

NORTHUMBERLAND COUNTY COUNCIL

LOCAL PUBLIC HEALTH SERVICE SPECIFICATION 2020 - 2021

Service	Providing Nicotine Replacement Therapy through a voucher scheme/Pharmacy Direct
Commissioner Lead	Kerry Lynch – Northumberland County Council
Provider Lead	Dispensing Practice/Pharmacy Named Lead
Period	1 st April 2020 – 31 st March 2021

1. Overall purpose of service

Smoking remains the leading cause of preventable death and disease in England, and is one of the most significant factors that impact on health inequalities and ill health, particularly cancer, coronary heart disease and respiratory disease. Reducing smoking prevalence therefore remains a key public health priority in reducing health inequalities and improving health among local populations.

Stop smoking services are extremely cost-effective and form a key part of tobacco control and health inequalities policies at both local and national levels. Offering all licensed stop smoking medicines as first-line interventions - Nicotine Replacement Therapy (NRT), combination NRT and Varenicline - will maximise success.

The aim of NRT is temporarily to replace much of the nicotine in tobacco smoking, to reduce motivation to smoke and nicotine withdrawal symptoms, thus easing the transition from smoking to complete abstinence.

Studies in the UK and overseas have demonstrated that behavioural support plus access to pharmacotherapy is effective in helping smokers to quit. Randomised trials tell us that we can achieve 25%-30% long-term success with right medication choice plus behavioural support.

The model of provision, well-established in Northumberland since 2000, offers a combination of behavioural support and pharmaceutical treatment, in order to achieve quit results. Services have a significant impact on helping smokers to stop and on the creation of a large number of permanent ex-smokers.

The following targets are set nationally and are reflected in the Northumberland planning. 'Towards a Smoke Free Generation - A tobacco control plan for England' (Department of Health, July 2017) states a vision of a smokefree generation which will be achieved when smoking prevalence is at 5% or below. Specific aspirations are to reduce England adult smoking rates to 12% or less, and to reduce smoking during pregnancy to 6% or less by the end of 2022.

NICE guidance identifies an abrupt approach to stopping smoking (or quitting in one step) as the most effective and recommends that this should remain the core function of local

stop smoking services. This abrupt cessation model supports a smoker who is motivated to stop to set a quit date immediately or in the very near future, after which they smoke not one puff of a cigarette. This support programme therefore requires a combination of behavioural support and licensed pharmacotherapy to manage the abrupt nicotine withdrawal.

NRT is available as skin patches that deliver nicotine slowly, and chewing gum, nasal and oral sprays, inhalers, and lozenges/tablets, all of which deliver nicotine to the brain more quickly than from skin patches, but less rapidly than from smoking cigarettes.

Community pharmacists are easily accessible, with over 11,700 community pharmacies in England located where people live, shop and work. The latest information shows that:

- 89% of the population in England has access to a community pharmacy within a 20 minute walk;
- Over 99% of those in areas of highest deprivation are within a 20 minute walk of a community pharmacy; and
- As the accessibility of community pharmacies is greatest in areas of higher deprivation, they may have an important role to play in reducing inequalities ([Community Pharmacy Forward View, PSNC, 2016](#))

This ready access makes community pharmacies an ideal location to provide advice and support for those who want to stop smoking and to dispense Nicotine Replacement Therapy products and support stop smoking services.

In addition, clients can also access NRT via some dispensing practices in Northumberland, making this service even more accessible to clients, which is important given the rurality of the county.

2. **Expected outcomes for service**

The service will ultimately contribute towards the following objectives within the Public Health Outcomes Framework:

- People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities
- Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities

Service outcomes

- To improve access to and choice of stop smoking services, including access to pharmacological stop smoking aids
- To assist in the delivery of Public Health Outcomes Framework and National Tobacco Control Plan
- To ensure seamless service with minimum number of hurdles for service users to overcome to access pharmacological aids.

	<ul style="list-style-type: none"> • To reduce smoking related illnesses and deaths by helping people to give up smoking • To improve the health of the population by reducing exposure to passive smoke • The pharmacy and dispensing practice has appropriate NHS provided health promotion material available for potential clients and promotes the uptake of the stop smoking service.
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3.	<p>Evidence base for the service</p> <p>Studies in the UK and overseas have demonstrated that behavioural support plus access to pharmacotherapy is effective in helping smokers to quit. Randomised trials show 25%-30% long-term success can be achieved with right medication choice plus behavioural support.</p> <p>Stop smoking services (SSS) are extremely cost-effective and form a key part of tobacco control and health inequalities policies at both local and national levels. Offering all licensed stop smoking medicines as first-line interventions - NRT, combination NRT and Varenicline - will maximise success.</p> <p>Smokers are three times more likely to quit smoking with a combination of behavioural support and medication.</p> <p>Smoking prevalence is higher amongst key groups such as routine and manual workers, pregnant women and people with mental health conditions. People living in deprivation are more likely to smoke, smoke more, and are less likely to quit.</p> <p>Pharmacotherapy interventions act as an aid to help people to stop smoking, and it is important that people who seek support to stop smoking receive the full course of their chosen pharmacotherapy to increase the chances of success.</p> <p>The service provider must be in line with relevant evidence and guidance notably:</p> <ul style="list-style-type: none"> • Local Stop Smoking Services delivery and monitoring guidance 2014 (PHE & NCSCT). • NICE guidance NG92 Stop Smoking Interventions and Services NICE guidance PH026 Quitting smoking in pregnancy and following childbirth • QS43 -Smoking: supporting people to stop (NICE 2013)
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4.	<p>Scope of service</p> <p>4.1 <u>Service description (including target group)</u></p>
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The purpose of this Service Level Agreement is to enable easy and equitable access to NRT. The aim is that through ease of access to appropriate stop smoking treatments this service will contribute towards a reduction in smoking prevalence across Northumberland by supporting high quality stop smoking service provision.

Objectives:

- Keep up to date with current protocols and procedures
- Providing a range of NRT products in line with current pharmacotherapy protocols as per the North of Tyne Drug Formulary.
- Link with NHS stop smoking campaigns delivered nationally and locally

4.2 Criterion One : Service Delivery

- The pharmacy contractor/dispensing practice will ensure that all staff involved in the provision of the service are aware of and act in accordance with local protocols, which are advised by the Specialist Stop Smoking Team.
- The pharmacy contractor/dispensing practice will supply NRT directly to the service user in accordance with the voucher issued by authorised stop smoking services and will advise on its use.
- Should the pharmacy contractor/dispensing practice have any concerns about the appropriateness of the recommended therapy or the validity of the voucher they will discuss this with the appropriate member of the authorised stop smoking services team before making a supply and agree a course of action.

4.3 Criterion Two: Records

- The council will provide a framework (LPHS Commissioning Portal) for the recording of relevant service information for the purposes of audit and the claiming of payment. Where data is missing or invalid then claims for payment will be rejected and the pharmacy/dispensing practice will be offered to resubmit the full data set or correct data.
- The pharmacy contractor/dispensing practice should ensure that the staff who currently (or may in the future) complete claim forms are fully aware of the necessity to follow the correct procedures with regards to patient data protection.

4.4 Criterion Three: Training

- The pharmacy contractor/dispensing practice will ensure that staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service
- Making Every Contact Count (MECC) is an evidence- based approach promoted by NICE that supports front line staff to deliver “health promoting conversations” as part of routine practice. There is good evidence that doing this at scale will encourage a proportion of the population into positive behaviour change across a range of life style issues e.g. smoking, alcohol and physical activity. The provider will partake in available training to embed a MECC approach to service delivery.

Further information about MECC can be found at <https://www.makeeverycontactcount.co.uk/>

4.5 Criterion Five : Quality Indicators

- The pharmacy contractor/dispensing practice has appropriate health promotion material available for the stop smoking service and promotes its uptake.
- The pharmacy contractor/dispensing practice has a standard operating procedure (SOP) for dealing with this service and reviews the implementation within their organisation on an annual basis.
- The pharmacy contractor/dispensing practice can demonstrate that all staff involved in the provision of the service have undertaken CPD relevant to this service.
- The pharmacy contractor/dispensing practice participates in any council organised audit of service provision.
- The pharmacy contractor/dispensing practice co-operates with any locally agreed council-led assessment of service user experience as a minimum reporting any complaints and compliments received by service users.

4.6 Entry into service (referral routes)

- To accept Pharmacy Direct Voucher from any Northumberland resident presenting to pharmacy/Dispensing GP Practice.

4.7 Exit from service (discharge criteria and planning)

- The client will exit the service when the final Pharmacy Direct Voucher has been dispensed.

4.8 Inclusion/exclusion criteria

- The community pharmacy/dispensing practice will comply with all the requirements of the essential services of the NHS Community Pharmacy Contractual Framework.
- The community pharmacy/dispensing practice will ensure that staff involved in the provision of the service are appropriately trained to at least Medicine Counter Assistant level and thus competent to provide NRT product advice.
- The community pharmacy/dispensing practice will ensure that any paperwork relating to the service, local procedures and guidelines issued by the Council are easily accessible in the pharmacy.
- The community pharmacy/dispensing practice may be required to undertake audits relating to the service where required by the council.
- The pharmacy staff/dispensing practice dealing with children aged 12 to 16 has undertaken child protection training, and ensures that any children presenting with a voucher have been assessed by the local specialist stop smoking service to ensure Gillick Competence.

4.9 Safety of NRT

- The amount of nicotine obtained from each cigarette is approximately 1mg. Currently NRT products provide varying amounts of nicotine but the intention is that the amount of nicotine consumed over time will reduce. All currently available NRT products carry warnings on their product labels about use by several groups of patients. The following safety guidelines should be followed.
- Contraindications for use: Myocardial Infarction/Cerebrovascular Accident within the last two weeks. Those patients discharged from hospital already using NRT prescribed by medical staff are considered as already having consent for use.
- Cautions for use: Cardiovascular disease, pregnancy and breastfeeding, diabetes mellitus, gastrointestinal disease, renal and hepatic impairment, overactive thyroid, pheochromocytoma. For patients within this category the risks/benefits of use should be discussed.

NB: Any adverse effect of NRT will also occur with cigarettes which are more harmful because of other ingredients in cigarettes. Local effects of NRT products may need to be considered, for example, patches when patients have pre-existing skin conditions, sprays if patients has asthma or local GI irritation of NRT products.

4.10 Interdependencies

This service cannot be delivered in isolation it must be considered in partnership with a range of other providers and organisations including:

- Vouchers should only be accepted from advisors who have been trained by the Specialist Stop Smoking Service.
- Northumberland Specialist Stop Smoking Service - for updates and quality standards adherence.

4.11 Location of service

- Dispensing GP practices and Pharmacies in Northumberland.

4.12 Geographic coverage of service

- Dispensing GP practices and Pharmacies in Northumberland.

4.13 Service availability (opening hours)

- Determined by Dispensing GP practices and Pharmacies in Northumberland.

4.14 Reporting and Claiming

- Dispensing GP practices and Pharmacies must be registered with the Northumberland County Council Local Public Health Service (LPHS) Portal.

4.15 Risk management

- The contractor will have in place robust systems for the identification and management of clinical and non-clinical risk

5. Accessibility of service

- All venues are wheelchair accessible.
- Literature is available in a range of languages and formats, including braille, where necessary.

The provider will work within the framework of the Northumberland County Council Equality Policy: [NCC Council Equality Policy \(Oct 2011\).doc](#).

6. Performance management framework

The following data are to be supplied monthly by the pharmacy/dispensing practice:

Client ID
 Presentation date
 Age
 LSOA
 Ward
 Form Fpp2
 Patient Exempt
 Product (s)
 Quantity

Data should be submitted via the LPHS Commissioning Portal. This should be uploaded to the LPHS Commissioning Portal on a monthly or quarterly basis. The cut off dates can be found in the contract. Uploading the electronic records will trigger the appropriate payments.

Portal training will be offered to all portal users on an annual basis. It is recommended that this training is accessed annually for both current and new providers.

NB Data may be subject to change, according to local or national requirements. Dispensing practices and Pharmacies will be informed of any changes and the LPHS Commissioning Portal submission site adjusted accordingly.

Qualitative information may be gathered via informal patient feedback.

Audit

Audit may be carried out on both the activity and quality elements of the service.

Activity audits may include consideration of:

- Vouchers redeemed and associated payments
- Products dispensed
- Equity of provision

Quality audits may include consideration of:

- Compliance with policy and guidance
- Qualification as provider relating to staff training
- Qualification as provider relating to requirements for premises and equipment
- Reporting of serious untoward incidents
- Patient and user feedback, including compliments and complaints

The Pharmacy/dispensing practice must allow the commissioner's internal and other nominated auditors access to all or any papers and relevant data relating to this agreement for the purposes of audit. The practice must fully co-operate to carry out service evaluation audits.

A programme of audit will be set out each year.

7. Price

Payment for this service will be made on a monthly or quarterly basis. Payment to pharmacies and dispensing practices will be provided according to timely and complete data submitted to the Public Health Team through the LPHS Commissioning Portal. For data submitted after the data submission date, the payment will not be processed that month. Activity data will be retained and payment will be made the following month. If the data is submitted after the quarter cut off period, payment will not be paid. Cut off dates are outlined in the contract.

Tariff: As per the National Health Service England and Wales Drug Tariff, plus an additional 5%. The pharmacy/dispensing practice will be reimbursed 0.90p per different item and strength dispensed per voucher.

No payment will be made retrospectively for any part of this service conducted prior to April 1st 2020 or after final annual accounts have been closed for the current financial year.

Final submission date for Q4 2021 data must be submitted prior to 10 April 2021 for pharmacies and 22 April 2021 for dispensing practices).