

## SCHEDULE 2 – THE SERVICES

### A. Service Specifications

*This is a non-mandatory model template for local population. Commissioners may retain the structure below, or may determine their own in accordance with the Contract Technical Guidance.*

<b>Service Specification No.</b>	
<b>Service</b>	QUIT Tobacco Addiction Treatment E-Voucher Scheme
<b>Commissioner Lead</b>	SYB QUIT Programme Director via Clinical Commissioning Groups Sheffield CCG host for the PharmOutcomes license and administrator for addition of pharmacists to the PharmOutcomes e-Voucher
<b>Provider Lead</b>	
<b>Period</b>	1 May 2021
<b>Date of Review</b>	1 May 2022

#### 1. Population Needs and Overview of the QUIT Programme

South Yorkshire and Bassetlaw (SYB) has high rates of smoking compared to the national average.

Treating tobacco addiction within secondary care is a ‘must do’ in the national LTP and increasing support for smoking cessation is also a key intervention within the Health Inequalities section of the NHSE Covid Pandemic Phase Three Letter.

The South Yorkshire and Bassetlaw Integrated Care System’s Long Term Plan Ambition is to :

- Reduce % of adults in SYB who smoke to below 10% by March 2024, with a reduction in the gap between the proportion of the general population who smoke and people with routine and manual occupations and severe mental illness.
- Reduce the % of pregnant women in SYB who are smoking at time of delivery to 6% by March 2024.

Due to the Covid 19 pandemic, treating tobacco addiction is even more important now, to help:

- Protect health and the NHS during the Covid Pandemic - Smokers generally have an increased risk of contracting respiratory infections, such as COVID-19, and are more likely to have underlying smoking-related conditions, which could lead to more severe disease outcomes.
- Decrease our local inequalities in health, which are further widening during the pandemic.

There is a strong evidence base that contact with secondary care provides an ideal opportunity to support people to stop smoking.

QUIT is a new evidence based programme to help people to stop smoking that has been based on highly effective programmes elsewhere, such as in Canada through the Ottawa Model, and in Greater Manchester with the Cure Project.

The QUIT Programme is being rolled out during 2021 in the eight Trusts in South Yorkshire and Bassetlaw – the 4 Acute Trusts, 3 Mental Health Trusts and Sheffield Children’s Hospital. It embeds the systematic treatment of tobacco dependency as part of patients’ routine care.

The approach recognises that smoking is an addiction; reframing the way we treat smoking to medicalise it rather than considering it to be a lifestyle choice. Ie. the treatment of tobacco dependency as a chronic, relapsing clinical condition that has often started in childhood.

Taking this approach, in Manchester 1 in 4 of all smokers admitted to Wythenshaw hospital had stopped smoking by 4 weeks.

The QUIT Programme has four key 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.

More details on QUIT for patients:

### QUIT for Patients

#### Acute Trust & Mental Health: Inpatients

##### Acute Trust and Mental Health: Inpatients

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

**For Acute Trust patients**, Trust based tobacco treatment advisors will do one post discharge follow up call and then transfer the patients ongoing treatment to their local community stop smoking service.

**For Mental Health Trust patients**, the Trust based Tobacco Treatment Advisors will provide all of their ongoing support. The patient will not be transferred to their local community stop smoking service.

#### Acute Trust: A&E, Outpatients & Day Cases

##### 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.**

#### 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**. **This will include their ongoing tobacco addiction treatment rather than referral to a local community stop smoking service.**

There are a number of different scenarios where patients in the community, who are being supported by Trust based Tobacco Treatment Advisors, will need to be supplied with pharmacotherapy. Hence the need for an e-voucher scheme between the Trust Tobacco Treatment Advisors and community pharmacies.

Further information about the QUIT Programme and the change in ethos away from seeing smoking as lifestyle choice to a long term condition can be found on the SYB QUIT website ([www.sybics-quit.co.uk](http://www.sybics-quit.co.uk), live from April/May) , which includes a number of free to access e-learning packages to support the overall programme.

The South Yorkshire and Bassetlaw NHS Trusts are putting in place specialist teams to support the QUIT programme including:

- Healthy Hospital Programme Managers
- Health Improvement Manager
- Tobacco Treatment Advisors

For ease this document refers to tobacco treatment advisors. Please take reference to tobacco treatment advisors to also include the Healthy Hospital Programme Managers and Health Improvement Managers.

## 2. Outcomes

### 2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	X
Domain 2	Enhancing quality of life for people with long-term conditions	X
Domain 3	Helping people to recover from episodes of ill-health or following injury	X
Domain 4	Ensuring people have a positive experience of care	X
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	X

### 2.2 Local defined outcomes

- Increase in numbers of people who are on QUIT Programme pathways who have easy access to community supplies of tobacco addiction pharmacotherapy.
- Increase in overall number of people achieving a 4 week quit in South Yorkshire and Bassetlaw.

## 3. Scope

### 3.1 Aims and objectives of service

#### Aim:

- To supply free tobacco addiction treatment pharmacotherapy to :
  - Patients being supported in the community on QUIT Programme pathways
  - NHS Staff being supported by Trust based Tobacco Treatment advisors to quit

utilising a PharmOutcomes based electronic e-voucher between the NHS Trust based Tobacco Treatment Advisors and Community Pharmacies.

#### Objectives:

- Community Pharmacists utilise a PharmOutcome based e-voucher scheme to receive requests from

NHS Trust Tobacco Treatment Advisors for patients or NHS staff on QUIT programme pathways to:

- Supply Nicotine Replacement Therapy
- Assess client's suitability for varenicline, and if they fulfil the eligibility criteria, supply varenicline under a patient group direction.
- Supply the NRT and / or varenicline to the above clients and give them advice on how best to use the medication.
- Provide general encouragement to clients to help them maintain their quit.

Note:

- Community Pharmacists are not being commissioned through this specification to provide behavioural support. Clients will receive this from either the Trust based Tobacco Treatment Advisors or the local community stop smoking / integrated wellbeing services.
- However, it is anticipated that pharmacies will provide general encouragement to patients when they collect their supplies and to be able to answer patient queries relating to their pharmacotherapy.
- Over time, other stop smoking services eg smoking in pregnancy services, may also wish to utilise a PharmOutcome QUIT e-voucher software. Those services will need their own e-voucher portal, service specifications, fees and invoicing agreement and procedures with community pharmacists.
- The QUIT e-voucher should only be used for clients on QUIT Programme pathways under the care of Trust Tobacco Treatment Advisors.

### **3.2 Service description/care pathway**

#### **3.2.1 The QUIT E- Voucher Scheme Pathway**

Tobacco Treatment Advisors (TobTAs)<sup>1</sup> based in the NHS Trusts are National Smoking Cessation Training Centre certified. They will undertake a specialist assessment of the patient and with the patient agree the patient's tobacco addiction treatment plan. This will include motivational support, as well as, where clinically indicated, pharmacotherapy.

In line with the QUIT Programme ethos that smoking is a long term condition and not a life style choice, patients will be offered treatment within secondary care on an opt out basis. Discussion will be around the need for treatment rather than whether patients are 'ready to quit'. Further information about this can be found in the QUIT e-learning module one 'What is QUIT and why are we doing it' on the SYB QUIT website ([www.sybics-quit.co.uk](http://www.sybics-quit.co.uk) – aiming for website to be live in April/May 21).

There are a number of scenarios (see page 9) where the TobTAs will need to provide the patient with a change of product or additional supplies of medication when the patient is in the community rather than in the hospital.

This will be done via a request to the community pharmacy to supply NRT and / or varenicline (the later under a patient group direction) via a PharmOutcomes electronic voucher (using the e-referral modules in PharmOutcomes).

Trust's Tobacco Treatment Advisors are also providing support to Trust staff who wish to quit smoking. Some Trusts are considering using the e-voucher scheme as a means of supplying the staff receiving support from the Tobacco Treatment Advisors with the pharmacotherapy. The same process should be followed for staff members as for patients. Only staff members who are registered with SYB CCGs GPs are eligible for this service.

#### **The Tobacco Treatment Advisor will:**

- Agree with the patient the community pharmacy that they wish to collect their medication from (from a list of participating pharmacies).

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<sup>1</sup> The term Tobacco Treatment Advisor is used throughout the document to refer to the Trust Specialist QUIT team that as well as the Tobacco Treatment Advisors also includes the Healthy Hospital Programme Manager and Health Improvement Managers.

- Complete the e-referral request within PharmOutcomes, which includes details of drug (including product type for NRT), dose and duration of supply.
- Submit the e-referral request via PharmOutcomes to the patient's choice of pharmacy, who will receive it in real time.
- Record in the patient's Pharmacy Medication Record (PMR), as well as in PharmOutcomes, the drugs requested.
- Ensure that the patient has arrangements in place for their ongoing behavioural support – either from the Trust TobTAs or transfer of care to the local community stop smoking service / integrated well-being service.
- Inform the patient that it will be the Pharmacist's decision whether or not to supply the NRT or varenicline.

Note:

- Where patients are having a second or subsequent e-referral request, the TobTA will encourage patients to use the same pharmacy as where previous supplies have been collected from.
- The usual maximum duration of supply requested will be two weeks or standard drug pack size. In exceptional cases (eg if the patient is going on holiday) a slightly longer duration of supply may be requested.
- The patient will not be given a copy of the voucher or a code number.
- Individuals who were under the care of the local community stop smoking service (SSS) prior to hospital admission will have this support paused temporarily while an inpatient and until after the first follow up call post discharge by the Trust TobTA. Thus it is acceptable for community pharmacists to supply medication for these individuals as requested by Trust TobTAs prior to the community SSSs picking up the care again.

**The receiving pharmacy will:**

- **Receive the requests to supply NRT and / or assess the patients for varenicline supply under the patient group direction, via PharmOutcomes.<sup>2</sup>**
- Requests may be made for one or two NRT products on the NRT e-referral.
- A separate e-referral will be used for requests for varenicline.

Note: As patients are unable to smoke in hospital, patients started on varenicline while in hospital may also be prescribed NRT, to run alongside the varenicline, for a time limited period. To reduce the risk of patients who have been discharged within two weeks of commencing varenicline starting to smoke again on discharge, community pharmacists may occasionally be asked to supply a patient with both NRT and varenicline. This will be included in the patient group direction.

**Please check for each patient whether e-referrals have been issued for both NRT and varenicline.**

- The pharmacy has the option of rejecting the referral in PharmOutcomes. This option can be used for a 'no show patient' or if the pharmacist assessed the patient to be unsuitable for the requested medication. A message will automatically go back to the referring service.
- Check that the patient or their representatives are **collecting the medication within four weeks of the e-referral being issued.**
- As many patients will be unwell or vulnerable to Covid 19, **all consultations / assessments may be undertaken with the patient by phone or online video consultations** (including for the initial varenicline PGD assessment) rather than them needing to attend the pharmacy in person.

<sup>2</sup> This service specification covers all South Yorkshire and Bassetlaw CCG patients and residents in South Yorkshire and Bassetlaw who are not registered with a GP. Each of the five CCGs in SYB will have an identical patient group direction. Sheffield CCG is responsible for the regular review of the PGD.

- As many patients on the QUIT pathways will have **dementia** or other forms of cognitive impairment, community pharmacies will have requests to supply medications in people who have impaired mental capacity. In cases where the patient has mental capacity issues any consultation should take place with the person supported by their nominated carer or relative who, ideally, has the medical LPA.
- **The pharmacist makes the final decision and takes responsibility as to whether the NRT or varenicline is supplied.**
- **For supply of varenicline requests (by that pharmacy):**
  - Assess the patient's eligibility for supply in line with the SYB QUIT Varenicline Patient Group Direction.
  - If the patient **does** fulfil the eligibility criteria under the patient group direction:
    - Check whether the patient has already commenced varenicline (eg while an inpatient) and if yes, how many days/weeks they have had it for. This will affect the dose that the pharmacist supplies.
    - Issue varenicline and provide the patient advice on its use and possible side effects, in line with the patient group direction.
  - If the patient **does not** meet the criteria for supply or declines varenicline, then the pharmacy will notify the referring service via PharmOutcomes on the same day.
    - Advise the patient that the TobTA will contact them and review their treatment plan. Do not provide an alternative product.
- **For Nicotine Replacement Therapy requests**
  - Check patient suitability for the product
  - Advise the patient on the best way to use the recommended product.
  - For PRN NRT products it is recommended that the maximum dosage should be dispensed on the first voucher. This can then be reviewed in following sessions to check the usage and dispense accordingly.
- Please provide patients with **general encouragement with their quit** and answer any queries they have. If needed, refer the patient back to the tobacco treatment advisor. Remember that the QUIT Programme has moved away from viewing smoking as a life style choice and having discussions as to whether the patient is 'ready' to quit, to providing patients with treatment on an opt out basis and the discussion being that they have a long term condition that needs treating.
- Be aware that there are multiple constituents to tobacco smoke that may have the potential to induce hepatic enzymes and other metabolic processes. When a smoker stops smoking, a downregulation of liver enzymes may result in reduced metabolism of some drugs which could lead to an increase in toxicity. This is of potential clinical importance for products such as theophylline, olanzapine, clozapine, flecainide, warfarin and insulin. See 'What are the clinically significant drug interactions with tobacco smoking?' guidance from SPS for more detailed advice on drugs affected and how to manage.
  - Clients should be warned that physiological changes resulting from smoking cessation, with or without treatment with NRT or varenicline, may alter the pharmacokinetics or pharmacodynamics of some medicinal products for which dose adjustment may be necessary. Any dose adjustments need to be individually tailored.
  - If a client is still smoking at the time of review and is taking one of the affected medicines advise the patient to contact their GP or prescribing specialist for a review of their medication as dose changes may be needed.
  - PharmOutcomes will also send an automatic notification to GPs of all patients commencing varenicline (irrespective of what drugs they are on). The notification will include a list of the drugs noted in the SPS guidance as having a high or moderate clinical significance if the patient stops smoking, with a prompt for the GP to review the patient's medication.
  - For patients having NRT, the Pharmacist will need to ensure the patient's GP is aware the patient is stopping smoking and that their medications need reviewing.
  - If the patient usually obtains their repeat prescriptions from your pharmacy, place a flag on their

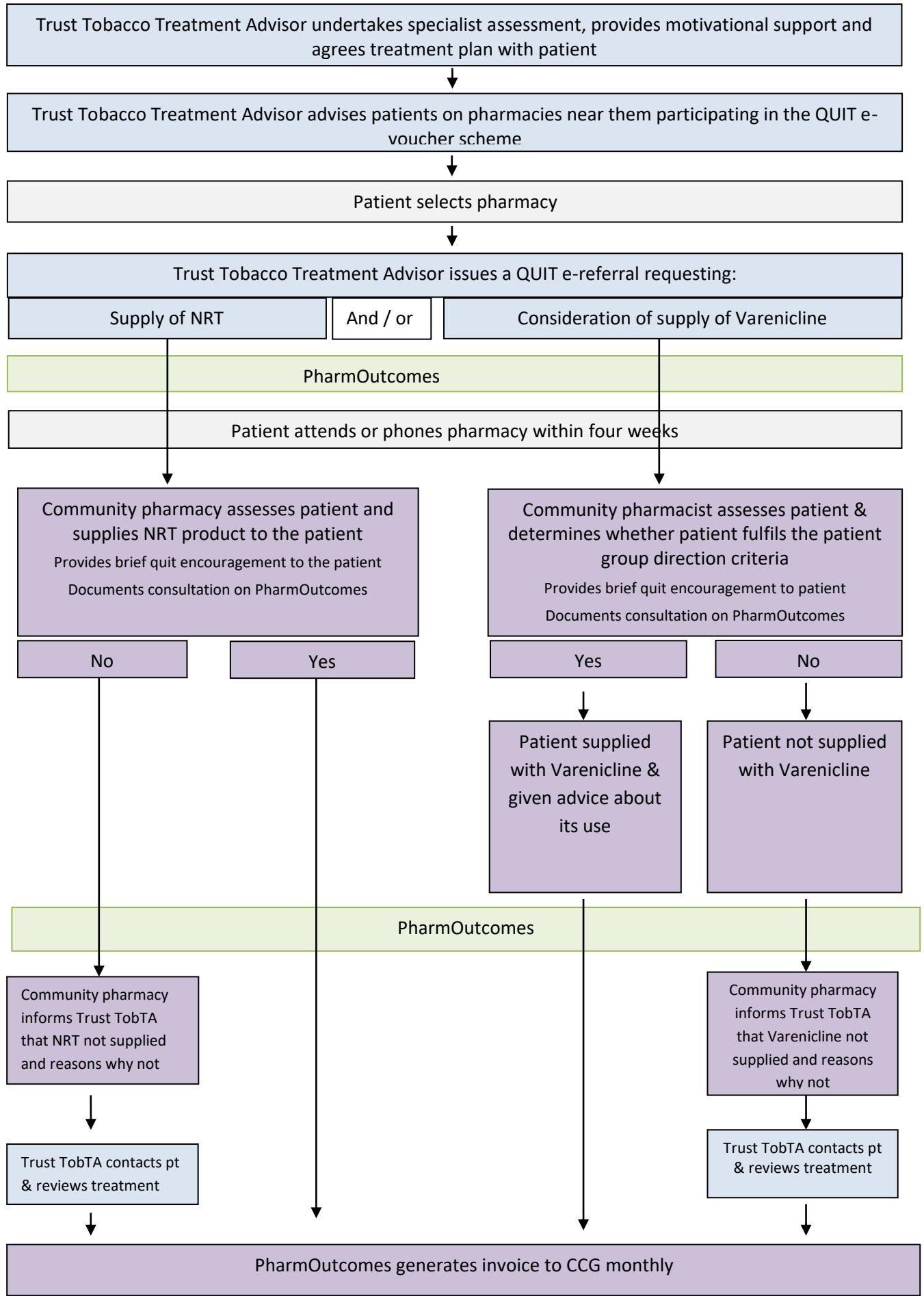
records to check whether their medication dose has been adjusted when you are next dispensing their repeat prescription.

- If the patient is not exempt from NHS prescription charges a prescription fee for NRT or varenicline should be charged.
- **If you are unable to supply the medication or the patient declines treatment please notify the TobTA the same day via PharmOutcomes, noting the reason why. Advise the patient that the TobTA will contact them and review their treatment plan.** Generally, a substitute product should not be issued. However, for NRT products, if the product requested by the TobTA on the e-voucher is unavailable and the patient is due to run out before the pharmacy can obtain the product, the Pharmacist may discuss and supply, a similar product to that requested if the patient is in agreement.
- Each voucher only requests one issue of medication.
  - The patient's ongoing behavioural support and pharmacotherapy review will be provided by either the Trust based Tobacco Treatment Advisors or be transferred to the local community stop smoking service/integrated well-being service.
  - The Tobacco Treatment/Stop Smoking Advisors will review the patient and issue further requests to supply after each review - either via the QUIT e-referral (if care remains under the Trust TobTAs) or the local community stop smoking service scheme if their care has been transferred.
- **All assessments and supplies must be documented on PharmOutcomes.**
- Records should be kept for a minimum period in line with standard NHS requirements.

**Please also:**

- Do not inform GPs of all patients starting NRT.
- But do ensure the GP or prescribing specialist of any patient who is commencing NRT who are on drugs noted in the SPS guidance as having a high or moderate clinical significance if the patient stops smoking, are aware the patient is stopping smoking and that the patient's medication needs reviewing. Informing the practice via NHS mail will provide an audit trail that the advice has been given.
- PharmOutcomes will send an automatic notification to GPs of all patients commencing varenicline (irrespective of what drugs they are on). The notification will include a list of the drugs noted in the SPS guidance as having a high or moderate clinical significance if the patient stops smoking, with a prompt for the GP to review the patient's medication.
- If a GP contacts you to say that they do not wish their patient to continue varenicline or NRT, please ask the GP to contact the patient direct about the discontinuation of their medication and also for them to advise the patient to contact the tobacco treatment service for a review of their tobacco addiction treatment plan.

**Figure one Summary Flow Diagram**





### 3.2.2 Examples of the scenarios where an e-voucher may be needed

There are a range of scenarios where the patient will require either a change in therapy or additional supplies of pharmacotherapy after discharge from hospital prior to the transfer of their care to community stop smoking services or because they are having ongoing support in the community from the Trust based Tobacco Treatment Advisors (see table one for examples).

As we are likely to have a prolonged period of fluctuating levels of Covid 19, the QUIT Programme will need to remain agile and innovative, continually adapting the way the service is delivered as the pandemic progresses. Due to the Covid 19 pandemic, we are therefore, likely have additional cohorts of patients or scenarios where it is important that patients can be supplied with pharmacotherapy in the community at the request of the Trust based TobTAs. These additional pathways may be implemented at short notice if we have further periods of lock down. For example:

- If the TobTAs are unable to access wards due to infection control measures and remote consultations with patients on the wards prove not to be practical, patients may be called by the TobTAs after discharge and medication commenced at that consultation.
- If the demand for inpatient support is lower than originally planned for (eg if there are fewer inpatients), the TobTAs will offer support to patients in more outpatient or day case settings such as cancer chemotherapy day case units, cardiac and pulmonary rehabilitation services. In these situations it is likely that the TobTAs will continue to support the patient for their whole course of tobacco treatment addiction rather than their transfer care to the community stop smoking services. In these cases usually a maximum of two weeks supply of drugs at a time would be asked for on the e-referral and the TobTA would provide regular support and continued oversight of the person's medication.

**Table one Example scenarios where patients in the community who are not under the care of community stop smoking services, will need to be supplied with pharmacotherapy**

**A. Patients who have had contact with Acute Trusts**

**a) Post Discharge from an Inpatient Stay** Trust based Tobacco Treatment Advisors (TobTA) need to be able to issue a voucher to community pharmacists, for example, in the following situations:

- Patient contacts the TobTA because they have been discharged without a TTA (this has been a common occurrence in the STH pilot) or the tobacco addiction medication was missing from their TTA
- Patient requires a change in medication when phoned by the Trust based TobTAs for their first follow up
- Patient was discharged before being seen by the TobTA but when called post discharge, wants to have tobacco addiction treatment and is commenced on pharmacotherapy at that time by the TobTA
- 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
- TTA of insufficient duration to last until patient's first contact with community stop smoking service

**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.
- Covid adaptations
  - We are looking to embed more TobTA time within cancer MDTs, including within cancer chemotherapy units.
  - We may wish to embed TobTA within cardiac and pulmonary rehabilitation services

In both of these situations, it may be good care for the TobTAs to support the whole of their quit attempt.

Covid adaptation – If we have spare capacity due to troughs in inpatient and outpatient activity, the Trusts will work with community stop smoking advisors and seek additional referrals through primary care.

## **B. Patients who have had contact with Mental Health Trusts**

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

- The Trust based Tobacco Treatment Advisors will be continuing the patient's ongoing behavioural support and not transfer the patients care to the community stop smoking service.
- They therefore need to be able to issue a voucher to community pharmacists for **all of the patient's ongoing care.**

### **b) Outpatients**

- The Mental Health Trusts will be providing initial and ongoing support to patients in contact with secondary care mental health services who have not had an admission.
- They will therefore need to be able to offer community pharmacotherapy vouchers for **all patients who are in contact with secondary care mental health TobTAs in the community.**

## **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.

### **3.2.3 Pharmacy Lead**

- The Pharmacy will have a named individual who is the lead for providing this service (if this individual leaves an alternative must be nominated within 2 weeks).

### **3.2.4 Awareness session**

- At least one pharmacist and one support worker from each pharmacy participating in the QUIT e-voucher scheme will:
  - Attend a one hour awareness session (held via Microsoft Teams) to learn more about the QUIT Programme and the e-voucher scheme.
  - Look at the PharmOutcome guide demonstrating how to use the e-voucher.
- Self-declaration of attendance (or viewing of the recording if unable to attend on the evenings the sessions are run) will be required on sign up to the scheme.

### **3.2.5 Self-declaration of competency**

- Pharmacists, pharmacy technicians and the pharmacy must be registered with the General Pharmaceutical Council.
- At the time of sign up to the scheme the pharmacy must sign a self-declaration that staff assessing patients and / or supplying pharmacotherapy under this scheme have undertaken appropriate training and are competent to do so.
- Within the pharmacy there must be staff competent to supply both nicotine replacement therapy and varenicline.
- Varenicline will only be supplied by registered pharmacists authorised by name as competent to operate under the QUIT Programme PGD.
- 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.
- Operation of this PGD is the responsibility of **\*\*\* CCG** as the commissioner and the community pharmacy contractor as the service provider. The final authorised copy of this PGD should be kept by **\*\*\***

CCG and community pharmacy contractors for 8 years after the PGD expires.

- The Pharmacy will store on their record copies of all signed PGDs and will make them available to the Commissioner on their request.
- Pharmacies employing locums should check their competency to deliver the QUIT Varenicline PGD and ensure the appropriate paperwork is in place for them to practice under the PGD while working in their Pharmacy.
- A range of resources are available on the Centre for Pharmacy Post Graduate Education web site, along with a competency assessment.
- Staff are responsible for keeping up to date with the latest recommendations regarding smoking cessation and undertake regular CPD specific to this area of practice.

### **3.2.6 Facilities, stock, delivery and operating procedures**

- Accredited pharmacies will have a suitable private consultation room which is available for client consultations.
- Pharmacies will keep in stock a wide range of NRT products and varenicline.

Note: The Trusts do not have restricted formularies for NRT so may request from the full range of NRT that is available in the BNF.

- If patients are unable to collect their own medication they should be encouraged to ask someone else to collect it on their behalf and be advised about the volunteer NHS Responders app.
- Standard operating procedures (SOPs) and clinical governance processes for this service should be set up and adhered to at all times to assure patient safety.

### **3.3 Population covered**

Any patient age 12 or over who is registered with a South Yorkshire and Bassetlaw general practitioner or resident in South Yorkshire and Bassetlaw who has had a QUIT e-referral issued by a SYB NHS Trust Tobacco Treatment Advisor.

As this service covers the whole of South Yorkshire and Bassetlaw, patients resident in one borough may access the service in pharmacies in a different borough within South Yorkshire and Bassetlaw to the one they live in. CCGs are putting in place a MOU to support this collaborative commissioning arrangement.

Please note that patients or NHS staff members who are registered with general practitioners outside of South Yorkshire and Bassetlaw, for example, from Derbyshire and Nottinghamshire (other than Bassetlaw) are not covered by this scheme.

The South Yorkshire and Bassetlaw CCGs are:

- NHS Barnsley CCG
- NHS Bassetlaw CCG
- NHS Doncaster CCG
- NHS Rotherham CCG
- NHS Sheffield CCG.

The participating NHS Trusts are:

- Barnsley Hospital NHS Foundation Trust (BHNFT)
- Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTH)
- Sheffield Teaching Hospitals NHS Foundation Trust (STH)
- The Rotherham NHS Foundation Trust (TRFT)
- Sheffield Children's NHS Foundation Trust (SCH)

- Sheffield Health and Social Care (SH&SC)
- Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH) - Rotherham and Doncaster Services
- South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) - Barnsley services

### **3.4 Any acceptance and exclusion criteria and thresholds**

Exclusions:

- Children under the age of 12.
- Stop smoking vouchers issued under other stop smoking services.
- Patients with CCGs outside of South Yorkshire and Bassetlaw

### **3.5 Accessibility**

The Service will be available throughout the pharmacy's opening hours (both core and supplementary).

The Service Provider will maintain an acceptable level of staffing at all times, and will provide suitably accredited, skilled, trained and experienced staff to provide the Service.

### **3.6 Interdependence with other services/providers**

#### **NHS Trusts:**

The QUIT Programme is being delivered in all eight NHS Trusts in South Yorkshire and Bassetlaw as detailed above.

All of the Trusts may issue QUIT e-referrals requesting supply of pharmacotherapy.

For the Acute Trusts (including Sheffield Children's Hospital) this will mainly be 'one off' vouchers pending transfer of the patient's ongoing treatment to the local community stop smoking service/integrated well-being service. There will be a few scenarios where the Acute Trust Tobacco Treatment Advisors will deliver ongoing care and thus issue several e-referrals for a patient.

Mental Health Tobacco Treatment Advisors will be delivering the patient's ongoing tobacco addiction treatment (and not transfer the patients to the community stop smoking services), so will be issuing repeat e-referrals for patients.

All Trusts will be providing an enhanced stop smoking service for their own staff. Some Trusts may choose to use the QUIT e-voucher scheme to enable supply of pharmacotherapy to their staff. This would result in multiple vouchers for the staff member.

SWYFT is both the provider of mental health services and stop smoking services in Barnsley. SWYFT will use the QUIT e-voucher scheme for patients under the care of the Mental Health Tobacco Treatment Advisors. SWYFT's SmokeFree Yorkshire Barnsley community stop smoking service will use their current paper based system but aim in the future to have a separate PharmOutcome e-voucher scheme that is being developed in Barnsley for community stop smoking service patients and smoking in pregnancy patients.

#### **Community Stop Smoking Services**

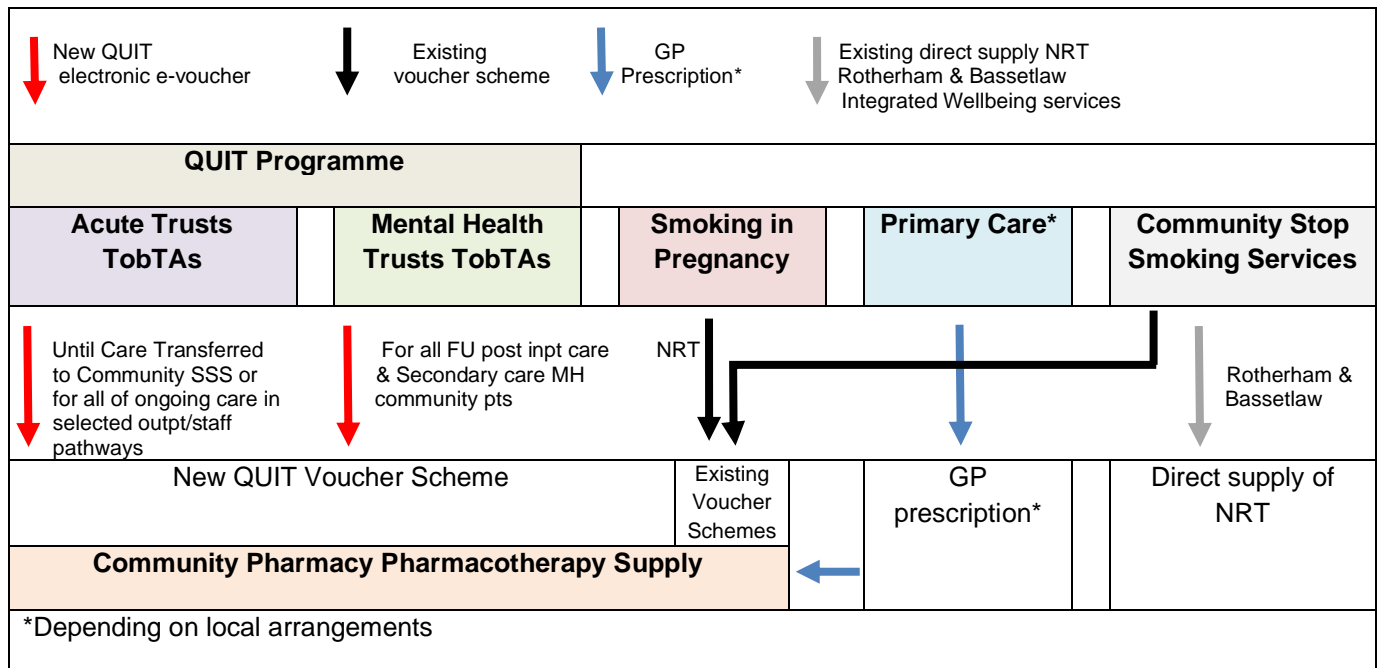
The QUIT Programme is working very closely with all five South Yorkshire and Bassetlaw Community Stop Smoking Services/Integrated Wellbeing services to ensure smooth transfer of care of patients from the Acute Trust Tobacco Treatment Advisors to their services.

It is anticipated that due to the QUIT Programme that the number of referrals to the local community stop smoking services/integrated wellbeing services from the NHS will be considerably higher than in the past, leading to an overall increase in demand for community stop smoking / integrated wellbeing services. Community stop smoking services / Integrated wellbeing services are making plans to increase their capacity in

line with demand. This will mean that community pharmacists are likely to receive more requests for pharmacotherapy through the existing voucher schemes. These should be processed and invoiced as normal and will be paid under that schemes arrangements.

Figure two summarises the pathways for supply of tobacco addiction pharmacotherapy in the community.

**Figure two Supply of tobacco dependency treatment pharmacotherapy in the community**



#### 4. Applicable Service Standards

##### 4.1 Applicable national standards (eg NICE)

The Service Provider shall deliver the Service in line with the NHS (Pharmaceutical Services) Regulations 2005 and any other relevant professional standards.

Providers will be required comply with the Contractual Framework Clinical Governance requirements regarding standards of premises ensuring timely submission of Contractual Framework self-assessment to NHS England.

Providers will be required to comply with relevant NICE standards eg on smoking cessation.

The Service Provider will deliver the Services in accordance with best practice in health care and shall comply in all respect with the standards and recommendations contained in:

- i. National Service Frameworks and National Strategies
- ii. National Patient Safety Agency alerts and guidance
- iii. Human Medicines Regulations 2012

The Service Provider will at all times comply with the most recent guidance on medicines from the Medicines and Healthcare products Regulatory Agency (MHRA).

##### 4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)

- Provide safe and effective care in line with the General Pharmaceutical Council's Standards for Pharmacy Professionals ([www.pharmacyregulation.org/standards/standards-for-pharmacy-professionals](http://www.pharmacyregulation.org/standards/standards-for-pharmacy-professionals))

#### **4.3 Applicable local standards**

- Assessment and supply of varenicline must be in accordance with the varenicline patient group direction.
- Participating Pharmacies must sign a declaration of competence as set out in section 3.2.3

### **5. Applicable quality requirements and CQUIN goals**

The Service Provider will ensure that Standard Operating Procedures (SOPs) are in place for the service and ensure that all pharmacists and members of staff involved in delivering the service are aware of them and work in accordance with them.

The Service Provider will report all serious untoward incidents to their local Clinical Commissioning Group and provide details of recommendations and actions taken as a result.

### **6. Location of Provider Premises**

#### **6.1 The Provider's Premises are located at:**

## **SCHEDULE 2 – THE SERVICES**

### **B. Indicative Activity Plan**

There is no guaranteed level of activity as this is a zero value contract.

### **C. Payment**

Community pharmacies who:

- sign up the service via PharmOutcomes
- and
- give a self-declaration that they have met the service awareness and competency requirements in sections 3.2.2 and 3.2.3

30 April 2021 will receive a non-recurrent payment of £100.

Invoices for the non-recurrent payment should be made to their local CCG, via PharmOutcomes by insert date.

The £100 will be reclaimed from the pharmacy if the pharmacy repeatedly declines requests to supply pharmacotherapy (where there are not good clinical reasons to so).

PharmOutcomes will invoice the CCG of the patient on a monthly basis.

## Reimbursement of community pharmacists costs for the QUIT e-voucher

<b>Drug costs</b>		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.
<b>Supply fee</b>		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
<p>NB: A Community Pharmacy:</p> <ul style="list-style-type: none"> <li>• May submit a fee claim for patients who have had a pharmacy assessment but were not supplied with medication due to the patient either being clinically unsuitable for the medication or because the patient declined it.</li> <li>• May not submit a fee claim for patients who were 'no shows' and did not have a pharmacy assessment.</li> <li>• Should charge the patient a prescription fee if they are not exempt from NHS prescription fees and do not have a prepayment certificate.</li> </ul> <p>If a community pharmacy claims a first varenicline supply payment for a patient under the QUIT Programme and then also supplies the same patient with varenicline once the patient has been transferred to the community stop smoking service, they should not claim a further first supply payment for that patient from the community stop smoking service.</p>		