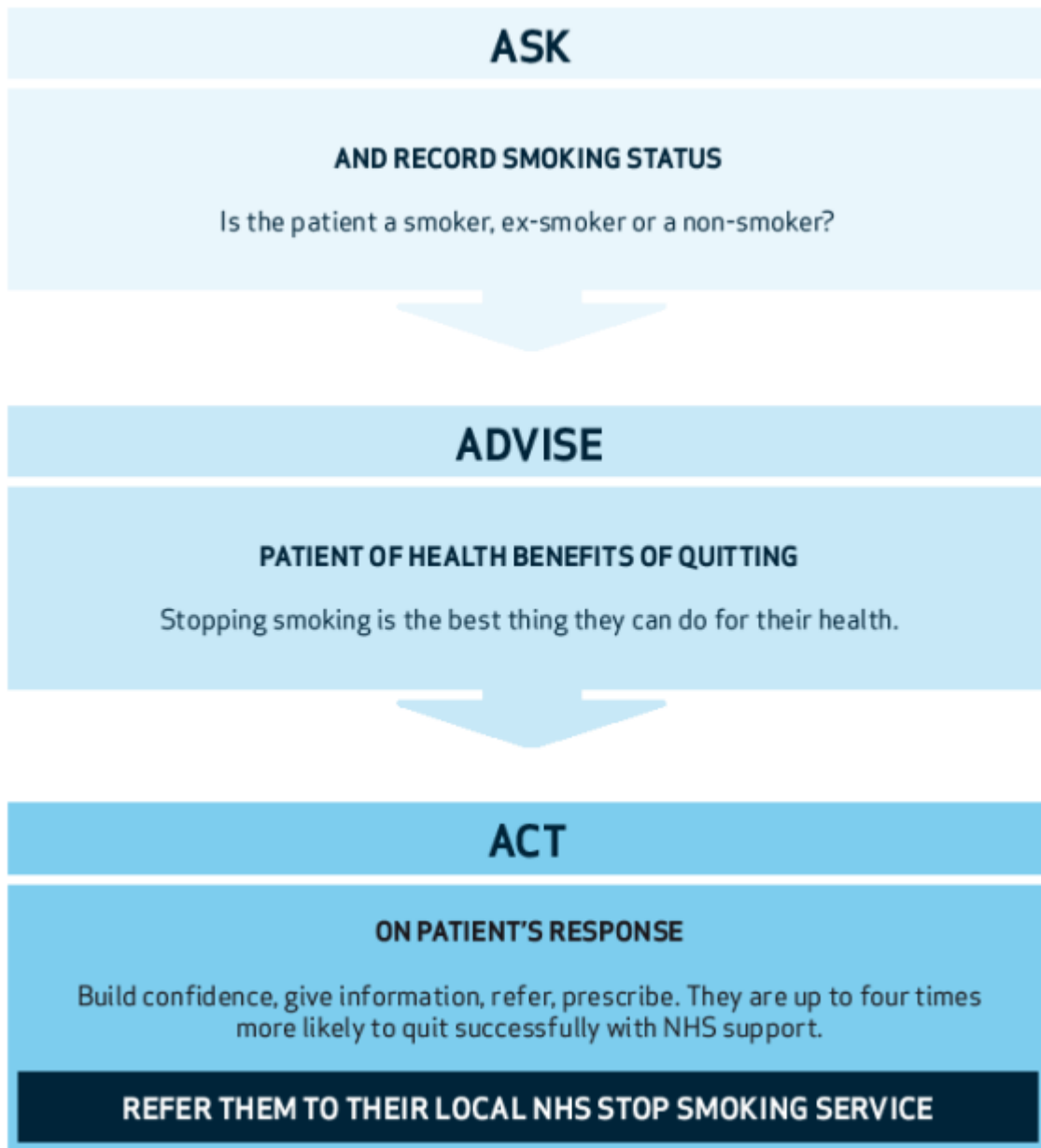
Employers Liability Insurance - £5 million

Public Liability Insurance - £5 million

Professional Indemnity Insurance (including Medical Malpractice) - £5 million

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**Appendix 1 – Service 2: Very Brief Advice (AAA) – 30 seconds to save a life**



## Appendix 2 – Service 2: Service Protocol

### Community Pharmacy Service Specification – Stop Smoking Service

The service protocol should follow the [NCSCT Standard Treatment Programme](#) and utilise the NCSCT Swap to Stop resources [Swap to Stop](#)

#### Overview

The Standard Treatment Programme outlined here consists of a pre-quit assessment and weekly sessions until four weeks after the Quit Date. Full details on the sessions are found on the NCSCT website <https://www.ncsct.co.uk/library/view/pdf/NCSCT%20Standard%20Treatment%20Programme.pdf>

Session 1: Pre-quit Assessment (one or two weeks prior to Quit Date)

Session 2: Quit Date

Session 3: 1 week post Quit Date

Session 4: 2 weeks post Quit Date

Session 5: 3 weeks post Quit Date

Session 6: 4 weeks post Quit Date (four-week follow-up appointment)

Post-quit sessions three to five, occurring in weeks one, two, and three after the Quit Date, cover similar content and are therefore combined into a single session.

The spread of sessions should be adapted to the supervision requirement of medications provided i.e. where Varenicline is prescribed – treatment should take place over 12 weeks. The quit date is usually between Day 8 and Day 14. 14-day prescription packs should be issued throughout the course, with weekly behavioural support for at least four weeks after the quit date, then fortnightly.

The material provided in this resource should easily be adapted to those scenarios. All stop smoking services should provide a minimum of weekly sessions for at least four weeks following the Quit Date.

#### Session 1:

##### Pre-quit Assessment

Minimum duration: 45 minutes

1. Assess the client's current readiness and ability to quit
2. Assess physiological and mental functioning
3. Inform the client about the treatment programme
4. Assess current smoking
5. Assess past quit attempts
6. Explain how tobacco dependence develops and assess nicotine dependence
7. Explain and conduct carbon monoxide (CO) monitoring
8. Explain the importance of abrupt cessation and the 'not a puff' rule
9. Inform the client about withdrawal symptoms
10. Discuss stop smoking medications and vaping
11. Set the Quit Date
12. Prompt a commitment from the client
13. Discuss preparations and provide a summary

Stop Smoking Service Swindon Specific reporting to complete:

- Complete all fields on PharmOutcomes template 1: Stop Smoking-Registration and First Appointment.

#### Session 2:

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**Quit Date**

Minimum duration: 30 minutes

1. Confirm readiness and ability to quit
2. Confirm that the client has sufficient supply of medication and discuss expectations of medication
3. Discuss withdrawal symptoms and cravings / urges to smoke and how to deal with them
4. Advise on changing routine
5. Discuss how to address the issue of the client's smoking contacts and how the client can get support during their quit attempt
6. Address any potential high-risk situations in the coming week
7. Conduct carbon monoxide (CO) monitoring
8. Confirm the importance of abrupt cessation
9. Prompt a commitment from the client
10. Discuss plans and provide a summary

This session will also cover strategies for avoiding smoking and it should aim to enhance motivation and boost self-confidence throughout.

Stop Smoking Service Swindon Specific reporting to complete:

- Complete PharmOutcomes template 2: Weekly Session and Supply.
- Completion of a declaration of exemption from prescription charges or payment of prescription charges as appropriate. Each form of NRT will require a standard prescription charge.
- If a voucher code for Swap to Stop has been provided.

**Sessions 3, 4, 5:**

**1, 2, 3 weeks post Quit Date**

**Minimum duration: 20 minutes**

1. Check on client's progress
2. Measure carbon monoxide (CO) levels
3. Enquire about medication and vape use and ensure that the client has sufficient supply
4. Discuss any withdrawal symptoms and cravings / urges to smoke that the client has experienced and how they dealt with them
5. Discuss any difficult situations experienced and methods of coping
6. Address any potential high-risk situations in the coming week
7. Confirm the importance of the 'not a puff' rule and prompt a commitment from the client
8. Provide a summary

This session will also cover strategies for avoiding smoking and it should aim to enhance motivation and boost self-confidence throughout.

Stop Smoking Service Swindon Specific reporting to complete:

- Complete PharmOutcomes template 2: Weekly Session and Supply

**Session 6:**

**4 weeks post Quit Date**

**(4-week follow-up appointment)**

**Minimum duration: 20 minutes**

This final session is very similar to Sessions 3, 4 & 5.

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1. Check on client's progress
2. Measure carbon monoxide (CO) levels
3. Advise about continued medication or vape use and ensure that the client knows where to obtain further supplies
4. Discuss cravings / urges to smoke that the client has experienced and how they can deal with them in the future
5. Discuss any difficult situations experienced and methods of coping and address any potential high-risk situations in the future
6. Confirm the importance of the 'not a puff' rule and prompt a commitment from the client
7. Provide a summary

This session will also cover strategies for avoiding smoking in the long term, and it should aim to enhance motivation and boost self-confidence and promote the ex-smoker identity throughout.

Stop Smoking Service Swindon Specific reporting to complete:

- Complete PharmOutcomes Template 3. Quit Outcome Appointment (**both successful and unsuccessful**).
- Some clients may benefit from using stop smoking aids for extended periods—typically between 3 and 12 months. This is a safe and recommended practice, especially when there is a risk of relapse. Evidence suggests that extended use of stop smoking aids is particularly effective in reducing relapse rates among people with severe mental illness. For support beyond 12 weeks, alternative quit methods are available through Swindon Stop Smoking at [swindon.stopsmoking@nhs.net](mailto:swindon.stopsmoking@nhs.net) or by phone at 07341 077530.

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**Swap to Stop Scheme**

Swindon is currently taking part in the Government Swap to Stop programme which enables providers to offer free vape kits to smokers over 18 who are interested in switching to vaping to support their quit attempt. Vapes can be offered as part of all quit attempts.

If clients are using stop smoking medications, (Varenicline, Cytisine and Bupropion) nicotine vapes should not be used. 0% nicotine vapes can be used with stop smoking medication however there is no evidence to support this currently.

The Swap to Stop programme is aimed at adult smokers (18+) who are not yet ready to formally set a quit date or commit to a structured stop smoking attempt, however they are motivated to try vaping and have not tried it before.

The Swap to Stop programme is a time limited offer and pharmacies will be notified if the offer is likely to reduce or change once the Department of Health Social Care have notified Local Authorities of their intentions.

## Very Brief Advice on Smoking (VBA+): Swap-to-Stop

### ASK

about smoking status  
*"Do you smoke?"*

### ADVISE

on the most effective way of quitting and Swap-to-Stop  
*"Did you know that the best way of stopping smoking is with a combination of a stop smoking aid and specialist support? We're running a scheme called Swap-to-Stop to help people switch from smoking to vaping and we'll be able to provide you with a free vape starter pack. Is this something you might be interested in?"*

### ACT

on the client's response

#### INTERESTED

##### ARRANGE FOR FREE VAPE TO BE SUPPLIED

*"That's great news, let me explain the scheme in a bit more detail and give you some information on where you can get some extra support to help you stop smoking. Whilst support from a stop smoking practitioner will improve your chances of quitting, it isn't essential to take part in the scheme."*

Refer to/provide details for:

Local Stop Smoking Service **OR** in-house stop smoking support  
**OR** any other support options available locally.

#### UNCERTAIN

*"Are you sure you don't want to simply give it a try? All you would have to do is take home a free vape and let us know how you get on with it."*

Deliver VBA again at future visits.

#### NOT INTERESTED

*"That's OK, if you do change your mind just come back and we'll be happy to give you a vape."*

Deliver VBA again at future visits.

### Appendix 3 – Service 2: Carbon Monoxide Monitor Protocol

#### **Straws/mouthpieces**

Single use only, change for every patient/client and dispose of as soiled. Ask the client to put their own tube into machine and remove after use and dispose of safely in a clinical waste bag.

#### **Plastic adaptor/D-piece**

The adaptor contains a one-way valve that prevents inhalation from the monitor. They should be changed if visibly soiled, after use with patients with known communicable conditions and then according to the manufacturer's guidance as follows:

- Micro medical: the adaptor should be discarded and replaced every six months.
- Bedfont (Pico): the adaptor should be discarded and replaced monthly.

Record every time this is done and diarise the replacement date. They cannot be cleaned or sterilised.

Contact the Stop Smoking Service at Swindon Borough Council for supplies of adaptors/D-pieces.

#### **Cleaning**

The monitors should be wiped down using non-alcohol wipes, ideally at the end of every session. (Never use alcohol or products containing alcohol or other organic solvents as these vapours will damage the carbon monoxide sensor within the instrument).

#### **Repair**

Contact the Stop Smoking Service at Swindon Borough Council to discuss any repairs.

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**APPENDIX B – SERVICE 2  
CONDITIONS PRECEDENT**

1. Provide the Authority with a copy of the Provider's registration with the GPhC where the Provider must be so registered under the Law.
2. Copies of valid insurance certificates covering the duration of the contract period.  
  
Employers Liability Insurance - £5 million  
  
Public Liability Insurance - £5 million  
  
Professional Indemnity Insurance (including Medical Malpractice) - £5 million

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**APPENDIX C – SERVICE 2  
QUALITY OUTCOMES INDICATORS<sup>6</sup>**

Quality Outcomes Indicators	Threshold	Technical Guidance Reference	Method of Measurement	Consequence of Breach
<b>Improving Productivity</b>				
Percentage of staff delivering Stop Smoking services who have successfully completed the NCSCT training, fulfilled relevant update requirements and are registered with the NHS Stop Smoking Service	100%	<a href="#">National Centre for Smoking Cessation and Training (NCSCT) Accreditation</a>	Certification	Remedial Action Plan
<b>Service User Experience</b>				
Evidence of improvements made to service as a result of user feedback	Demonstrable evidence of improvements and changes made to service delivery in response to feedback	Locally Determined	Audit	Remedial Action Plan
Number of service users making formal complaints about the service (verbal or written)	Provider to notify Commissioner in accordance with <i>Incidents Requiring Reporting Procedure Section - Appendix G</i>	Locally Determined	For local determination	Remedial Action Plan

<sup>6</sup> These are suggested indicators based on evidence of good practice and national standards and guidance. Their inclusion is for local determination.

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<b>Reducing Inequalities</b>				
Provider to demonstrate that all functions and policies are equality impact assessed	Agreed programme to achieve compliance	Locally Determined	For local determination	Remedial Action Plan
<b>Access</b>				
Percentage of clients accessing service to be seen within one week of contacting the service (Flexibility will be granted during exceptional circumstances e.g. during the Covid Pandemic)	85%	Locally Determined	For local determination	Remedial Action Plan
Percentage of clients referred to the specialist <a href="#">LiveWell</a> Stop Smoking service due to lack of capacity.	<15%	Locally Determined	For local determination	Remedial Action Plan
<b>Quit Rates</b>				
Percentage of clients who achieve a successful quit at 4 weeks	35-70%	<a href="#">NICE Guidance</a>	Audit	Remedial Action Plan

- The pharmacy has appropriate health promotion and service material available for users and promotes its uptake.
- The pharmacy reviews its standard operating procedures and the referral pathways for the service on an annual basis.
- The pharmacy can demonstrate that staff involved in the provision of the service have undertaken CPD relevant to this service.
- The pharmacy can demonstrate that service and monitoring guidelines as stated here and in training, are followed throughout the provision of this service.

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- The pharmacy participates in any SBC organised audits of service provision and update training.
- The pharmacy co-operates with any locally agreed SBC-led assessment of service user experience.

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**APPENDIX D – SERVICE 2**

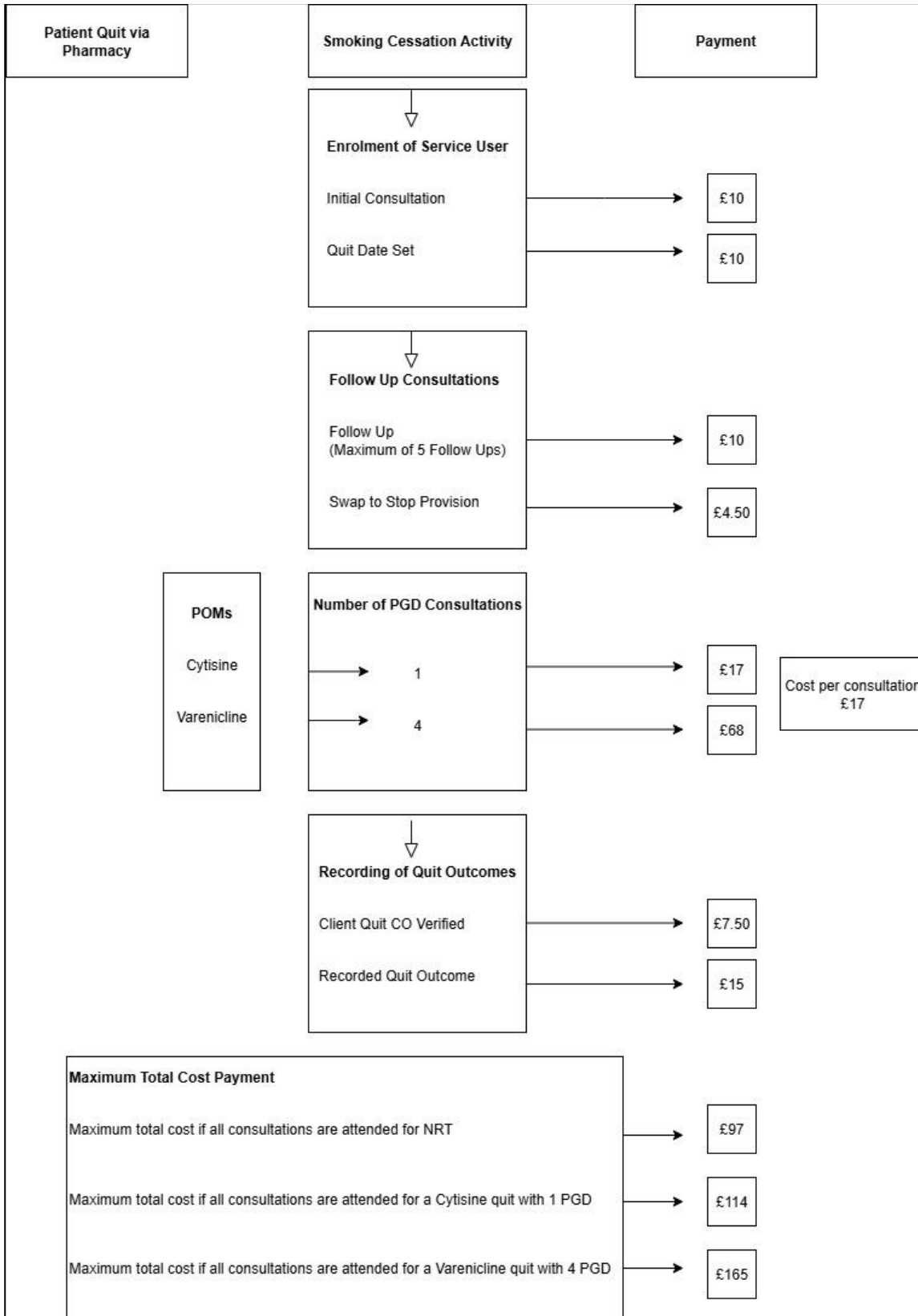
**SERVICE USER, CARER AND STAFF SURVEYS  
Patient Satisfaction**

The provider will support Swindon Borough Council in a patient feedback survey which will meet the national requirements around privacy and dignity and access to services.

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**APPENDIX E – SERVICE 2  
CHARGES**

On agreeing a service specification with Swindon Borough Council Public Health, the Provider will receive the following payments per service user:



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Enrolment to service included Initial Appointment and Quit Date Appointment.

The Provider will be paid quarterly subject to template forms being completed accurately in Pharmoutcomes.

PGD medications will be funded by Swindon Borough Council Public Health and paid via Pharmoutcomes.

Claims for activity must be made within 3 months of completion of intervention. Any claims received beyond 3 months of intervention will not be paid.

Payments for client journeys will be released via Pharmoutcomes when a quit outcome has been recorded. One of the three options should be selected:

1. Lost to Follow Up
2. Not quit
3. Quit CO verified
4. Quit self-reported

The Provider will be paid quarterly from claims raised on the Pharmoutcomes system.

Swindon Borough Council, Public Health will reimburse the pharmacy for the cost of NRT supplied including the VAT costs.

The materials and equipment required, including CO monitors, disposable mouth straws and D-pieces, are supplied free of charge to the pharmacy by Swindon Borough Council.

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**APPENDIX F – SERVICE 2  
SAFEGUARDING POLICIES**

The Provider shall ensure all staff are aware of and trained to a level appropriate to their role and abide by guidance and legislation on safeguarding (children and adults).

The Service Provider should ensure that staff are aware of and abide by the **Policy and Procedure for safeguarding adults at risk in Swindon – Swindon Safeguarding Partnership** [https://safeguardingpartnership.swindon.gov.uk/swindonlscb/info/1/swindon\\_lscb/15/adult\\_safeguarding](https://safeguardingpartnership.swindon.gov.uk/swindonlscb/info/1/swindon_lscb/15/adult_safeguarding)

This should include understanding safeguarding referral procedures and referral pathways to social care.

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**APPENDIX G – SERVICE 2  
INCIDENTS REQUIRING REPORTING PROCEDURE**

The provider will be required to produce a six-monthly summary report providing full details of all complaints and how they were resolved.

The provider will adhere to the national regulations on the management of complaints. Any complaints received related to the service, and any responses will be copied to the commissioner at the time they are dealt with.

The Provider will have awareness of and will respond to infectious diseases, outbreaks and other threats to health. A clinical governance report will be submitted to the Commissioner on an annual basis and full details of any Serious Untoward Incidents (SUIs) will be communicated without delay to the commissioner.

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**APPENDIX H – SERVICE 2  
INFORMATION PROVISION**

The Provider may be requested to participate in an audit of service users' survey by the Swindon Stop Smoking Service.

The Provider may be requested to provide a copy of their patient medication records to assist in the monitoring arrangements.

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**APPENDIX I – SERVICE 2  
TRANSFER OF AND DISCHARGE FROM CARE PROTOCOLS**

If extended support is needed after 12 weeks, the Stop smoking practitioner can end the sessions and different quit methods can be provided by [swindon.stopsmoking@nhs.net](mailto:swindon.stopsmoking@nhs.net) tel. 07341 077530.

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**APPENDIX J – SERVICE 2  
SERVICE QUALITY PERFORMANCE REPORT**

The Provider will work with Swindon Borough Council regarding service quality issues.

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**APPENDIX K – SERVICE 2  
DETAILS OF REVIEW MEETINGS**

Pharmacies will agree to partake in a minimum of one review meeting per year.

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**APPENDIX L – SERVICE 2  
AGREED VARIATIONS**

**Clarification that the Stop Smoking service NRT is appropriate for people aged over 12 years old.**

**Combination of therapies such as NRT and Vapes is recommended**

**Swap to stop service is included**

**New medication Cytisine has been added as NRT**

**Recommendation to follow NCSCCT model of intervention**

**Tariff amounts have been amended**