

SCHEDULE A – SERVICE SPECIFICATIONS

PHARMACY SMOKING CESSATION

Service Specification No.	2026/27
Service	Support to Stop Smoking in Pharmacy
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Period	1 st April 2026

1. Population Needs

1.1 Introduction

Smoking remains the biggest, preventable cause of death in the UK. It is the biggest driver of health inequality between most and least deprived. BNSSG ICS partners have set a vision for a Smokefree BNSSG¹ where less than 5% of our population smoke by 2030. Reducing smoking prevalence is an ICS strategic commitment², a priority for North Somerset's Health and Wellbeing Board³, and aligns to North Somerset Councils Corporate plan⁴.

Working towards this shared vision gives us a big opportunity to reduce the impact of tobacco on our population through:

- Preventing initiation of smoking, supporting people to quit, and reducing use and harm.
- Protecting non-smokers.
- Building community capacity.
- Improving outcomes and reducing inequalities

Many smokers want to quit, but it takes multiple attempts. NICE guidance identifies that helping a patient to stop smoking is one of the most cost-effective medical interventions. Smokers are up to three times more likely to quit with pharmacotherapy combined with behavioural support from a specially trained support to stop smoking advisor.

1.2 National and local context

Based on the Annual Population Survey (2023) (APS) data, the proportion of current smokers in England in 2023 was 11.6%.

Based on the same APS dataset, the estimated adult smoking prevalence in North Somerset is 9% equating to approximately 16,000 people. In North Somerset alone, around 5 people

¹ Department of Health and Social Care (2023) Stopping the start: our new plan to create a smokefree generation. Online: [Stopping the start: our new plan to create a smokefree generation - GOV.UK](#)

² BNSSG ICS (2022) Integrated Care System (ICS) Strategy. Online: <https://bnssg.icb.nhs.uk/about-us/the-integrated-care-system-in-bnssg/integrated-care-system-strategy/>

³ North Somerset Health and Wellbeing Board (2025) Health and wellbeing strategy 2025-28. Online: [Joint health and wellbeing strategy 2025-28 | North Somerset Council](#)

⁴ North Somerset Council (2024) North Somerset Corporate Plan 2024 – 2028. Online: <https://n-somerset.gov.uk/sites/default/files/2024-04/corporate%20plan%202024-28.pdf>

per week die from smoking-attributable illness. In 2019/20 there were 2,072 hospital admissions attributable to smoking - a figure which has steadily increased from 1,897 in 2015/16.

In addition to this, it is estimated that the primary and secondary care costs of treating smoking related illness in North Somerset equates to £6.12m annually. This is in addition to £1.89m in residential and £2.07m in domicillary care costs⁵.

2. Aims, Objectives, and Outcomes

2.1 Aims

- Enable smokers to live longer and happier lives, maximising their wellbeing.
- To reduce smoking prevalence in North Somerset by supporting smokers to stop.
- To reduce the burden of smoking related illness in North Somerset.
- To reduce health and social inequalities experienced by smokers in North Somerset.
- To reduce the financial cost of smoking to social care and health services.

2.2 Objectives of the Service

- Support smokers to stop smoking for up to 12 weeks, using evidence-based methods including behavioural support and pharmacotherapy.
- Provide flexible access to a choice of high-quality support services and medication, including Nicotine Replacement Therapy, Varenicline and Bupropion (Zyban).
- Provide an appropriate referral route for smokers with more complex needs and who have had multiple, unsuccessful, quit attempts to Smokefree North Somerset, this should include those with learning disabilities, mental health issues, and pregnant women, and other populations.
- Support wider efforts towards the reduction of smoking prevalence in North Somerset for those aged 16 years and over.
- Advertise the availability of the Support to Stop Smoking service within the pharmacy.
- Ensure a smoker does not have to wait more than 2 weeks for a stop smoking appointment and if this is not possible contact Smokefree North Somerset on **01275 546 744** so alternative arrangements can be made.

2.3 North Somerset Council Public Health will:

- Supply carbon monoxide monitors and mouth pieces for use by advisors.
- Work with pharmacies to help manage any variation in demand and capacity.
- Provide training, regular updates, information, and day to day support for general practice advisors.

To book on to training please email smokefree@n-somerset.gov.uk . Alternatively, please call Smokefree North Somerset on **01275 546 744**

2.4 Key service outcomes

- Support the reduction of smoking prevalence in North Somerset amongst adults.
- Achieve 4-week quit rates within the Department of Health recommended range of 35-70%.
- Ensure 4-week follow-ups/outcomes are completed for every service user within the 4-week follow up period (25-42 days) as per National Centre for Smoking Cessation and Training (NCSCT) [Local Stop Smoking Services and support: commissioning, delivery and monitoring guidance](#), regardless of outcome and entered on to

⁵ ASH (2023) Ash ready reckoner: <https://ash.org.uk/resources/view/ash-ready-reckoner>

Smokefree North Somerset's case management system (**See 2.5**).

- Identify the quit outcomes of patients lost to follow up by contacting patients to establish whether they have quit smoking within 4-weeks of their quit date. This should be attempted up to three times and preferably by three different methods (phone, text, email, face to face, or letter). If the 4-week outcome for this client is still unknown they should be recorded as LTFU (lost to follow up).
- Ensure 85% of face-to-face 4-week follow ups have a CO level recorded on the case management system.
- Ensure every patient is offered and encouraged to use first line smoking cessation aids – combination NRT, vape or Varenicline.
- In instances where first line smoking cessation aids are not wanted by the patient, second line treatments may be offered and include single NRT item, or Bupropion (Zyban). However, best outcomes are achieved when using first-line treatment options.

2.5 Case management system

All quit episode data and pharmacotherapy claims are to be recorded on Pharmoutcomes.

2.6 Acceptance and exclusion criteria and thresholds

Acceptance

The Smokefree North Somerset service is a universal service for smokers who either live within the boundaries of North Somerset, or work in North Somerset and are current smokers or have stopped smoking within the last 2 weeks.

Exclusions

Service users are not eligible for support if they are already receiving support to stop smoking from their GP, Smokefree North Somerset or another pharmacy service.

The service is not intended to support people who are not smokers but wish to cease using a vape and/or NRT.

2.7 Service Description and Delivery

- All pharmacy stop smoking advisors will offer a 12-week support programme to support clients wishing to stop smoking, supporting clients through a stop smoking quit attempt using behavioural support along with support, guidance and provision of pharmacotherapy as set out below, adhering to the guidelines set out below: -
- All advisors delivering stop smoking support to clients must have completed the Smokefree North Somerset Smokefree Advisor Training.
- The pharmacy must allow for protected time for appointments allowing the advisor to deliver 20-30-minute (30 minutes is required for an initial appointment, with 20-minute appointments for follow ups) appointments on a weekly, then fortnightly basis. It is recommended that clients receive at least weekly appointments until the client has successfully quit smoking for 4 weeks.
- Advisors will deliver behavioural support as per the programme outline delivered on the 2-day Advisor Training (See NICE Guidance NG209). Clients will receive 12 weeks of behavioural support and stop smoking pharmacotherapy.
- Advisors will offer accurate advice, support and information on all available pharmacotherapy options.

- In instances where clients may need more than 12 weeks of pharmacotherapy, the pharmacy advisor must contact Smokefree North Somerset prior to dispensation of the additional pharmacotherapy to discuss this with a Smokefree North Somerset team member.
- Ensure that all Pharmoutcomes records are accurately recorded and kept up-to-date ensuring that a 4-week outcome is ascertained and recorded, regardless of the quit outcome.
- Advisors must attempt to ascertain the quit outcomes of clients who are lost to follow-up, this should be attempted 3 times using (telephone call, text, email or letter).
- 4-week outcome is defined as those who have had an outcome ascertained and recorded within 25-42 days after their quit date. In instances where the client has not present in person during the 4-week follow up window (25-42 days post quit date), outcome status can be ascertained via telephone, text, or email.
- Offer a stop smoking service in accordance with NICE guidance and NCSCT standards: [Local Stop Smoking Services and support: commissioning, delivery and monitoring guidance \(2024\)](#)
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- Aim to CO validate 85% of all successful 4 week quitters as outlined in the NCSCT [Local Stop Smoking Services and support: commissioning, delivery and monitoring guidance \(2024\)](#) (a national quality standard set by the Department of Health for all Stop Smoking Services in England).
- Promote the availability of the Support to Stop Smoking service within the pharmacy through leaflets, posters provided by the Smokefree North Somerset team and word-of-mouth.
- Complex clients such as those with a mental health condition, learning difficulty or chronic illness can be referred to Smokefree North Somerset for intensive specialist support.

2.8 Interdependencies with other services

The pharmacy service is expected to refer clients to Smokefree North Somerset if the pharmacy is unable to provide an initial appointment within 1 week of the client enquiring for support.

3. Applicable Service Standards & Clinical Governance Requirements

3.1 Clinical Effectiveness & Research-Applicable national & local standards e.g. NICE

This service is to be delivered in line with the following NICE Guidance and any subsequent, future updates to NICE guidance:

- [Tobacco: preventing uptake, promoting quitting and treating dependence](#) (NICE NG209)
- [Tobacco: treating dependence](#) (NICE QS207)

This service is to be delivered in accordance with the following guidelines from the National Centre for Smoking Cessation and Training (NCSCT) Guidance and any subsequent, future updates to NCSCT guidance:

- [The NCSCT Standard Treatment Programme](#) (NCSCT)
- [Local Stop Smoking Services and support: commissioning, delivery and monitoring guidance 2024](#) (NCSCT)

- [Competences required for delivering a Standard Treatment Programme](#) (NCSCT)
- [Varenicline for smoking cessation](#) (TA123)

Changes to relevant guidance will be communicated to advisors through annual update training, emails and/or phone calls to advisors.

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

- Advisors
- All advisors delivering this service must have completed the Smokefree North Somerset 2-day Smokefree Advisor Training. Pharmacists having completed only the PGD training are not considered competent to deliver behavioural support and must also complete the 2-day Smokefree Advisor Training to deliver behavioural support.

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 Reporting Activity

All activity should be recorded on Pharmoutcomes using the service templates under 'Smoking Cessation New – Pharmacy Supported Client' for all pharmacy supported clients and provisions.

For NRT vouchers provided by other services, the 'Smoking Cessation New – Community

Supported Clients' service templates should be used.

All clients setting a quit date, should have a 4-week outcome recorded, this should happen within 25-42 days after the quit date. Where contact with clients has been lost, the advisor must attempt 3 contacts via telephone, text, email. Face-to-face or letter. If after these attempts, contact still hasn't been made, the 4-week outcome should be recorded as Lost to Follow Up (LTFU).

4.1.2 Information Sharing

All patients must be informed that their information will be shared with North Somerset Council's Smokefree North Somerset service via Pharmoutcomes.

4.1.4 Electronic cigarettes/vapes

Smokefree North Somerset have funding from the DHSC under the Swap to Stop programme. The programme has provided funding for nicotine vaping starter kits from a supplier who has been audited by Crown Commercial Services and who have evidenced compliance with all relevant laws and regulations including notification of all products to the Medicines and Healthcare Products Regulatory Agency MHRA. These products are offered as a first line treatment as recommended by NICE and the NCSCT. Smokefree North Somerset work with GP practices to make these Swap to Stop kits available through your services.

4.2 Financial details

This agreement covers the period from 1st April 2026

Component	Amount	Conditions/Notes
Initial engagement & quit date set	£35	Paid for delivery of first session and agreement of quit date
Session 2	£10	Service user attends second support session
Session 3	£10	Service user attends third support session
CO-verified quit at 4 weeks	£40	CO reading must confirm abstinence at 4-week follow-up
Service user self declares quit	£25	
If service user not quit or Lost to Follow up at 4 weeks	£15	

4.3 Service user feedback

All clients who have consented to North Somerset Council receiving their data will be sent a 52 week follow up text by Smokefree North Somerset to ascertain smoking status.

Smokefree North Somerset may audit a sample of clients as part of customer feedback and governance.

5. Key Performance Indicators

Activity	Quality	Experience	Method of measurement
Number of people who smoke setting a quit date (total and by deprivation)	<p>4-week quit success rate of 45% greater (% of clients smoke-free 25-42 days post quit date)</p> <p>100% of episodes to have a 4 week follow up recorded regardless of outcome i.e. quit, not quit, lost to follow up.</p>	<p>% of users reporting satisfaction with the support received</p> <p>&</p> <p>Likelihood to recommend the service to other people who smoke</p>	<p>Data taken from case management system</p> <p>Numerator = Quit outcomes ie quit, not quit or lost to follow up (within 25–42 days of quit date); denominator = people setting a quit date.</p>