

Service Specification for Community Pharmacy Provision of Level 2 Smoking Cessation Services

Population needs

Smoking remains the primary cause of preventable morbidity and premature death, killing over 79,000 people in England each year, including approximately 3,221 adults over the age of 35 years and over in County Durham alone. The Sustainable Community Strategy for County Durham 2010-2030 identifies smoking as the main cause of preventable morbidity and premature death. It also cites it as the primary reason for the gap in health inequalities. Despite this there are 72,418 smokers in the County which equates to a prevalence of 17 % (2019) which is higher than the national rate of 13.9%.

Smoking in pregnancy can result in increased risk of miscarriage, preterm birth, low birth weight and still birth. It is associated with sudden unexplained death in infancy (SIDs), childhood respiratory disease, ADHD and behavioural problems in children. The number of pregnant women smoking at time of delivery (SATOD) remains high at 17.5% (2018/19) significantly worse than the England average of 10.6%. There is a proposed target to reduce smoking among pregnant women to 8% by 2020 (ASH), therefore robust care pathways need to be maintained to ensure quitting in pregnancy is highlighted at every opportunity.

Reducing smoking prevalence in County Durham will impact on 3 of the Public Health Domains identified in the Public Health Framework Document.

It will reduce the cost to local society which at present equates to:-

2,518 years in lost productivity, costing the local economy £43.9

Lost productivity (smoking breaks)	£61.2 million
Lost productivity (early deaths)	£20.8 million
Smoking related disease (NHS)	£21.0 million
Smoking related social care	£16.8 million
Lost productivity (sick days)	£8.6 million
Secondhand smoke	£2.0 million

In addition, there is the cost of smoking related fires.

Service standard

The Stop Smoking Service should be seen in the same way as any other clinical service and offered to anyone who expresses an interest in stopping smoking or unlicensed nicotine use.

If the Pharmacy advisor provides behavioural support, they must adhere to the following guidance:

1. Evidence shows that weekly support and pharmacotherapy gives improved outcomes.

2. The Pharmacy must provide a private consultation area in line with the Pharmacy National contract.
3. Each consultation should be able to be conducted without being interrupted.
4. The service will consist of up to a **minimum** of **8** consultations with the practitioner to a **maximum** of **12** weeks. If a client requires support beyond 12- weeks, they should be referred to Smokefree County Durham.
5. All weekly treatment sessions must adhere to the guidance set by the National Centre for Smoking Cessation and Training (NCSCT) Standard Treatment Programme.
www.ncsct.co.uk/usr/pdf/Standard%20Treatment%20Programme.pdf
6. This must include the recording of accurate CO validation of smoking status at every visit and a comprehensive account of the consultation content documented on the PharmOutcomes database
7. Any client who fails to attend a session must be followed up and encouraged to continue the programme. If the client does not want to continue the reason should be recorded and the client's smoking status confirmed.
8. The service should be advertised in the pharmacy by prominently displaying posters and leaflets supplied by Smokefree County Durham.
9. Where a client cannot be supported by the pharmacy, the client must be referred directly to Smokefree County Durham.
10. Pregnant women should be referred to Smokefree County Durham or to her allocated midwife for intensive support throughout their pregnancy and up to 3 months' post-partum, in accordance with NICE guidance (26) (209)
11. Any client who has not stopped smoking at their **2nd** weekly follow up must be reassessed for their motivation to quit and a realistic quit date set. The 'not one puff' rule must be emphasised. (NCSCT guidance)
12. Pharmacies may provide behavioural support to clients who are using e-cigarettes to support their quit.
13. To ensure robust service validity and infection control Smokefree County Durham CO monitor protocol must be adhered to.
14. When a client has completed each session of care the advisor must **immediately** update the client records on the PharmOutcomes database.
15. If a client does not attend their appointment the advisor must attempt to contact the client.

Key performance indicators

Although clients may not quit and in line with national guidance, to Keep up their confidence and competences all advisors should Attempt to support at least 20 clients to quit.

4 week quit rates	Number of clients successfully quit at 4 weeks as a percentage of those eligible for 4-week follow up.	Target aim 45%
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The number of clients LTF	The number of clients deemed as lost to follow, after 3 contact attempts have been made at different times / days.	Target no more than 15%
Client feedback	The service will seek client feedback	Feedback from 95% of clients (This will be sourced by Smokefree County Durham)

The definition of a quitter is a client who meets the requirements identified in line with the Russell Standards (NCSCT monitoring and Guidance 2014)

Priority groups for L2 pharmacies

Those living in areas of deprivation	Determined by postcode. MSOA
Long-term conditions (LTC)	Clients diagnosed with any of the following conditions: COPD, Asthma, CHD, CVD (includes hypertension) Diabetes
Mental Health	Diagnosed mental health condition treated for over 6 months
Gypsy / Traveller community	Self -reported
LGBT	Self - reported

Service delivery

Initial assessment prior to 1st treatment session

- a. Assess client's readiness to quit
- b. Provide client with an informed choice on access to treatment (alternative services)
- c. Refer to other services if the client chooses
- d. Outline service offer and elicit client commitment and consent to be followed up post treatment at 26 and 52 weeks by Smokefree County Durham
- e. Provide an appointment

Initial treatment session (1st session)

The initial session should be no less than 30 minutes in duration

1. Elicit client consent for treatment
2. Complete all fields on PharmOutcome database
3. Discuss reasons for Quit attempt
4. Review previous quit attempts
5. Discuss the benefits of quitting
6. Assess client's addiction using the Fagerstrom nicotine dependency tool
7. Complete baseline CO validation and record outcome
8. Provide client with an informed choice of pharmacotherapy treatment options
9. Set a quit date and discuss "the not one puff rule"
10. Agree a treatment plan with the client, including coping strategies to maximise commitment to the target quit date
11. Provide a 2-week supply of NRT

12. Explain the use of chosen products
13. Plan for the week ahead
14. Complete data entry - a comprehensive and accurate record of the consultation including products issued
15. Provide client with a follow up appointment

2nd and following treatment sessions

These sessions should be a minimum of 15 minutes duration:

1. Reflect on the previous week, discussing and key issue, problem areas including cravings
2. Complete CO validation and record the outcome
3. Reflect on previous weeks successes as necessary
4. Review NRT use including quantity
5. Issue further NRT as necessary
6. Arrange a follow -up appointment
7. Complete data entry - complete, comprehensive, and accurate record of each consultation. This must also include any support for triggers related to smoking, review coping strategies and smoking status

Service evaluation

Clients using the pharmacy service will be sent a service evaluation form by Smokefree County Durham in order to audit service quality.

In addition, senior Smokefree County Durham staff will randomly contact clients to determine their service feedback.