

South Yorkshire and Bassetlaw QUIT

Supported by Yorkshire Cancer Research



Treating Tobacco Addiction

QUIT E-Voucher Scheme Community Pharmacy Awareness Sessions March 30th & April 14th 2021

Claire Thomas, Chief Officer, Community Pharmacy Sheffield
Dr Lisa Wilkins, Consultant in PHM, SYB ICS
Steve Freedman, Community Pharmacy Lead Pharmacist, SCCG



7.15 pm

Introduction and aims of the evening

Claire Thomas, Chief Officer, Community Pharmacy Sheffield

7.25 pm

Overview of the QUIT Programme & ethos **Why we need a QUIT e-voucher scheme** **Contracting with Community Pharmacies** **How to sign up**

Dr Lisa Wilkins, Consultant in Public Health Medicine,
QUIT Programme Director, SYB ICS

7.50 pm

QUIT e-voucher demonstration

Steve Freedman, Community Services Lead Pharmacist, SCCG

8.05 pm

Questions

8.15 pm

Close



The QUIT Programme:

- Embeds the **systematic identification & treatment of tobacco addiction** as part of **routine care** in secondary care
- Is being implemented in eight **acute, mental health and children's Trusts** in South Yorkshire and Bassetlaw
- **Roll out across Trusts starts in May 2021**

New ethos:

- **Smoking is an addiction.**
- Smoking is **not a habit or a lifestyle choice but a chronic, relapsing, disease**, that often starts in childhood.
- **Smokers have a disease – an addiction to nicotine in tobacco**
- **Treat smoking just like we would any other disease**

Why are we doing QUIT?



- Smoking **biggest cause preventable deaths; Health inequalities**
- **196,000** adults smoke in SYB, **half will die prematurely** from smoking related illness, losing on average 10 years of life
- Highly effective **evidence based treatments** that cure tobacco addiction.
- **Treating tobacco addiction is the single most cost effective and life saving intervention the NHS can provide**
- **NHS Long Term Plan ‘Must do’** *“By 2023/24, all people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services”*
- **Covid recovery priority**
- Similar programmes – achievable in NHS, good outcomes with **immediate impact** admissions & mortality

By treating tobacco addiction QUIT will save lives, decrease health inequalities & reduce NHS demand.



QUIT based on similar programmes in Greater Manchester (CURE) and Ottawa, Canada

Whythenshaw Hospital – in first six months of CURE Programme - **1 in 4 of all smokers admitted to hospital had quit at 4 weeks**

Ottawa: Smokers:

- Mortality halved by 1 year
- 30 day re-admission halved & 1 year re-admission rate reduced by a third
- 35% 6 month quit rate

If SYB has same outcomes as Ottawa:

- **Save 2,000 lives and 4,000 readmissions in a year**

What does QUIT stand for?



QUIT stands for the key principles in the treatment pathway for tobacco addiction

Q	Ask the Question	Ask <i>all</i> hospital patients if they have smoked within the past month . On paediatric wards also ask if anyone in the house hold smokes.
U	Understand their addiction	Ask all hospital patients to exhale into a CO monitor . Ask patients who smoke about how much they smoke to help work out how much NRT to give.
I	Inform patients	About smoke-free sites & that specialist support is available while they are in hospital.
T	Initiate Treatment	Offer all smokers (aged 12 and over) NRT on admission & notify the tobacco treatment advisors of all smokers so they can provide specialist support and treatment as soon as possible.



To help implement QUIT Trust based:

- Healthy Hospital Programme Manager
- Health Improvement Managers (Tobacco Harm Reduction)
- Tobacco Treatment Advisors (TobTAs)

Thanks to Yorkshire Cancer Research for funding the 45 wte Tobacco Treatment Advisors for 18 months



Four strands



QUIT for Patients

QUIT for Patients

Treatment of tobacco addiction by clinical teams and specialist Tobacco Treatment Advisors

QUIT for Parents

QUIT for Parents when their child is admitted

Clinical teams will provide very brief advice and refer the parent to the tobacco treatment advisors for further advice prior to transfer of ongoing support to community stop smoking services

QUIT for Staff

QUIT for Staff

On site specialist support from tobacco treatment advisors and free NRT /varenicline for staff who wish to QUIT

QUIT for a Smoke Free Hospital

QUIT for a smoke free hospital

Promoting a smoke free environment for staff, patients and visitors.
Treating patients' tobacco addiction will help us achieve this.

Smoking in pregnancy – covered in Maternity Services, but **pregnant women who are admitted for non obstetric reasons are included in QUIT**



QUIT for Patients

Acute Trust and Mental Health: Inpatients

Acute Trust : A&E, Outpt and day cases

Secondary Care Community Mental Health Services

Acute Trust and Mental Health: Inpatients

- Clinical teams will **systematically identify smokers** on admission to hospital and offer **very brief advice** and **nicotine replacement therapy to those ages 12 and over** (or e-cigarettes where offered by mental health trusts) on an **opt out basis**.
- Specialist Trust based **Tobacco Treatment Advisors** will be **notified of and see all smokers** while in hospital on an opt out basis.
- Smokers will have **ongoing specialist support and medications** once they leave hospital.
- Mental health trusts - **harm reduction** as well.

Acute Trust pts - 1 post discharge FU and then transfer pts to local community stop smoking service. (STB pts)

Mental Health Trust pts – Trust TobTAs provide all of pts going support. (SYB pts)



QUIT for Patients

Acute Trust and
Mental Health:
Inpatients

Acute Trust :
A&E, Outpt and
day cases

Secondary Care
Community
Mental Health
Services

Acute Trust: A&E, Outpatients and Day Cases

- Clinical teams will give **very brief advice** and **signpost** patients to their **local Community Stop Smoking Services**
- Provision of specialist **Tobacco Treatment Advisor support** for people on **selected priority outpatient pathways**. In some cases this may include all of their ongoing treatment rather than referral to a community stop smoking service.



QUIT for Patients

Acute Trust and
Mental Health:
Inpatients

Acute Trust :
A&E, Outpt and
day cases

Secondary Care
Community
Mental Health
Services

Secondary Care Community Mental Health Services

- Clinical teams will provide **very brief advice** and refer service users to the **Mental Health Trust Tobacco Treatment Advisors for specialist treatment and support.**
- **Trust TobTA** will provide all of the pts **ongoing tobacco addiction treatment.**
- Service users attending primary care MH service eg IAPT, will be referred by clinicians to their local community stop smoking service.

Why need an E-voucher Scheme



- Number of different scenarios where patients in the community, who are being supported by Trust TobTAs, will need to be supplied with pharmacotherapy.
- Modules within PharmOutcomes that enable **Trust based Tobacco Addiction Advisors to issue an e-referral to community pharmacies requesting them to supply NRT and / or varenicline.**
 - **Mental Health Trust patients** – Repeat e-vouchers as TobTAs providing all of their ongoing support
 - **Acute Trust patients** – Mainly one off vouchers until care picked up by Community Stop Smoking Services
- Community Pharmacies essential role in the Programme

Examples of when e-voucher needed (1)



A. Patients who have had contact with Acute Trusts

a) Post Admission

- Pt contacts TobTA as have no TTA or insufficient duration till first Com SSS appt
- Pt requires a change in medication at first follow up with TobTAs
- Pt discharged before being seen by the TobTA but when called post discharge is started on pharmacotherapy
- Covid adaptation – if TobTA are unable to access patients while they are an inpatient either face to face or remotely the patient will be called by the TobTA immediately post discharged and if the patient would like to receive treatment will be commenced on pharmacotherapy over the phone

b) Outpatients

- Trusts have flexibility on how they use their allocation of TobTA time to support priority outpatient pathways. TobTAs could, for example, be embedded within respiratory nurse specialist team and provide ongoing support to the patients in which case they will need to be able to issue community vouchers for the pharmacotherapy.

Examples of when e-voucher needed (2)



B. Patients who have had contact with Mental Health Trusts

a) Post Discharge from an Inpatient Stay the Mental Health Trust

- Trust TobTAs will provide all of the patient's ongoing behavioural support

b) Outpatients/Secondary care Community Mental Health Services

- Trust TobTAs will provide all of the patient's ongoing behavioural support

C. Trust staff who wish to quit

- Trusts will be providing staff support to quit, including all of their ongoing support.
- Some Trusts, eg the mental health trusts, do not have on site pharmacies and/or have many staff who predominately work in the community rather than at a hospital site, so may like to have a community supply option.

The QUIT E-voucher will only be used when the patient is under the care of the Trust based TobTAs. Once the patient's care has been transferred to the Community SSS, the Community SSS will use their existing supply routes / voucher schemes.

Some Com SSS are interested in also using a PharmOutcomes module for their schemes. If they do, it will be accessed through a separate 'portal' on your PharmOutcomes menu and will be commissioned from you separately.



- **Service specification** developed in association with **LPCs**
- Service for **supply of NRT and Varenicline** via PhamOutcomes based referral
- Not provision of behavioural support. Behavioural support is via Trust TobTAs or Com SSSs
- **5 SYB CCGs commissioning collaboratively** to ensure a single QUIT service for all SYB pts
- ‘Contracting’ letter & service specification allows Community Pharmacy to **supply pharmacotherapy to pts from any of the 5 SYB CCGs who are on QUIT Programme pathways:**

NHS Barnsley CCG	NHS Bassetlaw CCG	NHS Doncaster CCG
NHS Rotherham CCG	NHS Sheffield CCG	+ Pts resident in SYB not registered with a GP

- Bassetlaw Mental Health Pts will follow Nottinghamshire pathways not QUIT



- This specification and ‘sign up’ **only refers to patients on the QUIT Programme Pathways** while they are under the care of the Trust based Tobacco Treatment Advisors.
- This scheme does **not supersede or replace existing Community SSS / Integrated Well being or Smoking in Pregnancy Pharmacotherapy Voucher Schemes** – they will still continue
- **Sheffield CCG is hosting the PharmOutcomes license** for the service and will take a lead for:
 - Adding pharmacies who have signed up for the QUIT scheme via PharmOutcomes to the accredited list of participating Pharmacies. CCGs will inform Sheffield CCG of who to add.
 - The development and ongoing review of the service and Patient Group Direction.
 - NB: Pharmacies sign up via their local CCG



- Each CCG will have identical PGD for varenicline for the QUIT E-voucher.
- Development of this has been led by SCCG.
- Each CCG is taking the PGD through their own authorisation governance process now.
- The PGD eligibility criteria covers all SYB CCG patients.
- SCCG will coordinate the updating and any changes needed to the PGD.

Fees and Drug cost reimbursement



- Each CCG will process and pay the invoices for patients registered with GPs in their CCG, and residents who live in their catchment area who are not registered with a GP.
- PharmOutcomes will automatically invoice the correct CCG based upon the patient's GP, monthly.
- If you do not know the patient's GP, PharmOutcomes will bring up a box for you to tick which CCG is your 'usual' CCG.
- Please tick the relevant PharmOutcome boxes to indicate whether a patient has paid a prescription fee (if having two NRT products insert 2) or whether they are exempt.
- If a patient has paid a prescription fee, PharmOutcomes will automatically deduct this from the invoice sum charged to the CCGs.
- If the patient is not exempt, please charge the standard NHS prescription fee. (updated 14 April).

Fees and Drug cost reimbursement



Drug costs		Reimbursement of drug cost to pharmacy in line with NHS Business Authority's Dictionary of medicines and devices. VAT applied at low rate to NRT.
Supply fee		Supply fees are VAT exempt
NRT	First supply	£2.50 for single NRT, total of £3.50 if on dual NRT
	Subsequent supply	£2.50 for single NRT, total of £3.50 if on dual NRT
Varenicline	First supply by the pharmacy	£25
	Subsequent supply	£5



Please sign up by:

- Returning a signed copy of the letter to your usual CCG
- Include a self declaration that your Pharmacy meets the service awareness and competency requirements.

Pharmacies who have signed up by **30 April 21** will receive a non-recurrent payment of **£100** from the CCG on receipt of the signed declaration.

Your help is needed to enable us to support patients to quit smoking and thus improve health and reduce health inequalities across South Yorkshire and Bassetlaw.

Declaration form



1. All pharmacists and pharmacy technicians delivering this service, and the Pharmacy, are registered with the General Pharmaceutical Council.
2. The Pharmacy has reviewed the service specification for the QUIT Programme E-Voucher Scheme and understands the requirements of the service.
3. A registered pharmacist and a pharmacy support worker from the above pharmacy have attended/viewed a recording of the QUIT Programme Awareness session and looked at the guide on how the e-voucher works.
4. The Pharmacy is able to supply both Nicotine Replacement Therapy and varenicline.
5. All staff that are supplying Nicotine Replacement Therapy and/or varenicline have received appropriate training and are competent to do so. All staff will undertake regular continuing professional development to maintain competency.
6. Varenicline will only be supplied by registered pharmacists authorised by name as competent to operate under the QUIT Programme PGD.
7. All pharmacists who will be working under the QUIT Programme varenicline PGD must have completed a self-declaration of competence for the supply of varenicline by PGD and be assessed as competent by an authorised manager within the Pharmacy service they are working in.
8. The Pharmacy is holding on record copies of all signed PGDs and will make available to the Commissioner on their request.
9. Standard operating procedures (SOPs) and clinical governance processes for this service have been set up and will be adhered to at all times to assure patient safety.



Steve Freedman, Community Services Lead Pharmacist, SCCG



Further information:

- Contracting letter and service specification
- How to guide – PharmOutcomes Page & LPC websites
- SYB QUIT Website from end of April (www.syb-quit.org.uk) – includes e-learning packages about QUIT
- NRT and Varenicline e-learning - Centre for Pharmacy Post Graduate Education web site & National Smoking Cessation Training Centre
- LPC websites - [Please sign up to your LPC bulletin – this will include regular updates about the QUIT Programme and other services.](#)

Contacts:

- Your CCG Contracting Leads and Heads of Medicines Optimisation
- Claire Thomas, Chief Officer, Community Pharmacy Sheffield, chiefofficer@sheffieldlpc.co.uk
- Sharon Hughes, Healthy Hospital Programme Lead SYB ICS Sharon.hughes24@nhs.net



- CCG to authorise PGD and circulate to Pharmacies
- How to guide to be circulated
- Pharmacies:
 - Review service specification and contracting letter
 - Return letter to your local CCG with signed declaration
 - Sign up by 30 April to receive £100
 - Scheme starts 1 May 2021

Supplementary slides that could be used to support answering of questions

Tobacco addiction - is it a disease?

Definition of a disease:

"An abnormal condition of a body part, an organ, or a system resulting from various causes, such as infection, genetic defect, or environmental stress, and characterized by an identifiable group of signs or symptoms"

In smoking the **nicotine is the environmental stressor**, that leads to pathological changes – the upregulation and hyper excitability of dopamine receptors.

The **withdrawal symptoms** are an identifiable group of symptoms.

Hence, **tobacco addiction is a disease.**

A chronic relapsing disease, that often begins in childhood.

Symptoms of withdrawal:

Restlessness
Agitation, Anxiety
Irritability
Anger
Sweating
Nausea
Headaches
Insomnia
Poor concentration

Why treat tobacco addiction in secondary care?

Smoking is an **addiction to tobacco** - A **chronic relapsing medical condition** that **needs treatment** - It is not a lifestyle choice.

We have **evidence based treatments** that are highly effective & save lives – NRT, other medications & behavioural support.

These treatments have a **bigger clinical impact than most medical interventions**.

It is **everyone's responsibility** to ensure patients have **fair and equal access** to these treatments.

Royal College of Physicians says it is **unethical not to**.

By treating tobacco addiction we will save lives, decrease health inequalities & reduce NHS demand.

Hospitals are a critical place for treating tobacco addiction

When people come into hospital we have an ideal opportunity to treat their tobacco addiction.

Smokers are 36% more likely to be admitted to hospital

Concentrated population of smokers

Sick smokers motivation opportunity

- Perceived vulnerability
- Fear for future
- Realisation of impact
- Link illness to smoking
- Forced abstinence
- Removed from normal home and habits
- Opportunity for specialist advice and Intensive motivational interviewing

Benefits

Immediate benefits to the patient, hospital & society

Effective long term treatments

Highly effective drugs & behavioural support

Effective mitigation of withdrawal

- Immediate feedback
- Monitoring
- Compliance
- Education

QUIT - Changing the stigma & the culture

Past

Negative message

- You must stop
- Will power
- Motivation
- Your fault if you fail
- Choice
- Nicotine is dangerous
- Lifestyle choice
- Behavioural change
- **Someone else's role to help**

Future

Positive message

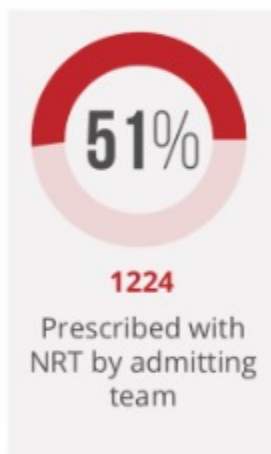
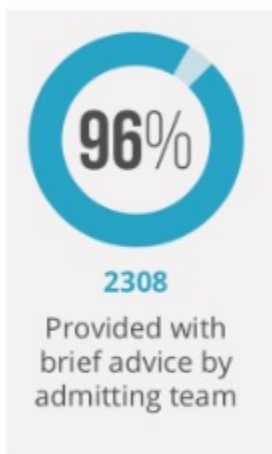
- Physical disease
- Chemical addiction
- False pleasure / desire
- Treatments work
- Never give up on giving up
- Chronic disease management
- **Every clinicians role to treat tobacco addiction**



Wythenshaw Hospital – in first six months

1 in 4 of all smokers admitted to hospital had quit at 4 weeks

Outcomes: 6 Months of CURE at Wythenshaw Hospital



Outcomes - Ottawa



Summary slide

- Systematic identification & documentation of all smokers admitted to hospital
- Systematic administration of pharmacotherapy & behavioural support to active smokers in hospital
- Systematic attachment to long term community follow-up services after discharge
- The 5As: **Ask, Advise, Assess, Assist, Arrange**

Outcomes:

	Before	After
Mortality halved by 1 year	11.4%	5.4%
Mortality reduction at 2 years	15.1%	7.9%
30 day Re-admission halved	13.3%	7.1%
1 year Re-admission	38.4%	26.7
Increase quit rates at 6 months	20%	35%

If SYB has the same outcomes as Ottawa

Based on an estimated 37,853 spells in SYB acute hospitals (excluding SCH) being for patients who smoke at time of admission, if we had the same baseline and outcomes as seen in Ottawa, we would see:

- **2,000 lives saved** at one year
- **Prevention of 2,000 30 day readmissions** a year
- Prevention of 4,000 readmissions within a year
- **5,000 patients quit at 6 month**
- **£7.1m saving** from acute Trust readmissions within a year
- £272k savings on A&E attendances within 30 days

Spells - Non elective admissions, transfers and elective admissions to Acute Trusts, LOS 0 and ≥ 1 , (Day cases and Maternity excluded), aged > 15 years, Assumes 20% spells smokers, full year activity, SYB CCG patients only, Dec 17 - Nov 18, HES, Dr Foster

If SYB has same outcomes as Ottawa – by CCG

Trusts may like to just pick out their main CCGs

	Barnsley	Bassetlaw	Doncaster	Rotherham	Sheffield	Total
Estimated number SYB spells who are smokers (1)	7,081	2,666	8,412	6,385	13,310	37,853
Mortality at 1 year	425	160	505	383	799	2,271
Mortality at 2 years	510	192	606	460	958	2,725
Readmission at 30 days	439	165	522	396	825	2,347
Readmission at 1 year	828	312	984	747	1,557	4,429
Quit rates at 6 months	1,062	400	1,262	958	1,996	5,678
ED attendances	319	120	379	287	599	1,703
Saving on readmission costs at one year (2)	£1,327k	£500k	£1,578k	£1,198k	£2,496k	£7.1m
Saving on ED costs at 30 days	£51k	£19k	£61k	£46k	£956k	£273k
Total Savings from admissions within a year and ED within 30 days (gross)	£1.4m	£519k	£1.6m	£1.2m	£2.6m	£7.4m