

Public Health Agreement
for the
Provision of Stop Smoking Support in Pharmacy

1st April 2017 to 31st March 2018

BETWEEN Surrey County Council **AND** Pharmacy

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Service Specification for the provision of Stop Smoking Support in Community Pharmacy Settings

1. Introduction

- 1.1. This Public Health Agreement specification outlines the intensive behavioural and pharmacological smoking cessation advice and support in Community Pharmacy settings meeting the requirements of the National Institute of Clinical Excellence (NICE) Guidelines 2008 and the National Centre for Smoking Cessation Training (NCSCT) and Public Health England (PHE) Local Stop Smoking Services: Service and delivery guidance 2014.
- 1.2. In the delivery of any services commissioned on behalf of the Council, Providers must demonstrate awareness and be responsive to the accessibility and needs of underserved groups in attempting to access services.

2. Aims

- 2.1. The smoking cessation service is designed to offer intensive one to one support and follow up, including appropriate drug therapy for clients who want to stop smoking and go on to set a quit date.

3. Service Outline

- 3.1. Offer smoking advice and support for smokers motivated to quit.
- 3.2. Provide one to one intensive support on a weekly basis over a minimum 6-8 week period. Maximum support for up to 12 weeks.
- 3.3. Monitor quit rates and record carbon monoxide (CO) reading at every contact with the patient. A CO reading has to be recorded at 4 weeks post quit date.
- 3.4. Record and submit all requested patient data to Surrey County Council Public Health Team via PharmOutcomes.
- 3.5. Provide Stop Smoking Client Feedback forms to all patients at the beginning of their treatment programme to monitor service user satisfaction and to inform improvements in service provision, quality and development. Quit 51 should receive feedback from 20% of clients. See Appendix B.
- 3.6. Provide appropriate pharmacotherapy (see also 8. E-cigarettes) to support the quit attempt for up to 12 weeks.

4. Service Criteria

Training

- 4.1. New staff providing the service must attend and complete the two day Stop Smoking Advisor training (Behaviour change techniques course) provided by Quit 51. Training dates are provided by Quit 51 and places can be reserved via <https://v1.bookwhen.com/v8auz>
- 4.2. All new staff providing stop smoking support must successfully complete the online NCSCT Stop Smoking Advisor Training and assessment (www.ncsct.co.uk) before attending the Quit 51 two day behaviour change techniques course. If a trained advisor moves to another Surrey pharmacy, they must inform Quit 51.

- 4.3. As part of ongoing training, it is mandatory that the Provider should aim to ensure that all trained staff attend at least one update training session provided by Quit 51 every year.

Service Delivery

- 4.4. The Pharmacy will need to have a private consultation area for the delivery of this Public Health Agreement. This area must comply with the criteria required for Medicine Use Review (MUR) service.
- 4.5. Stop Smoking Advisors must see clients for a minimum four week period after quit date and ensure that a CO monitoring attempt is recorded in every face to face contact.
- 4.6. Staff providing support should collect the Department of Health minimum dataset for every client seen and electronically submit data using PharmOutcomes. The Data Protection Act 1998, and Information Governance guidelines should be adhered to in the collection and submission of monitoring data.
- 4.7. Staff providing support should use the structured approach to treatment described below as well as the current medication protocols for pharmacological aids to smoking cessation.
- 4.8. Delivering behavioural support for smoking cessation is a clinical activity that needs to be carried out regularly so that the quality of support is maintained and to ensure that it 'adds value' to a quit attempt. The NCSCT has therefore established the term 'active stop smoking practitioner', referring to someone who supports a minimum of 20 smokers to set a quit date each year. Any less than this and it will be difficult for a practitioner to maintain the knowledge and skills necessary to deliver evidence-based smoking cessation interventions.
- 4.9. For the purpose of delivering the stop smoking programme under the Public Health Agreement, pharmacies are required to deliver stop smoking support to at least 10 smokers during the contract period. This could equate to one quitter per month (one smoker spoken to a week and two setting a quit date per month).

5. Suggested optimum treatment outline

- 5.1. Below is a suggested guide based on the latest evidence for effective smoking cessation to optimise the chances of a successful quit.
- 5.2. Face to face meetings should be conducted weekly until the 4 week quit status is recorded. After this point, sessions may be delivered by telephone.

Suggested Guide

Note Sessions 1 and 2 may be combined for motivated quitters wishing to set a quit date at their first session.

This shows the minimum level of intervention required, further follow-up sessions can be provided.

Session 1	Assessment (1 or 2 weeks before quit date)	30 min
Session 2	Quit date	10 min

Session 3	1 week post quit date	20 min
Session 4	2 weeks post quit date	15 min
Session 5	3 weeks post quit date	15 min
Session 6	4 weeks post quit date (4 week follow up)	20 min
	Total time	1Hour 50mins
Session7-11	Follow up sessions	10 mins
Session 12	Final follow up session	10 mins

Session 1 (Assessment)

This session must be provided via a face-to-face meeting

1. Assess client's current readiness and ability to quit
2. Inform client about the treatment programme
3. Assess current smoking and past quit attempts
4. Explain how tobacco dependence develops and assess level of nicotine dependence
5. Explain and conduct carbon monoxide (CO) monitoring. Explain how important this is as motivator. Clients should be encouraged at every face to face visit to take a reading
6. Explain the importance of abrupt cessation and the 'not a puff' rule
7. Inform clients about withdrawal symptoms
8. Discuss stop smoking medications
9. Set the quit date
10. Prompt commitment from clients
11. Discuss preparations and provide a summary. Arrange next appointment for following week.
12. Ensure requested data is recorded for monitoring purposes

Session 2 (Quit date)

This session must be provided via a face-to-face meeting

1. Confirm readiness and ability to quit
2. Confirm that the client has sufficient supply of medication and discuss expectations of medication
3. Discuss withdrawal symptoms and cravings/urges to smoke and how to deal with them
4. Advise on changing routine
5. Discuss how to address the issue of clients smoking contacts and how the client can get support during their quit attempt
6. Address any potential high risk situations in the coming week
7. Conduct carbon monoxide (CO) monitoring. Explain how important this is as motivator. Clients should be encouraged at every face to face visit to take a reading

8. Confirm the importance of abrupt cessation
9. Prompt a commitment from the client
10. Discuss plans and provide a summary. Arrange next appointment for following week.
11. Ensure requested data is recorded for monitoring purposes

Sessions 3-5 (weeks 1 to 3 post quitting)

These sessions can be provided via a face-to-face meeting or telephone call

1. Check on clients progress
2. Measure carbon monoxide (CO). Explain how important this is as motivator. Clients should be encouraged at every face to face visit to take a reading
3. Enquire about medication use and ensure that the client has sufficient supply
4. Discuss any withdrawal symptoms and cravings/urges to smoke that the client has experienced and how they dealt with them
5. Discuss any difficult situations experienced and methods of coping
6. Address any potential high risk situations in the coming weeks
7. Confirm the importance of the 'not a puff' rule and prompt a commitment from the client
8. Provide a summary. Arrange next appointment for following week.
9. Ensure requested data is recorded for monitoring purposes

Session 6 (4 weeks post quit date)

This session must be provided via a face-to-face meeting

1. Check on clients progress
2. Measure carbon monoxide (CO). Explain how important this is as motivator. Clients should be encouraged at every face to face visit to take a reading
3. Advise about continued medication use and ensure that the client knows where to obtain further supplies
4. Discuss cravings/urges to smoke that the client has experience and how they can deal with them in the future
5. Discuss any difficult situations experienced and methods of coping and address any potential high risk situations in the future
6. Confirm the importance of the 'not a puff' rule and prompt a commitment from the client
7. Provide a summary. Arrange next appointment for following week.
8. Ensure requested data is recorded for monitoring purposes

Sessions 7 – 12

These sessions can be provided via a face-to-face meeting or telephone call. The number of sessions offered should be based on the patient's need and medication regime.

1. Check on clients progress
2. Measure carbon monoxide (CO) if session if face-to-face
3. Enquire about medication use and ensure that the client has sufficient supply

4. Discuss any withdrawal symptoms and cravings/urges to smoke that the client has experienced and how they dealt with them
5. Discuss any difficult situations experienced and methods of coping
6. Address any potential high risk situations in the coming weeks
7. Confirm the importance of the 'not a puff' rule and prompt a commitment from the client
8. Provide a summary. Arrange next appointment for following week.
9. Ensure requested data is recorded for monitoring purposes

For further information on session detail, refer to the NCSCCT Standard Treatment Programme

http://www.ncsct.co.uk/publication_ncsct-standard-treatment-programme.php

6 Establishing Smoking Status

6.1 This is the process by which the smoking status of the patient is established at 4 weeks.

Quit – CO Valid (4 week quitter)	The 4 week smoking status must be established between 25 and 42 days after the agreed quit date. Client must not have had a single puff of a cigarette since day 14 after the quit date. Client must blow less than 10ppm to be regarded as a 'Quit CO Valid'
Quit – self-reported (4 week quitter)	The 4 week smoking status must be established between 25 and 42 days after the agreed quit date. Client must not have had a single puff of a cigarette since day 14 after the quit date. In exceptional cases where a face-to-face follow up is not possible then a successful quit may be reported without carbon monoxide validation resulting in a self-reported quitter.
Not Quit	The 4 week smoking status must be established between 25 and 42 days after the agreed quit date. Client will have not successfully stopped smoking since day 14 after their quit date.
Lost to follow up	Client sets a quit date but cannot be contacted at evaluation time, so that their smoking status cannot be established.

Smokers attempting to stop smoking with medication alone can expect a success rate of 25% at 4 weeks, therefore, in order to demonstrate an effective support programme a success rate in excess of 35% at 4 weeks must be achieved.

7 Carbon Monoxide (CO) monitoring

7.1 A Provider must have a CO monitor to provide the stop smoking service.

Patients with a CO reading of less than 10ppm at 4 weeks can be regarded as successful quitters.

CO verification for 85% of successful 4 week and quitters must be provided on the quarterly data monitoring form. Payment will not be made if CO verification is under 85%.

- 7.2 An 'attempt' to carry out CO verification should comprise a minimum of three separate attempts to contact the patient via telephone, text or email in order to arrange a face-to-face CO validation. Attempts to contact should be made at different times of the day. Where this has not been possible patients will be reported as a Self-Reported Quit. The smoking status of no more than 15% of successful 4 week quitters should be established using this method.

8 E-cigarettes

- 8.1 The use of e-cigarettes in quit attempts is increasing. Their use as a recommended aid to stop smoking does not form part of this Public Health Agreement. However, if having offered the pharmacotherapy products covered by this Agreement, the client wishes to use an e-cigarette, then behavioural support may be provided. Payment for behavioural support only will be determined in line with the payment structure for each completed episode entered on PharmOutcomes identifying e-cigarette use.
Please note, in order to be treated on the stop smoking programme, the patient must have smoked tobacco within 48 hours of coming to see the advisor.

9 Data Recording

- 9.1 There is a three months grace period for submitting claims. Clients can be recorded on PharmOutcomes in the current month and the previous two claimable months. Any claims submitted outside the three month period will not be paid.
- 9.2 Clients' attempts to quit must be recorded either as Quit (CO valid) with CO reading to support, Quit (Self report), Not quit or Lost to follow up.
- 9.3 Successful quits must be validated by an expired carbon monoxide reading of 10 ppm or less. In exceptional cases where a face-to-face follow up is not possible then a successful quit may be reported without carbon monoxide validation. A minimum of 85% of successful quits must be CO validated.

10 Payment

- 10.1 Payment will be automatically made monthly in arrears for each client who has Quit or Not Quit and entered on PharmOutcomes. Claims are processed on the 6th day of the month and payment is made 5 working days after.
- 10.2 Reimbursement for the supply of NRT must be made using PharmOutcomes.
- 10.3 Surrey County Council has the right to audit a pharmacy against the claims and activity reports received. Reasonable notice will be given to the pharmacy prior to the audit.

10.4 The Council has the right to audit a Provider against the claims and activity reports received. Reasonable notice will be given to the Provider prior to the audit.

10.5 Payment structure

	4 Week Quit <i>See section 6 for definitions</i>	Not Quit at 4 weeks <i>See section 6 for definitions</i>
Clients	£60	£25
Lost to follow up	No payment	
Pharmacotherapy	Nicotine Replacement Therapy is reimbursed at the Drug Tariff price	

10.6 When a client has not managed to stop smoking, there is no definitive period of time required between the end of a treatment episode and the start of another. Stop smoking advisors should use discretion and professional judgement when considering whether a client is ready to receive support to immediately attempt to stop again. If this is the case, the client must start a new treatment episode, i.e. attend one session of a structured, multi-session intervention, consent to treatment and set a quit date in order to be counted as a new data entry.

Advisors should also consider encouraging clients to access specialist support from the stop smoking service following a previous failed quit attempt in the same financial year.

10.7 Please note that payment will be made for three quit attempt claims in one financial year.

Payment for four attempts will be paid for in one financial year for pregnant clients or those with mental health problems making repeated quit attempts.

11 Equipment

11.1 Surrey County Council will pay a one off sum of up to £150 to new pharmacy providers for Stop Smoking Service support towards the purchase of a CO monitor. This amount must be claimed back in the first month of providing the Service by sending in proof of purchase to publichealthclaims@surreycc.gov.uk. This sum will then be added to the next claim.

11.2 The CO monitor is the property of Surrey County Council and must be returned if Service provision is terminated.

11.3 Maintenance of the CO monitor is the responsibility of the Provider. It is recommended that these are recalibrated in accordance with the manufacturer's instructions. A minimum recommendation is annually. Recalibration must be arranged by the Provider with the manufacturer and this will be paid by the Provider. CO monitor mouthpieces (single use straws or tubes) will be provided by the Provider. D pieces (moulded plastic inserts) need to be changed at least once a month or more often if used regularly and will also be supplied by the Provider.

12 Support

12.1 Support for advisors on best practice and medication advice will be provided by Quit 51. Initial training and annual skills update sessions will be provided by Quit 51. As part of ongoing training, it is mandatory that the provider should aim to ensure that all trained staff attend at least one update training session provided by Quit 51 every year.

Quit 51: 0800 622 6968

12.2 PharmOutcomes: For technical issues relating to PharmOutcomes, please contact 'send a message' via the PharmOutcomes hepdesk.

12.3 Claims and payments: For all enquires and issues around the claim process, please contact Surrey County Council Public Health Team.

Telephone: 01483 519631

Email: publichealthclaims@surreycc.gov.uk

12.4 Quit 51 will provide regular feedback on performance against the Key Performance and Quality Indicators of this Agreement. See Appendix A.

Appendix A

Key Performance and Quality Indicators

The following performance indicators need to be measured and reported against

Performance Indicator	Target	Method of Measurement	Reporting on Performance
4 week quit rate	Above 35%	Quarterly feedback	Quit 51 will provide quarterly feedback.
CO Validated 4 week quits	Minimum 85%	Quarterly feedback	
Number of 'Self Reported' quitters	Maximum 15%	Quarterly feedback	
Monitoring quality of service experienced by the patient	Feedback from a minimum 20% of treated smokers	Client Feedback Form	
Training and Continuing Professional Development	All stop smoking advisers to obtain NCSCT certification before attending Quit 51 training. To attend one update session per annum	NCSCT Certificate Delegate training list	

Appendix B

Client Feedback Form



Appendix C STOP
SMOKING CLIENT FEE