

## Appendix 2

# Public Health Service Specification for the Provision of a Community Pharmacy Local Commissioned Service

## Young people under 16 years (12yrs – 15yrs) Smoking Cessation

### 1. Background

In the UK more than 207,000 children aged 11-15 start smoking each year.<sup>1</sup> Smoking just one cigarette in early childhood doubles the chance of a teenager becoming a regular smoker by the age of 17. The earlier the young person becomes addicted and continues smoking into adulthood the greater the risk of developing heart and lung disease later in life.<sup>2</sup>

Young people who smoke are more susceptible to coughs, wheeziness and shortness of breath. This has a direct effect upon school attendance and education due to school absence.<sup>3</sup>

Living with adults or siblings who smoke also makes it much more likely that a young person will start and continue smoking.<sup>4</sup> Other factors that influence smoking uptake in this age group include smoking by friends and peer group members, the ease with which young people can obtain cigarettes, exposure to tobacco marketing, and depictions of smoking in films, television and other media

The harms from smoking begin for many children at birth<sup>4</sup>. Exposure to second-hand smoke during pregnancy increases the risk of miscarriage, premature birth, still birth and low birth-weight. The early exposure to second-hand smoke in the womb also increases the risk of infant mortality, wheezy illnesses and psychological problems such as attention and hyperactivity problems after birth.

Many children are also born into households that smoke with more than two thirds of children reporting high exposure to second-hand smoke from within their own homes or in other people's homes. This early exposure to second-hand smoke contributes to many adverse health outcomes including lower respiratory tract infections, asthma, wheezing, middle ear infections and invasive meningococcal disease. There is also evidence linking exposure to second-hand smoke with impaired mental health and with increased school absenteeism

### 2. Local context

According to the national What about Youth survey Brighton and Hove has the highest rate of current<sup>5</sup> 15 year old smokers in England (15%) (NHS Digital, 2015).

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<sup>1</sup> Action on Smoking and Health, 2015, Young People and Smoking fact sheet, [http://ash.org.uk/files/documents/ASH\\_108.pdf](http://ash.org.uk/files/documents/ASH_108.pdf) [Accessed 16 August 2016]

<sup>2</sup>BMA Board of Science. Breaking the Cycle of Children's Exposure to Tobacco Smoke. British Medical Association, London, 2007.

<sup>3</sup>Smoking and Young People, Royal College of Physicians; 1992.

<sup>4</sup>Action on Smoking and Health, 2015, Smoking Still Kills, <http://www.ash.org.uk/smokingstillkills> [accessed 16 August 2016]..

<sup>5</sup> Current smokers include regular and occasional smokers

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Older students are more likely to smoke with 95% of 11-12 year old students saying they have never smoked. This falls to 49% for 15-16 year old students (Brighton & Hove City Council, 2015).

For pupils aged 11-14, there is not much difference between girls and boys who have tried smoking (girls 13%, boys 12%). However this changes with age and for pupils aged 14-16, girls are more likely to have smoked (49%) compared to boys (39%). Also for pupils aged 14-16, girls are more likely to be regular smokers (12%) compared to boys (7%) (Brighton & Hove City Council, 2015).

## Box 1 – Groups of young people more likely to have smoked

**The following groups are more likely to have smoked**

-  older students - 95% of 11-12 year old students had never smoked, falling to 49% of 15-16 year olds
-  for younger pupils there is little difference, but for 14-16 year olds girls are more likely to have smoked (49%) compared to boys (39%)
-  LGB students, but not those unsure of their sexual orientation, and students who do not always identify as the gender they were assigned at birth
-  those who need extra help
-  those who have truanted or been excluded
-  those who have been bullied or bullied someone else
-  those who say they are not happy
-  have tried alcohol or
-  tried drugs

Reference: (Brighton & Hove City Council, 2015)

### 3. Aims of the service

To provide a smoking cessation service to young people between 12 and 15 years of age. Young people under 12 should be referred to their GP for smoking cessation.

Currently access to smoking cessation services in Brighton & Hove for under 16 year old residents is limited to GPs and the Health Improvement Specialist for smoking cessation in schools under the public health schools programme. This service aims to build on the existing smoking cessation services provided by community pharmacy to ensure smoking cessation is accessible to young people aged 12-15 years.

NICE guidance supports smoking cessation in young people through local smoking cessation services giving access to behavioural support and pharmacotherapy. The service provision for young people (12-15 years) aims to close the gap in the services accessible to young people in the community and provide what we know to be effective smoking cessation support.

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There is extensive evidence confirming that diversionary activities, i.e. things to do and places to go, can reduce risky behaviour in young people leading to improved health outcomes, increasing their understanding of the impacts of risk taking behaviour and reducing the incidents of crime and anti-social behaviour. During the course of the treatment pharmacy advisors may identify that being involved in a diversionary activity (s) may help the young person to maintain a smoke free status and prevent relapse. Information about services for young people involving diversionary activities should be provided. Risky behaviours include, smoking, drinking alcohol, drug use, early sexual behaviour, crime, gambling, wellbeing (mental and physical), suicidal tendency, violence and conduct order.

In addition young people you need further support with risky behaviours should be signposted to Brighton and Hove services.

### 4. Service outline

- Service delivery must be in accordance the National Centre for Smoking Cessation and Training (NCSCT) level 2 smoking cessation practitioner training (two day face-to-face training by B&H smoking cessation lead) and NCSCT online assessment for smoking cessation practitioner (England) <http://elearning.ncsct.co.uk/>.
- Smoking cessation is conducted in accordance with the NCSCT standard treatment programme for smoking cessation ([http://www.ncsct.co.uk/shopdisp\\_a-standard-treatment-programme-for-smoking-cessation.php](http://www.ncsct.co.uk/shopdisp_a-standard-treatment-programme-for-smoking-cessation.php)) and NICE guidance PH10 Stop smoking <https://www.nice.org.uk/guidance/ph10?unlid=47742571120159665159>.
- The young person's smoking cessation service should follow the standard treatment programme and practice an 'abrupt cessation' model.
- Every young person should have a face-to-face initial assessment that includes an assessment of their motivation to set a quit date. If the young person does not commit to setting a quit date they should not commence the programme until they are motivated to quit and follow the 'abrupt cessation' model. The quit date should be no longer than one month of the date of the initial assessment appointment.
- Following the initial assessment the intervention type can be adapted to the changing needs of the individual. That is the young person may change the type of smoking cessation intervention he or she uses during a quit attempt or they may choose a combination of intervention types (refer to table 1 p4 for intervention types). All one-to-one interventions should total a minimum of 1 hour 50 minutes contact time, from the pre-quit preparation appointment through to the four-week post-quit appointment. If a combination of interventions is used record the main or most frequent intervention type used.

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**Table 1 - Intervention types (source: NCSCT Local stop smoking services: Service Delivery and guidance 2014)**

Intervention type	Definition
Proactive telephone support	An intervention delivered by a stop smoking practitioner over the phone that follows the same specification as one-to-one support.  There should be local pathways in place to ensure that CO monitoring can still be carried out and access to stop smoking pharmacotherapy on prescription is available throughout the treatment episode.
Text-based telephone support	Support provided via text.
Reactive telephone support	Ongoing behavioural support provided over the phone, either in between treatment sessions or after the behavioural support programme has ended, in response to calls from clients. Only trained stop smoking practitioners should deliver this intervention.
Drop in (face-to-face)	A face-to-face intervention provided at a specified venue or selection of venues at an unallocated time (although it could be a specified time slot, e.g. between 10.00 am and 12.00 pm). Clients have the opportunity to be seen individually by a stop smoking practitioner and opportunistic peer support can be realised by providing a waiting area conducive to conversation.

- Pharmacotherapy on prescription is available and accessible throughout the treatment. Stop smoking medications are dispensed in accordance with the Brighton and Hove City Council Standard Operating Procedure for the use of Nicotine Replacement Therapy and the Young people and smoking cessation: a pack for community pharmacies providing smoking cessation to under 16 year olds in Brighton and Hove (reference NICE guidance <https://www.nice.org.uk/guidance/PH10/chapter/4-Recommendations#pharmacotherapies-and-other-treatments>) See **Attachments A and B**.
- The 'Hooked on Nicotine Checklist' must be used to assess nicotine dependence in young people. Refer to **Attachment A**.
- The Gillick Competency and Fraser Guideline checklist must be used to assess a young person under 16 years of age to ensure they fully understand the treatment they will be involved in. Refer to **Attachment A**
- Community pharmacies should aim for 85% of young people using this service to validate the quit at 4 weeks with an expired breathe into a carbon monoxide monitor that is less than 10 parts per million.
- Pharmacies should nominate a lead for young people to work with the Health Improvement Specialist for smoking cessation (working under the public health schools programme) to support local campaigns that are aimed at reducing smoking rates in young people and reducing the harms of secondhand smoke. The pharmacy lead for young people will be regularly updated and provided with materials to ensure they are up to date with services accessible to young people who live in Brighton and Hove.
- During the course of the treatment pharmacy advisors should signpost young people to relevant services in Brighton & Hove that support relapse prevention (i.e.

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diversionary activities) and assist with reducing harm from other risky behaviours (e.g. alcohol, sexual health, healthy weight). Advisors will be expected to ensure young people have access to information and encourage engagement.

### 5. Eligibility and Accreditation

Pharmacies that have signed up to deliver smoking cessation services under the Public Health Locally Commissioned Pharmacies Contract are eligible to submit their interest to provide a service to young people under this specification providing the following criteria are met:

1. All smoking cessation advisors delivering the service to young people (12-15 years) old must successfully complete the online training provided by Brighton & Hove City Council titled **Safeguarding Children for Pharmacy Smoking Cessation Advisors**. This training covers how to recognise when a child is suffering from abuse and neglect and what you can do to keep children safe. It also covers information on obtaining a child's consent to treatment using the Gillick Competency test. This is available on the Brighton & Hove Learning Gateway <https://learning.brighton-hove.gov.uk/cpd/portal.asp> . Please follow the instructions below to access the training.
  - Pharmacies will need to register their details to continue with training.
  - Choose Online learning
  - Working with Adults and Children
  - Once on the 'Course Search' screen type 'pharmacy' into the keywords field.
2. The pharmacy must have in place appropriate Safeguarding Policies and Procedures for adults and children as outlined in clause 4.8.2 of the Original Contract. A copy of the Safeguarding Policy and Procedure(s) must be sent to the Public Health Tobacco Control and Project Commissioner with the signed copy of the Contract Variation. Safeguarding policies and procedures must be acceptable to the Council.

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Public Health Tobacco Control and Projects Commissioner  
Hove Town Hall  
Norton Road  
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BN3 3BQ
3. The pharmacy must ensure any staff member providing smoking cessation advice to a young person under 16 years of age has a current enhanced Disclosure and Barring Service ("DBS") disclosure to undertake the regulated activity of smoking cessation as per section 4 of the original contractual conditions for locally commissioned public health services. <https://www.gov.uk/disclosure-barring-service-check/overview>
4. A minimum of one staff member must be compliant with the requirements of this service.

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By meeting the service eligibility criteria the pharmacy has been judged to be “a qualified provider”.

### 6. Responsibilities of the pharmacy

The pharmacy must ensure:

- they have appropriate Safeguarding Policies and Procedures for adults and children as outlined in clause 4.8.2 of the Public Health Locally Commissioned Pharmacy Contract. A copy of the Safeguarding Policy and Procedure(s) must be provided to the Public Health Tobacco Control and Project Commissioner with the signed copy of the Contract Variation. Safeguarding policies and procedures must be acceptable to the Council.
- The pharmacy must ensure any staff member providing smoking cessation advice to a young person under 16 years of age has a current enhanced Disclosure and Barring Service (“DBS”) disclosure to undertake the regulated activity of smoking cessation. This is in line with section 4 of the original contractual conditions for locally commissioned public health services. <https://www.gov.uk/disclosure-barring-service-check/overview>
- smoking cessation advisors have read and understood the pharmacies safeguarding policy are fully enabled to raise safeguarding issues with their line manager. Where appropriate support these members of staff to raise safeguarding concerns with the local authority.
- processes are in place for recording incidents, concerns and referrals and storing these securely in compliance with relevant legislation and kept for a time specified by your safeguarding policy.
- the gold standard monitoring form is 100% complete and a four week outcome is recorded in PharmOutcomes and patient satisfaction questionnaires are provided at the initial assessment appointment.
- compliance with the auditing procedures for locally commissioned services as defined in the service contract.
- Declaration of competency for the smoking cessation advisor delivering the service is completed in PharmOutcomes prior to commencement of the service.
- A minimum of one staff member must be compliant with the requirements of this service.
- Name and contact details of a nominated lead for young people within the pharmacy are forward to the Public Health Tobacco Control and Projects Commissioner. This lead will work with the Health Improvement Specialist for smoking cessation (working under the public health schools programme) to support local campaigns that are aimed at reducing smoking rates in young people and reducing the harms of secondhand smoke and receive information and updates about other services that will support the wellbeing of young people in Brighton & Hove.

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- Contact details of the Health Improvement Specialist:  
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### 7. Price schedule

Pharmacies will be paid quarterly on completion of the gold standard monitoring data in PharmOutcomes.

Quit CO validated	£100
Quit self-reported	£80
Not Quit	£40.70
Lost to follow up	£20.35

### 8. Further information

The service should be delivered in accordance with the following –

- National Centre for Smoking Cessation and Training standard treatment programme  
[http://www.ncsct.co.uk/publication\\_ncsct-standard-treatment-programme.php](http://www.ncsct.co.uk/publication_ncsct-standard-treatment-programme.php)
- Russell Standard [http://www.ncsct.co.uk/publication\\_The-Russell-Standard.php](http://www.ncsct.co.uk/publication_The-Russell-Standard.php)
- NICE guidance PH10 Stop Smoking Services  
<https://www.nice.org.uk/Guidance/PH10>
- Young people and smoking cessation: a pack for community pharmacies providing smoking cessation to under 16 year olds in Brighton and Hove (**Attachment A**)
- Brighton and Hove standard operating procedure for use of nicotine replacement therapy (**Attachment B**)
- Under 18s guide to quitting smoking  
<http://www.nhs.uk/Livewell/smoking/Pages/Teensmokersquit.aspx>

### 9. Brighton & Hove City Council contact details

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