

## SCHEDULE 1

### The Services

#### 1 SEXUAL AND REPRODUCTIVE HEALTH SERVICE: INTRODUCTION

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Provider Representative:: Pharmacy Manager

Bath and North East Somerset (B&NES) Council aims to improve and protect the health and wellbeing of its local communities with an emphasis on reducing health inequalities. This service specification sets out the requirements for the provision of sexual and reproductive health (SRH) services to be delivered within community pharmacies in Bath and North East Somerset (B&NES). The services are:

The provision of Emergency Hormonal Contraception (EHC) involving the supply of Levonorgestrel, by a suitably qualified and competent community pharmacist, free of charge to service users aged 13 to 24, according to the approved Patient Group Direction (PGD)

The provision of Ccard involving the supply of condom packs by a suitably qualified and competent community pharmacist or other pharmacy staff member, free of charge to service users aged 13 – 24 years old

The provision of pregnancy tests by a suitably qualified and competent community pharmacist or other pharmacy staff member, free of charge to service users aged 13 – 24 years old

##### 1.1 Background information

Sexual health is an important area of public health. The Government set out its ambitions for improving sexual health in its publication, A Framework for Sexual Health Improvement in England. Sexual health needs vary according to factors such as age, gender, sexuality and ethnicity, and some groups are particularly at risk of poor sexual health, especially young people, Men who have sex with men (MSM) and BME groups. Strong links exist between deprivation and sexually transmitted infection (STI's), teenage conceptions and abortions. From 1st April 2013 local government has been required by regulation to commission HIV prevention, open access genitourinary medicine (GUM) and contraception and sexual health services (CASH) for all age groups. This includes services commissioned from general practice and pharmacy, such as long acting reversible

contraception (LARC) and Emergency Hormonal Contraception (EHC), including chlamydia screening

The total abortion rate per 1,000 women aged 15 to 44 years in 2021 was 11.8 in Bath and North East Somerset, lower than the England rate of 19.2 per 1,000. Of those women under 25 years who had an abortion in 2021, the proportion who had had a previous abortion was 21.2%, lower than 29.7% in England.

In 2021, the conception rate for under-18s in Bath and North East Somerset was 8.7 per 1,000 women aged 15 to 17 years, better than the rate of 13.1 in England.

In 2022/23 community pharmacies undertook approximately 500 EHC consultations, down from 924 that were undertaken in 2019/20

The number of community pharmacies actively providing the sexual and reproductive health service has been declining since 2019/20

## **2 SCOPE OF SERVICE**

### **2.1 Service aims**

- Provide and increase access to sexual and reproductive health services in community pharmacies across B&NES, particularly provision of and access to emergency hormonal contraception
- Provide and increase access to the Ccard scheme for young people aged 13 – 24
- Provide and increase access to chlamydia testing for women aged 13 – 24
- Provide and increase access to pregnancy testing to women aged 13 – 24
- To signpost service users with additional sexual and reproductive health needs to local specialised services such as Riverside Clinic (<https://www.ruh.nhs.uk/sexualhealth/>)

### **2.2 Service outcomes**

- Increase in the number of emergency hormonal contraception supplies to young women aged under 25
- Increase in the number of Ccard condom packs provided to young people aged 13 – 24

- Increase in the number of pregnancy tests provided to young people aged 13 – 24
- Reduction in the rate of under 18 conceptions
- Reduction in the rate of repeat abortions in women aged under 25
- Reduction in the rate of chlamydia amongst women aged 13 – 24
- Increase in the number of pharmacies actively providing the sexual and reproductive health service

### **2.3 Service description**

#### *Emergency Hormonal Contraception (EHC) service for women aged 24 and under*

The provider will:

- Supply free EHC, involving the supply of Levonorgestrel, to service users aged 24 years or under presenting for emergency contraception between 0 and 96 hours following unprotected sexual intercourse (UPI) or when regular contraception has been compromised or used incorrectly, and who are not excluded from treatment under the PGD. Service users requiring referral to Riverside Clinic for an emergency IUD can still be provided with EHC provided they are eligible
- Ensure only a qualified pharmacist who has declared competence to deliver EHC delivers this element of the service. No part of the consultation may be undertaken by any other individual, although other pharmacists and pre-registration students may, with the service user's consent, observe for training purposes
- Reinforce at the start of every consultation that the service is completely confidential (the only exception being when the accredited pharmacist judges that the service user is at risk and involvement of others is necessary, for example in safeguarding)
- Deliver a consultation to establish the need and suitability for a service user to receive EHC in line with the approved PGD for the supply of EHC by a community pharmacist from a community pharmacy. Where appropriate a supply will be made; where a supply of EHC is not appropriate, advice and referral to another source of assistance, if appropriate, will be provided

- Ensure that full details of the service user's consultation are recorded and submitted using the EHC consultation template on Pharmoutcomes in real time as the consultation occurs. The service user consultation template has been designed to guide the pharmacist through the safe supply of Levonorgestrel
- Ensure service users aged under 16 are assessed as Fraser competent against the Fraser Guidelines details of which are listed in the Pharmoutcomes consultation template for this service. A service user deemed not to be competent should be referred to an appropriate sexual health clinic such as Riverside Clinic or GP practice. Details of the service user and their situation should also be discussed with the Service's designated safeguarding lead
- Ensure that service users under the age of 18 are assessed for the potential risk of abuse or child sexual exploitation using the Bichard Checklist, details of which are listed in the Pharmoutcomes consultation template for this service
- Ensure that, regardless of service user age, any safeguarding concerns identified are recorded and discussed with the appropriate Safeguarding Lead. In addition, any request for provision involving service users aged 12 and under must be immediately reported to the Safeguarding Team via <https://beta.bathnes.gov.uk/report-concern-about-child>. Out of office hours the Emergency Duty Team should be contacted on **01454 615165**. Pharmacists are still permitted to supply emergency contraception to service users aged 12 and under, provided all mandatory safeguarding procedures are followed
- Consider the provision of a postal chlamydia testing kit to female service users under 25 years of age. Chlamydia testing kits are available through the local Chlamydia Screening Programme provider SH24 ([orders@sh24.co.uk](mailto:orders@sh24.co.uk))
- Ensure that regardless of whether an EHC supply is made, provide information on all forms of contraception including long acting reversible contraception; basic sexual health advice including the importance of using condoms and how to reduce the risk of STIs; information about specialist sexual health services provided by Riverside Clinic and GP practices to support future sexual and reproductive health needs; and details of [www.safebanes.com](http://www.safebanes.com) for further information
- Support verbal advice by providing: a pharmacy Ccard condom pack even if they are not Ccard registered; details of how to register with the Ccard scheme; FPA leaflets; and details of [www.safebanes.com](http://www.safebanes.com) for further information

- Ensure that service users who are excluded from treatment under the PGD are directly referred, or signposted, to the most appropriate and accessible service available. Service users should also be made aware of their option to purchase appropriate emergency hormonal contraception if required
- Ensure a consultation room is available that provides a level of privacy consistent with that which is required for the provision of the Medicines Use Review service
- Ensure they have a chaperone policy and confidentiality statement clearly displayed in the consultation room
- Ensure that any Safebanes posters, window stickers and promotional information are prominently displayed

*Ccard condom pack supply for young people aged 13 – 24*

The provider will:

- Provide a free pharmacy Ccard condom pack to young people aged 13 – 24 who have a valid physical or virtual B&NES Ccard. Ccard condom packs can be ordered by pharmacies free of the charge from the B&NES Wellness Service, Contact details for the service are as follows:

[banes.everyonehealth.co.uk](http://banes.everyonehealth.co.uk)

Email; [EH.banes@nhs.net](mailto:EH.banes@nhs.net)

Free phone 0300 247 0050

- Ensure only suitably trained pharmacy staff (i.e. Pharmacists or any other pharmacy support staff who have received appropriate training) delivers this element of the service. Pharmacy staff may, with the service user's consent, observe for training purposes
- Ensure that where registration or supply is not appropriate, for example if the young person is outside of the age range or where the physical or electronic Ccard has expired, provide advice and referral to another appropriate service such as Riverside Clinic
- Ensure that if a young person is excluded from the Ccard scheme criteria above they can be invited to purchase condoms as an OTC sale from the pharmacy

- Utilise the request for a pregnancy test as an opportunity to provide basic sexual health advice including the importance of using condoms and how to reduce the risk of STIs; information about specialist sexual health services provided by Riverside Clinic and GP practice to support future sexual and reproductive health needs; and details of [www.safebanes.com](http://www.safebanes.com) for further information
- Ensure that any Safebanes posters, window stickers and promotional information are prominently displayed

### *Pregnancy testing for young women aged 13 – 24*

The provider will:

- Provide a free pregnancy test for young women aged 13 – 24 upon request or where the Pharmacist deems a clinical need. Pharmacies will utilise their own stock of pregnancy testing kits
- Ensure only suitably trained pharmacy staff (i.e. Pharmacists or any other pharmacy support staff who have received appropriate training) delivers this element of the service. Pharmacy staff may, with the service user's consent, observe for training purposes
- Ensure Pharmacists and pharmacy staff should use their discretion when working with those aged 13 – 15 and ensure that regardless of whether a pregnancy test is provided, that the service user is referred to Riverside Clinic or their GP practice for further advice
- Consider the provision of a postal chlamydia testing kit. Chlamydia testing kits can be ordered by pharmacies free of charge through the local Chlamydia Screening Office
- Encourage the service user to register for a virtual Ccard via <https://www.safebanes.com/c-card>
- Ensure that if a young person is excluded from the pregnancy test criteria above they can be referred to Riverside Clinic or their GP practice for further advice, or be invited to purchase a pregnancy test as an OTC sale from the pharmacy
- Ensure that pregnancy testing is undertaken by the service user themselves off-site. Pharmacists and pharmacy staff should not be involved in receiving any completed pregnancy tests, interpreting results or describing options for those who test positive
- Utilise the request for a pregnancy test as an opportunity to provide basic sexual health advice including the importance of using condoms and how to reduce the risk of STIs; information about specialist sexual health services provided by Riverside Clinic and GP

practice to support future sexual and reproductive health needs; and details of [www.safebanes.com](http://www.safebanes.com) for further information

- Ensure that any Safebanes posters, window stickers and promotional information are prominently displayed

## **2.4 Service requirements**

- The provider will ensure that the service is user friendly, non-judgemental, person-centred and confidential at all times. The provider is strongly encouraged to work towards becoming SAFE accredited ([www.safebanes.com](http://www.safebanes.com)) during the duration of this contract
- For EHC provision the provider must have and use an accredited consultation area. The consultation area must enable both the service user and the pharmacist to sit down together; enable the service user and pharmacist to talk at normal speaking volumes without being overheard by other visitors to the pharmacy, or by staff undertaking their normal duties; be clearly designated as a private consultation area, distinct from the general public areas of the pharmacy; and have suitable equipment to enable live input of data into the EHC Pharmoutcomes template
- The provider should use professional judgement to consider, and where appropriate, act on any safeguarding issues coming to their attention as a result of providing the service. This shall be in line with local safeguarding procedures including any national or local guidance on under 16s sexual activity
- The Sexual Offences Act 2003 states that no child under 13 years is able to consent to any sexual activity. If the service user is believed to be under 13 years of age, providing they have been assessed as “Fraser competent”, treatment should not be withheld as the duty to safeguard the child from most harm would include unintended pregnancy. All the details of the consultation must be recorded and discussed at the earliest opportunity with the relevant Local Authority Safeguarding Team (or Child Care Duty Team out of hours). In an emergency, the police can be contacted
- The provider should ensure that there is a robust system of reporting adverse incidents or serious untoward incidents, that all incidents are documented, investigated and followed up with appropriate action and that any lessons learnt from incidents are shared across the provider’s organisation. Any adverse incidents that occur must be reported according to general policy/guidance for clinical incident reporting
- The provider should ensure the service has access to an appropriate electronic service user record system. If the provider cannot enter the information on the electronic service user record system at the time of the consultation, the information shall be recorded as possible after the consultation

- The Pharmacy shall comply with all statutory / national guidance related to safeguarding children and adults, including but not limited to:
  - (1) Children Act 1989 and 2004
  - (2) Children and Social Work Act 2017
  - (3) Working Together to Safeguard Children 2015 (amended 2018)
  - (4) Care Quality Commission Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2010
  - (5) Care Act 2014
  - (6) Equality Act 2010
  - (7) Human Rights Act 1998
  - (8) Mental Capacity Act 2005
  - (9) Safeguarding Vulnerable Groups 2006 (as amended by the Protection of Freedoms Act 2012)
- The Pharmacy shall designate a lead member of staff with responsibility for safeguarding in respect of the Services as set out in the Safeguarding Requirements.
- The Pharmacy shall ensure that it has established its own safeguarding policies in accordance with the Law, the Safeguarding Requirements and local multi-agency policies and shall meet the requirements of the Council in terms of safeguarding audits and monitoring. Where remedial actions are identified by the Council's Authorised Representative, the Pharmacy shall develop and agree an action plan to deliver these.

## **2.5 Service availability**

- The provider should ensure the service is delivered in person
- The service is to be provided within the full opening hours of the community pharmacy contract

## **3 ANY ACCEPTANCE AND EXCLUSION CRITERIA**

This service is an open access service and therefore anyone can refer service users in, including any healthcare professionals and self-referral

For EHC provision there may be some situations where, based on the information obtained, the accredited pharmacist is unable to supply under the terms of the PGD. In these situations, the scheme requires the pharmacist to urgently refer the service user to an alternative provider. This should be in the first instance, a community pharmacy in B&NES that is accredited to provide the service – the pharmacist should phone the pharmacy in advance to confirm that the service can be provided urgently to the service user. Failing that referral can be made to a specialist SRH service such as Riverside Clinic. The service user must be made completely aware of the decreasing effectiveness of EHC with time

#### **4 TRAINING AND COMPETENCY REQUIREMENTS**

##### *Emergency Hormonal Contraception (EHC) service for women aged under 24*

The provider will:

- Enrol via Pharmoutcomes and complete the Declaration of Competence (DoC). The DoC criteria are that the Pharmacist has
  - an up to date enhanced DBS certificate
  - have read the most up to date version of the PGD and signed it
  - completed the CPPE distance learning Emergency Hormonal Contraception course
  - completed the CPPE distance learning Safeguarding Children and Vulnerable Adults Level 2 course

It is also strongly recommended the Pharmacist has completed the B&NES Community Pharmacy sexual health training course either in person or online.

Pharmacists can enrol on the service without having completed the DoC criteria. From the day of enrolment they will have 90 days to complete the outstanding requirements. If the outstanding requirements are not completed within 90 days, the pharmacist will be unable to provide the service specified until such a time as these outstanding requirements are met

##### *Ccard condom pack supply for young people aged 13 – 24*

The provider will:

- Complete the B&NES Community Pharmacy sexual health or Ccard training course either in person or online. Details of how to access the course can be found via [Safebanes.com](http://Safebanes.com) or by emailing [public\\_health@bathnes.gov.uk](mailto:public_health@bathnes.gov.uk)

### Pregnancy testing for young women aged 13 – 24

The provider will:

- 4.1 Complete the B&NES Community Pharmacy sexual health or Ccard training course either in person or online

For all service elements the provider will:

- Demonstrate compliance with all relevant national standards for service quality and clinical governance including compliance with the Code of Practice for Infection Control and relevant NICE guidelines
- Provide evidence of maintaining skills and submit audits of procedures completed by practitioners as requested by the Commissioner with reasonable written notice.
- Ensure that health and safety, safeguarding, equality and diversity training is provided to staff delivering this service and fully comply with the Multi agency Safeguarding Adults Policy and the LSCB Inter-Agency Procedures for Children and Young People.

## **5 ACTIVITY, PERFORMANCE AND REPORTING REQUIREMENTS**

- 5.1 The provider will ensure that the necessary information and documentation, as detailed in this service specification, is maintained and made available to the Commissioner for activity and payment verification
- 5.2 The provider will ensure an internet connection is in place with appropriate electronic recording systems such as Pharmoutcomes to record consultations and activity
- 5.3 The provider will ensure that claims for payment for the service can be made via the Commissioner's designated reporting/claim process
- 5.4 If required the provider will share relevant information with other health care professionals and agencies in line with locally determined confidentiality arrangements, including the need for the permission of the service user to share such information if needed

- 5.5 The provider will complete the appropriate service templates on Pharmoutcomes for each service element. There is a three month (90 days) grace period for submission and payment of historical claims
- 5.6 The Commissioner reserves the right to withhold payment in the event of omissions in reporting/claim data or if the reporting/claim template is submitted after the deadline detailed above
- 5.7 The provider should submit data on each service via the appropriate Pharmoutcomes service template as described below:

<b>Service</b>	<b>Pharmoutcomes service template</b>
Emergency Hormonal Contraception (EHC) service for women aged 24 and under	EHC from 1 <sup>st</sup> May 2018
Ccard condom pack supply for young people aged 13 – 24	BANES C-Card supply
Pregnancy testing for young women aged 13 – 24	BANES Pregnancy Testing Kit Supply

- 5.8 The Commissioner will use the data for the purposes of monitoring provision, audit and for post payment verification. The Commissioner reserves the right to amend the service templates and require the provider to undertake additional data audits to verify activity, monitor performance and provide assurances that services are delivered in line with the terms and conditions set out in this contract, and to understand any service improvements that are needed
- 5.9 The Pharmacy must comply with all reasonable written requests made by, the National Audit Office, the General Pharmaceutical Council, the Commissioner and the authorised representative of the Local HealthWatch for entry to the Pharmacy's Premises for the purposes of auditing, viewing, observing or inspecting such premises and/or the provision of the Services, and for information relating to the provision of the Services. The Pharmacy may refuse such request to enter the Pharmacy's Premises where it would adversely affect the provision of the Services or, the privacy or dignity of a Service User. Reasonable written notice is required for any audits to avoid disruption within the store.
- 5.10 The Commissioner shall use its reasonable endeavours to ensure that the conduct of any audit does not unreasonably disrupt the Pharmacy or delay the provision of the Services

5.11 The Pharmacy shall have clear and comprehensive incident reporting procedures in place to ensure timely identification, reporting, and resolution of any incidents that may occur during service delivery. These procedures must be communicated to all staff members and regularly reviewed and updated as necessary to maintain effectiveness. Incidents include but are not limited to

- (1) Adverse Events: Any unexpected or serious events occurring during the provision of the Services that may result in harm to the Service Users or others must be reported immediately
- (2) Safety Incidents: Incidents involving the safety or welfare of Service Users, staff, or visitors within the premises used to provide the Services must be reported promptly
- (3) Equipment Malfunctions: Any malfunction or failure of equipment used in the provision of the Services that may affect service delivery or Service User safety must be reported and addressed promptly
- (4) Medication Errors: Incidents involving medication errors, such as incorrect dosage, administration, or prescription, must be reported and investigated to prevent recurrence
- (5) Complaints and Feedback: Any complaints or feedback received from Service Users, their families, or other stakeholders regarding the quality or delivery of the Services must be documented and addressed according to the Pharmacy's complaints handling procedure
- (6) Data Breaches: Any breaches of confidentiality or data security related to Service User information must be reported in accordance with the provisions of Clause 9
- (7) Staff Incidents: Incidents involving staff misconduct, negligence, or breaches of professional conduct that may impact the delivery of the Services must be reported and investigated according to the Pharmacy's disciplinary procedure
- (8) Critical Incidents: Critical incidents, such as natural disasters, accidents, or emergencies, occurring within or affecting the Pharmacy's premises or operations, must be reported and managed promptly to ensure the safety and well-being of all involved
- (9) Non-Compliance: Instances of non-compliance with contractual obligations, regulatory requirements, or quality standards related to the provision of the Services must be reported and addressed to mitigate risks and ensure compliance
- (10) Any Other Significant Events: Any other significant events or occurrences that may impact the delivery, quality, or safety of the provision of the Services must be reported and managed according to the Pharmacy's incident reporting procedure

## 6 PAYMENTS

6.1 Payment will be made on a quarterly basis on receipt of a fully completed reporting/claim template

6.2 The Commissioner will pay the provider at the rates outlined below:

Element of service	Fee
Supply of Ccard condom pack	£2.50
Supply of pregnancy test	£3.50
EHC consultation	£15
Levonorgestrel medication supply	£5.20  (Based on listed unit price of NHS drug tariff, plus VAT, as of October 2024)

## 7 APPLICABLE SERVICE STANDARDS

- Link to all BASHH Guidelines <https://www.bashh.org/guidelines>
- BASHH and Brook. Spotting the signs: a national proforma for identifying risk of CSE in sexual health services (2014) <https://www.brook.org.uk/spotting-the-signs-tool/>
- BASHH CEG September 2018 – Update on the treatment of Chlamydia trachomatis (CT) infection <https://www.bashhguidelines.org/media/1191/update-on-the-treatment-of-chlamydia-trachomatis-infection-final-16-9-18.pdf>
- Electronic BNF <https://bnf.nice.org.uk/>
- Electronic Medicines Compendium <http://www.medicines.org.uk>
- Faculty of Sexual and Reproductive Health Drug Interactions with Hormonal Contraception – May 2022 <https://www.fsrh.org/documents/ceu-clinical-guidance-drug-interactions-with-hormonal/>

- FSRH service standards for confidentiality in SRH services (2020) <https://www.fsrh.org/standards-and-guidance/documents/fsrh-service-standards-for-confidentiality-in-srh-services/>
- Female genital mutilation: safeguarding women and girls at risk of FGM (DHSC 2017) <https://www.gov.uk/government/publications/safeguarding-women-and-girls-at-risk-of-fgm>
- FSRH CEU Statement Response to Edelman 2022 (August 2022) <https://www.fsrh.org/standards-and-guidance/documents/fsrh-ceu-statement-response-to-edelman-2022-august-2022/>
- FSRH service standards for SRH care (2021) <https://www.fsrh.org/documents/final-draft-service-standard-for-sexual-reproductive-healthcare/>
- FSRH standards for emergency contraception (2017 amended 2023) <https://www.fsrh.org/documents/ceu-clinical-guidance-emergency-contraception-march-2017/>
- GMC protecting children and young people (2012, amended April 2019) <https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/protecting-children-and-young-people>
- NICE CG30 LARC (2005 updated July 2019) <https://www.nice.org.uk/guidance/cg30>
- NICE Medicines practice guideline “Patient Group Directions” <https://www.nice.org.uk/guidance/mpg2>
- NICE NG55 harmful sexual behaviour among children and young people (2016) <https://www.nice.org.uk/guidance/ng55>
- NICE NG60 HIV testing: increasing uptake among people who may have undiagnosed HIV (2016) <https://www.nice.org.uk/guidance/ng60>
- NICE NG88 heavy menstrual bleeding: assessment and management (2018 updated May 2021) <https://www.nice.org.uk/guidance/ng88>
- NICE PH49 behaviour change; individual approaches (2014) <https://www.nice.org.uk/guidance/ph49>
- NICE PH50 domestic violence and abuse: multi-agency working (2014) <https://www.nice.org.uk/guidance/ph50>
- NICE PH51 contraceptive services for under 25s (2014) <https://www.nice.org.uk/guidance/ph51>
- NICE QS129 quality standard contraception (2016) <https://www.nice.org.uk/guidance/qs129>

- NICE QS129 quality statement on emergency contraception (2016)  
<https://www.nice.org.uk/guidance/qs129/chapter/quality-statement-2-emergency-contraception>
- Royal Pharmaceutical Society Safe and Secure Handling of Medicines  
December 2018 <https://www.rpharms.com/recognition/setting-professional-standards/safe-and-secure-handling-of-medicines>

**PUBLIC HEALTH SERVICE SPECIFICATION FOR  
PHARMACY SUPPORT TO STOP SMOKING**

1.1	<p><b><u>CONTRACT MANAGEMENT:</u></b></p> <p>B&amp;NES Council Representative: Cathy McMahon, Public Health Development and Commissioning Manager</p> <p>Provider Representative:</p>
1.2	<p><b><u>AIM OF THE SERVICE:</u></b></p> <p>The aim of the service is to reduce health inequalities in B&amp;NES by providing targeted and intensive support to individuals to increase their chances of quitting smoking for good, reducing the harm from smoking tobacco to themselves and their families.</p> <p>This service specifically supports B&amp;NES residents to live free from the harms of tobacco. It will improve the health of the population of B&amp;NES by providing help and support to smokers who want to stop smoking or reduce the harm associated with smoking tobacco through the direct provision of behavioural support services and access to stop smoking aids.</p> <p>The service contributes to the Be Well B&amp;NES vision:</p> <p><i>Bath and North East Somerset: Where children and adults are enabled to live healthy lives.</i></p> <p>Be Well B&amp;NES<sup>1</sup> is a ten-year programme of change which works toward the vision of Bath and North East Somerset being a place where children and adults are enabled to live healthy lives. The Be Well B&amp;NES Framework adopts a whole systems approach, recognising and working on the complex commercial, social, economic, environmental, and individual factors that influence our health behaviours.</p> <p>Be Well B&amp;NES provides a mechanism for whole system, integrated working across a range of health improvement areas including:</p> <ul style="list-style-type: none"> <li>• Good food for all</li> <li>• Living free from harms of tobacco, drug and alcohol</li> <li>• Achievable active lifestyles</li> <li>• Good emotional wellbeing for all</li> </ul>
1.3	<p><b><u>Context</u></b></p> <p>Smoking is still the single biggest cause of premature death and disease nationally and locally. Life expectancy in B&amp;NES differs significantly by area with women in our most deprived area dying up to 10 years earlier than women who live in our least deprived areas. The difference is 5 years for men. Smoking accounts for approximately half this difference in life expectancy.</p> <p>Adult smoking prevalence in B&amp;NES is currently 11%, is on a decreasing trend, and benchmarks similar to our nearest statistical neighbours<sup>1</sup>. Smoking prevalence is much</p>

1

[https://democracy.bathnes.gov.uk/documents/s83043/Be%20Well%20B&NES%20framework%20draft\\_02%2007%2024.pdf](https://democracy.bathnes.gov.uk/documents/s83043/Be%20Well%20B&NES%20framework%20draft_02%2007%2024.pdf)

higher amongst routine and manual workers in B&NES at 28.4% and amongst those in drug and alcohol treatment, with mental health conditions and amongst ethnic minority groups including gypsy, Roma, traveller and boater communities.

In 2017 the government set an objective for **England to be smokefree by 2030**, meaning only 5% of the population would smoke by then. The aim by the end of 2022 was to reduce smoking prevalence in adults from 15.5% to 12% and to reduce smoking in pregnancy from 10.7% to 6%. This was to be achieved by supporting people not to start smoking, helping people to quit, ensuring those with mental health conditions had equal priority to those with physical health conditions and backing innovative technology to support safe quitting.

The Khan Review; Making Smoking Obsolete (2022) highlighted that England is unlikely to achieve the target of being smoke free by 2030 without significant additional commitment from Government. Alongside recommendations for increased investment, legislation and prevention activity within the NHS the review also recommended accelerating the path to vaping. This has informed the Government's announcement in 2023 of a number of initiatives including the **Swap to Stop scheme** enabling 1 million smokers to access free vaping kits over a 2-year period through local authority and NHS trust partners.

In October 2023, the Government published [Stopping the start: our new plan to create a smokefree generation<sup>1</sup>](#). This included a programme of funding to support current smokers to quit smoking, with £70 million additional funding per year for local stop smoking services and support. LA public health teams have been allocated additional public health grant to support delivery of ambitious targets to increase smoking support and the number of people setting a quit date. B&NES ambitions are to increase the number of people setting a quit date by 2,800 over the course of five years from 24/25.

The NHS will also be making a significant contribution to achieving a smoke-free society, by supporting people in contact with NHS services to quit. The **NHS Long term plan commitment** is for all people admitted to hospital who smoke to be offered NHS-funded tobacco treatment services.

During 2023 NHS England also announced that it would be offering **Lung Health Check Screening** for all 'ever smokers' aged 55 – 74 by 2029. A successful pilot of this programme ran in 2022 in the Somerset, Wiltshire, Avon and Gloucester area and resulted in earlier identification of lung cancer in patients and significantly increased the numbers of people accessing stop smoking support following contact with the programme.

**The B&NES, Swindon and Wiltshire Partnership Inequalities Strategy (2021 – 2024)** prioritises a whole system approach and making inequalities everyone's business. It aims to provide a framework for system activity on health inequalities. The Strategy has 3 phases, initially raising awareness and then moving on to focus on the NHS Core 20 plus 5 priorities. These include a focus on the 20% most deprived populations, the 5 clinical areas CVD, cancer, respiratory health, maternity and mental health. The plus groups are defined at place and for B&NES include socially excluded and vulnerable groups including looked after children and migrants.

For adults, the plus groups in B&NES are people from ethnic minority backgrounds, people experiencing homelessness and people living with severe mental illness.

1.4

## **Evidence Base**

### **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>

- 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>

### **Stop smoking aids**

Stop smoking aids include Nicotine Replacement Therapy (NRT), stop smoking medications (bupropion, cytisine and varenicline) and nicotine containing e-cigarettes (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 containing e-cigarettes (vapes)
- Nicotine analogue medications (varenicline and cytisine)

Second choice stop smoking aids include:

- Single-form NRT
- Bupropion

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

<https://bswformulary.nhs.uk/>

### **Harm Reduction**

- Whilst there are health harms associated with all tobacco use, smoking tobacco is by far the most hazardous to health. If people are unable to quit nicotine altogether they can reduce harm by stopping smoking to get nicotine, and use a safe pharmaceutical nicotine product instead.<sup>2</sup>

<sup>2</sup> Royal College of Physicians (2007) Harm reduction in nicotine addiction: Helping people who can't quit

- NICE guidance on treating tobacco dependency, whilst recognising that quitting smoking is always the best option for smokers, supports the use of licensed nicotine containing products (NCPs) to help smokers not currently able to quit to cut down, and as a substitute for smoking, where necessary indefinitely.
- Currently around a third of smokers attempt to quit in any given year. It is crucial that those who want to stop are encouraged and supported to do so, cutting down or abstaining in the short-term offers a way forward for those who do not feel ready.
- There is evidence that if the large numbers of smokers who are not ready to quit, but are interested in cutting down, are encouraged to do so in a systematic way, by substituting Nicotine Replacement Therapy (NRT) for the cigarettes they cut out, it leads to a significant percentage of them moving on to quit. Even those that don't go on to stop smoking are more motivated to make a quit attempt in future.

### **Nicotine containing e-cigarettes**

- E-cigarettes are the most popular quitting tool in the country at present. Whilst not completely risk free, e-cigarettes are significantly less harmful than smoking. Using e-cigarettes is significantly safer than smoking and the vapour released from e-cigarettes poses no measurable risk to bystanders.

A recent Cochrane review<sup>ii</sup> of the use of e-cigarettes to quit smoking found that people are more likely to stop smoking for at least six months using nicotine e-cigarettes than using nicotine replacement therapy or e-cigarettes without nicotine.

Local policy and guidance on vaping products is available here;

<https://www.bathnes.gov.uk/sites/default/files/Vaping%20Guidance%20Update%202023.pdf>

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### **DESCRIPTION OF SERVICES:**

- The provision of behavioural support to people who want to stop smoking or reduce harm from smoking through one-to-one support and advice, access to stop smoking aids and onward referral to specialist services where appropriate.
- The supply of NRT, via the B&NES NRT Voucher scheme, to clients who are receiving support from a specialist stop smoking practitioner either from B&NES Wellness Service, or other community-based stop smoking services.
- The provision of very brief advice, a free vape kit voucher and follow up to smokers wanting to try vaping to support their quit attempt, as part of the B&NES Swap to Stop programme.

### **Service Requirements**

Pharmacy staff are expected to make every contact count with all smokers through delivery of very brief advice and referral to an in-house stop smoking practitioner or the B&NES Wellness service as appropriate.

- Pharmacy providers are expected to have at least one trained stop smoking practitioner in the pharmacy.
- Pharmacies are expected to deliver evidence-based stop smoking behavioural support and access to stop smoking aids in line with the NCSCT Standard Treatment Programme to maximise clients' chances of quitting.

A description of the Standard Treatment Programme is here;

<https://www.ncsct.co.uk/publications/ncsct-standard-treatment-programme>

- The pharmacy will advertise stop smoking services in the pharmacy premises and promote the service with people who are attending the premises.
- The pharmacy staff will offer clients stop smoking appointments in a confidential space in the pharmacy with a trained member of staff.
- The pharmacy will offer up to 6 weekly support sessions to clients as needed.
- The pharmacy will support people with relapse prevention to maintain a sustained quit attempt.
- The pharmacy will offer information to partners and families on maintaining a smoke free home to support a quit attempt, acknowledging the role of interpersonal relationships and situational issues that are connected to cigarette use.
- Perform a Carbon Monoxide (CO) validation test at every face-to-face session to maintain motivation and to confirm a client has stopped smoking 28 days (-3 days/+14 days) after their quit date. Training will be provided by B&NES Wellness Service.
- Ongoing support will be provided for patients that have been successful at reaching four weeks post-quit for up to 12 weeks from their quit date, including the provision of NRT as required.
- Ensure staff involved in the provision of the service are aware of and act in accordance with NICE guidance on Smoking Cessation and Harm Reduction and local guidance on Nicotine Replacement Therapy and e-cigarettes.
- The stop smoking practitioner will agree with the client and provide access to, stop smoking aids to support their quit attempt in line with BSW Community Stop Smoking Guidance<sup>3</sup>. Where varenicline or other medication is recommended the practitioner can make a recommendation for prescription via the clients GP (Forms will be supplied).
- Where clients are not ready to undertake an abrupt quit and set a quit date but wish to cut down their tobacco consumption, they should be offered harm reduction advice in line with NICE guidance or referred to the Wellness service for additional support if necessary. These clients may also benefit from access to the Swap to Stop Programme (see below) if they are 18+ and have not tried vaping before.

### **Supporting smokers who want to quit using e-cigarettes**

Where clients are using e-cigarettes or wanting to use e-cigarettes to support them to cut down or quit smoking pharmacy staff should provide advice and support in line with NCSCCT guidance.

Smokers who have tried other methods of quitting without success can be encouraged to try e-cigarettes to stop smoking. Free vape starter kits are available via the Swap to Stop Programme (see below).

Whilst licensed NRT products are the recommended option for pregnant women and people, if they choose to use an electronic cigarette to stay smoke free, they should not be discouraged from doing so.

We encourage professionals to offer clear and accurate information on the relative harm of nicotine, e-cigarettes and smoked tobacco and to offer behavioural support to smokers who want to quit using e-cigarettes.

The NCSCT have produced a useful guide for stop smoking practitioners to enable an 'e-cigarette friendly' conversation with clients.

[https://www.ncsct.co.uk/publications/Vaping\\_briefing](https://www.ncsct.co.uk/publications/Vaping_briefing)

The B&NES Wellness Service actively encourages smokers using e-cigarettes to access specialist support in their attempt to cut down, quit completely or to prevent relapse to smoking.

E-cigarettes can be used safely in conjunction with NRT, such as patches for example, similar to the use of other oral nicotine products such as gum, lozenges or inhalators.

People wanting more information about using e-cigarettes to cut down or quit can be directed to the Better Health website for comprehensive evidence-based information.

<https://www.nhs.uk/better-health/quit-smoking/ready-to-quit-smoking/vaping-to-quit-smoking/>

### **Swap to Stop programme**

B&NES is currently taking part in the Government Swap to Stop programme which enables us to offer free vape kits to smokers over 18 who are interested in switching to vaping to support their quit attempt.

The Swap to Stop programme is aimed at adult smokers 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.

It is a less intensive standalone intervention which offers smokers a free 4-week vaping starter kit and only involves the smoker committing to 2 light touch follow up points (between 2-3 weeks and at 28 days) to record how they are getting on.

The Swap to Stop intervention can be delivered by anyone in the pharmacy who has completed the B&NES Swap to Stop training (1hr online).

If at the 28 day follow up (or before) the person would like support to continue their quit attempt they can then be supported by a stop smoking practitioner via the Standard Treatment Programme.

To offer this service to clients, pharmacy staff need to attend the Swap to Stop VBA+ training provided by the Wellness Service or B&NES Council and to deliver the following;

- A 5–10-minute (Very Brief Advice +) intervention with the client
- Discuss the key principles of smoking cessation and coping mechanisms.
- Explain how vapes work, and their relative harm compared to smoking.
- Issue a vape starter kit (or voucher) and encourage client to start using immediately
- Measure outcomes for clients receiving this level of support with 2 light touch follow ups e.g. text or email (at 2-3 weeks and 28 days)
- Learn how to record data and complete the Swap to Stop monitoring form.
- Where clients request additional support make a referral into pharmacy-based stop smoking practitioner or the Wellness service if the smoker is interested in that option, or signpost to online quitting resources.

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 DHSC have notified Local Authorities of their intentions.

### **B&NES NRT Voucher Scheme**

Clients receiving support from the Wellness Service, or other community-based stop smoking services will be issued with a voucher for the supply of NRT. This voucher is then presented to a community pharmacy to supply the NRT.

- Each supply form allows supply of NRT for up to 2 weeks. For each supply form, the pharmacist should collect the prescription fee or require the client to tick and sign that they are eligible for free prescriptions. All clients should then sign the form. This will act as the pharmacy's evidence to claim cost of NRT.
- The pharmacist must explain the risks and benefits of using NRT to all clients and in particular, to young people aged from 12 to 17, pregnant or breastfeeding women, and people who have unstable cardiovascular disorders. They should agree the product with the client as most suitable, in line with BSW Community Stop Smoking Guidance<sup>4</sup>.
- NRT should only be supplied via the B&NES Voucher Scheme if a client has set a quit date with the Wellness Service practitioners or other community-based providers for support.

### **USER GROUP:**

**Smokers who live, work or are registered with a GP in B&NES.**

### **Eligibility criteria**

Anyone who smokes or uses any other form of tobacco aged 12 years and above.  
Anyone 18+ years using e-cigarettes to cut down or quit smoking.

The service is available to people who meet any of the following criteria:  
Over 12 yrs of age and either:

- Living in the B&NES area
- Working in the B&NES area
- Registered with a B&NES GP

### **Referral process**

Everyone who smokes should be offered a very brief intervention, information on their smoking cessation support options and access to a pharmacy-based practitioner for support.

Where clients are likely to have to wait more than 2 weeks for an appointment with the pharmacy-based stop smoking practitioner they should be referred to the B&NES Wellness Service.

The pharmacy will ensure that people are referred to appropriate specialist support via the B&NES Wellness Service should the needs of the client not be met by the pharmacy-based practitioner, for example those with;

A mental health diagnosis.

Pregnant women and people

A long-term condition exacerbated by smoking.

Clients with a drug/alcohol concern.

Any client with additional support needs e.g. regular relapse

### **Safeguarding**

The parties acknowledge that the Pharmacy is a Regulated Activity Provider with ultimate responsibility for the management and control of the Regulated Activity provided under this Contract and for the purposes of the Safeguarding Vulnerable Groups Act 2006 and the Protection of Freedoms Act 2012.

The Pharmacy shall:

- Ensure that all individuals engaged in Regulated Activity are subject to a valid enhanced disclosure check for regulated activity undertaken through the Disclosure and Barring Service (DBS);
- Monitor the level and validity of the checks for each member of staff; and
- Not employ or use the services of any person who is barred from, or whose previous conduct or records indicate that he or she would not be suitable to carry out Regulated Activity or who may otherwise present a risk to service users.

The Pharmacy warrants that at all times for the purposes of this service it has no reason to believe that any person who is or will be employed or engaged by the Pharmacy in the provision of the Services is barred from the activity in accordance with the provisions of the Safeguarding Vulnerable Groups Act 2006 and the Protection of Freedoms Act 2012 and any regulations made thereunder, as amended from time to time.

The Pharmacy shall comply with all statutory / national guidance related to safeguarding children and adults, including but not limited to:

- Children Act 1989 and 2004
- Children and Social Work Act 2017
- Working Together to Safeguard Children 2015 (amended 2018)
- Care Quality Commission Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2010
- Care Act 2014
- Equality Act 2010

- Human Rights Act 1998
- Mental Capacity Act 2005
- Safeguarding Vulnerable Groups 2006 (as amended by the Protection of Freedoms Act 2012)

The Pharmacy shall designate a lead member of staff with responsibility for safeguarding in respect of the Services as set out in the Safeguarding Requirements.

The Pharmacy shall ensure that it has established its own safeguarding policies in accordance with the Law, the Safeguarding Requirements and local multi-agency policies and shall meet the requirements of the Council in terms of safeguarding audits and monitoring. Where remedial actions are identified by the Council's Authorised Representative, the Pharmacy shall develop and agree an action plan to deliver these.

### **DAYS/HOURS OF OPERATION:**

The service will be offered within the normal pharmacy opening hours.

### **EQUIPMENT/FACILITIES:**

- The pharmacy will ensure that the area in which the service is offered is appropriate for privacy and confidentiality
- CO monitors, consumables and training in their use will be provided to Stop Smoking practitioners by the Wellness Service.

### **Training and Quality assurance**

As practitioners will be working one to one with young people and vulnerable adults, all stop smoking practitioners are required to have an enhanced DBS check. The responsibility for ensuring staff are DBS checked lies with the pharmacy contractor.

#### **Training for staff**

- The pharmacy will ensure at least one member of staff is fully trained as an NCSCT Certified Stop Smoking Practitioner <https://elearning.ncsct.co.uk/england>
- NCSCT provide high quality free e-learning practitioner training. Once complete participants complete an online assessment to achieve certification and entry to the NCSCT training register.
- Local skills-based training is also provided by the B&NES Wellness Service. This additional training (one full day) supports application of learning, skills development and helps practitioners to fully understand the local support offer, share experience and good practice and learn from highly skilled experts in smoking cessation.
- If a member of staff is already trained as a Stop Smoking Practitioner, this Service Specification does not require that they re-train. However, they are expected to keep their practice up to date and to attend an annual local refresher session (2-3 hours per year) delivered by the B&NES Wellness Service.

#### **Quality indicators**

- The pharmacy will aim to achieve at least a 50% quit rate for the service.
- The pharmacy will aim to achieve at least 50% of 4-week quitters to be CO validated
- The pharmacy will co-operate with audit requests and quality assurance visits as required.

### **Audit and Inspection**

The Pharmacy must comply with all reasonable written requests made by, the National Audit Office, the General Pharmaceutical Council, the Commissioner and the authorised representative of the Local HealthWatch for entry to the Pharmacy's Premises for the purposes of auditing, viewing, observing or inspecting such premises and/or the provision of the Services, and for information relating to the provision of the Services. The Pharmacy may refuse such request to enter the Pharmacy's Premises where it would adversely affect the provision of the Services or, the privacy or dignity of a Service User.

The Commissioner shall use its reasonable endeavours to ensure that the conduct of any audit does not unreasonably disrupt the Pharmacy or delay the provision of the Services  
Reasonable written notice is required for any audits to avoid disruption in stores.

### **SUPPORT FOR PHARMACIES:**

#### Wellness Service

- The Public Health and Prevention team within B&NES Council commission the B&NES Wellness Service to provide support, training and data collection services to pharmacies that are providing stop smoking services. The service also provides specialist stop smoking support for clients with more complex support needs and will receive referrals direct from pharmacy for stop smoking support.
- The wellness service also provides equipment, advice and guidance to pharmacy-based practitioners on Carbon Monoxide monitoring to support motivation to quit and quit verification.
- The wellness service will provide regular best practice forums for trained smoking cessation practitioners in pharmacy to maintain competence and keep up to date with service developments.
- Local training, support and advice is available from the B&NES Wellness Service.
- On-line training to update on specific areas of cessation practice e.g. working with pregnant women and people, smoking and mental health, vaping etc is available free from National Centre for Smoking Cessation and Training [www.ncsct.co.uk](http://www.ncsct.co.uk)
- The Wellness Service will provide a named liaison person for each area who will support the pharmacy in delivery of this service.
- CO Monitors, consumables and training in how to use and maintain them will be provided by the B&NES Wellness Service
- Promotional material, leaflets and resources to support communication with the public and colleagues are available free from the B&NES Wellness Service

- The B&NES Wellness Service is provided by Everyone Health. Contact details for the service are as follows:

[banes.everyonehealth.co.uk](http://banes.everyonehealth.co.uk)

Email; [EH.banes@nhs.net](mailto:EH.banes@nhs.net)

Free phone 0300 247 0050

Professional referral form: <https://communitywellbeinghub.co.uk/referral-form>

Patient Self referral form: <https://communitywellbeinghub.co.uk/form/contact>

- Additional campaign material to support national campaigns is available via the DHSC Campaign Resource Centre <https://campaignresources.dhsc.gov.uk/>

### **Data recording**

The pharmacy will contribute towards the annual B&NES Set a Quit Date (SQD) and 4-week quitter targets.

The pharmacy will ensure all activity for stop smoking support, the Swap to Stop programme and the NRT voucher scheme is recorded on the web-based reporting system Pharm Outcomes.

Activity must be recorded within 3 months of delivery to qualify for payment.

In addition to the above pharmacies will record aggregated data for the swap to stop programme on a quarterly basis to include;

- Total number of clients receiving vape starter kits, level of support received and outcome at 28 days. This data to be shared quarterly with B&NES Wellness Service.

### **Incident reporting**

The Pharmacy shall have clear and comprehensive incident reporting procedures in place to ensure timely identification, reporting, and resolution of any incidents that may occur during service delivery. These procedures must be communicated to all staff members and regularly reviewed and updated as necessary to maintain effectiveness.

Incidents include but are not limited to:

-

- Adverse Events: Any unexpected or serious events occurring during the provision of the Services that may result in harm to the Service Users or others must be reported immediately
- Safety Incidents: Incidents involving the safety or welfare of Service Users, staff, or visitors within the premises used to provide the Services must be reported promptly
- Equipment Malfunctions: Any malfunction or failure of equipment used in the provision of the Services that may affect service delivery or Service User safety must be reported and addressed promptly
- Medication Errors: Incidents involving medication errors, such as incorrect dosage, administration, or prescription, must be reported and investigated to prevent recurrence

- **Complaints and Feedback:** Any complaints or feedback received from Service Users, their families, or other stakeholders regarding the quality or delivery of the Services must be documented and addressed according to the Pharmacy's complaints handling procedure
- **Data Breaches:** Any breaches of confidentiality or data security related to Service User information must be reported in accordance with the provisions of Clause 9
- **Staff Incidents:** Incidents involving staff misconduct, negligence, or breaches of professional conduct that may impact the delivery of the Services must be reported and investigated according to the Pharmacy's disciplinary procedure
- **Critical Incidents:** Critical incidents, such as natural disasters, accidents, or emergencies, occurring within or affecting the Pharmacy's premises or operations, must be reported and managed promptly to ensure the safety and well-being of all involved
- **Non-Compliance:** Instances of non-compliance with contractual obligations, regulatory requirements, or quality standards related to the provision of the Services must be reported and addressed to mitigate risks and ensure compliance
- **Any Other Significant Events:** Any other significant events or occurrences that may impact the delivery, quality, or safety of the provision of the Services must be reported and managed according to the Pharmacy's incident reporting procedure.

**Payment and claims**

**NRT and Dispensing Payments**

1. For each individual client complete the B&NES NRT Registration and NRT Transaction templates on Pharm Outcomes.
2. Invoices will automatically be generated by Pharm Outcomes and paid on a monthly basis.

**Stop Smoking and Swap to Stop Payments**

- Payments will be made for all activity recorded on Pharm Outcomes
- A successful quitter is defined by not smoking for 28 days (-3days/+14 days) after their quit date.
- If a person is lost to follow up, then the pharmacist must confirm on Pharm Outcomes that there have been attempts to contact the patient on at least 3 occasions via 2 different forms of communication. For example, telephone call, text and follow up letter.
- Pharm Outcomes will automatically generate monthly invoices for all recorded activity. Payment will be made within 30 days of receipt of invoices.

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**Payment schedule and claims**

B&NES Council will pay pharmacy for the following activity;

**Swap to Stop**

<b>Activity</b>	<b>Payment</b>
VBA + consultation with issue of a voucher code or vape kit and 2 light touch follow ups (2-3 weeks and 28 days)	£20.00

#### 4 week Quit attempt

Activity	Payment
Initial consultation with a patient	£30.00
Follow up telephone appointment (up to a max of 4)	£2.50 each (Max payment - £10)
Follow up face to face appointment (one per patient)	£10.00
Quit - Self verification or	£35.00
Quit - CO verification	£40.00

Therefore, the maximum claim per patient for 4 week quit activity is:

Maximum payment per patient for CO verified quitter	£90.00
Maximum payment per patient for Self-verified quitter	£85.00
Maximum payment per patient* for a Not quit/lost to follow up	£40.00

#### NRT Supply

£2.00 will be paid for the dispensing of each NRT product via the B&NES Voucher scheme.

The cost of NRT supplied via the Voucher Scheme will be reimbursed.

#### Management of data

##### **Data subjects**

The Personal Data processed by the Provider and/or the Commissioner concerns:

- recipients of the Service

##### **Types of Personal Data**

Personal Data will be Processed by the Provider under Article 6(1)(e) and Article 9(2)(h) of the GDPR and will include:

- data which identifies the recipients of the Service - such as name, contact details (which may include address, email address or phone number) and date of birth/age;
- data relating to the health of the recipient and details of any test or treatment provided by the Provider (special category data);
- GP details (including name and practice details) where required
- financial data of the Parties in order to invoice and receive payment for Services.

##### **Processing operations**

Personal data will be processed by the Provider and/or the Commissioner in order for:

- the Provider to provide the Services under this Agreement;
- the Provider to maintain records required for provision of the Service;
- the Provider to invoice and receive payment from the Commissioner; and
- quality assurance, performance management and contract management by the Commissioner.

The Provider will provide data to Pharmoutcomes using the templates designated for each service element in the specification.

**Duration of Processing**

The personal data processed by the Provider and/or the Commissioner will be subject to the above processing operations for the duration of the Agreement and subsequently where such retention is required by applicable law or for actual or prospective legal claims or as otherwise set out by either Party.

