

**PHARMACEUTICAL SERVICES SPECIFICATION**

**PROVISION OF A SMOKING CESSATION SUPPORT SERVICE**

**1. Service aim**

- 1.1 To provide extended access through the NHS to a smoking cessation support service, including the provision of advice and smoking cessation products, in order to help smokers successfully stop smoking as part of the Public Health Service (PHS) element of the community pharmacy contract.

**2. Service outline**

- 2.1 The service is available to any client aged 12 years or over.
- 2.2 The pharmacist and support staff proactively seek out clients for the service, for example patients with cardiac or respiratory disease, people from disadvantaged neighbourhoods, pregnant women and young people.
- 2.3 The client's details and motivation to quit are recorded and a provisional quit date set. The client is offered a return appointment prior to the provisionally agreed quit date.
- 2.4 The client attends the appointment and the pharmacist or member of support staff records any relevant data required to complete the national minimum dataset including the quit date.
- 2.5 After carrying out an assessment the pharmacist selects and supplies Nicotine Replacement Therapy (NRT), including the option of dual therapy, as appropriate to the client's needs using a CPUS form. This should be in accordance with the procedure detailed below (section 3) and any local prescribing guidance, formularies and/or protocols.
- 2.6 The pharmacist must make the initial supply, however subsequent supplies can be made by a trained member of pharmacy support staff.
- 2.7 The pharmacist may refer a client to other NHS Board Smoking Cessation Services according to an individual's needs and locally agreed patient pathways.
- 2.8 The pharmacist is responsible for ensuring that the service is user-friendly, non-judgemental, client-centred and confidential.
- 2.9 The service should be delivered from premises that can provide an acceptable level of confidentiality and safety.
- 2.10 The pharmacist must ensure maintenance of records for each supply / intervention and may be required to share information with appropriate parties in line with confidentiality protocols.

- 2.11 The pharmacist must ensure that, where appropriate, the client is advised on any other related topics and referred to other agencies / services as appropriate. Written information should also be available.

### **3. Service Procedure**

When the client attends the appointment the pharmacist and support staff follows the procedure detailed below:

- The pharmacist assesses the client and discusses a quit date.
- The pharmacist or a member of support staff records any data required to complete the national minimum dataset on agreed stationery (including the agreed quit date).
- The pharmacist undertakes the initial assessment to select the appropriate choice of NRT in accordance with local prescribing protocols.
- The pharmacist provides the initial supply of NRT to the client.
- The pharmacist provides advice (both written and verbal) to the client taking into account any local guidance.
- The client is invited to attend to receive further supplies of NRT over a 12 week time period and ongoing support. This should normally be on a weekly basis however the pharmacist can extend this to suit the client's needs to either fortnightly or monthly if appropriate.
- The subsequent supplies can be provided by a trained member of support staff.
- The client's smoking status should be determined at each interval.
- The pharmacist or member of support staff should attempt to follow up the client if they do not present as anticipated.
- The pharmacist, or member of support staff, undertakes the four week post quit date follow up, record the results and sends this data along with the national minimum dataset information to their NHS Board on agreed stationery.
- where an NHS Board has supplied appropriate equipment to measure carbon monoxide (CO) then this validation should be carried out at the four week post quit date.
- If at the four week post quit date follow up the client reports having smoked in the last two weeks then the pharmacist should follow local NHS Board procedures. Where there is no local guidance the pharmacist should deem the quit attempt to have ended and class it as a failed attempt in which case further supplies of NRT should be ceased and any further cessation support to the client should be defined as a new quit attempt. Under these circumstances a new quit attempt can be started at any point thereafter.
- The NHS Board should undertake the twelve week and twelve month post quit date follow-ups unless it has been agreed locally that the twelve week follow up will be carried out by the pharmacist in which case they will record the results and send them to their NHS Board.

### **4. Service standards**

- 4.1 The service should be provided according to the standards set by the Royal Pharmaceutical Society of Great Britain (RPSGB).

- 4.2 The service should comply with any policies and standards set by the NHS for the provision of such services regardless of setting
- 4.3 The pharmacist providing the service should ensure that a standard operating procedure is in place which covers all aspects of service provision.

## 5. Training

- 5.1 The pharmacist providing the service should practise within their own competency.
- 5.2 Training on the smoking cessation support service should involve all pharmacy staff.
- 5.3 Distance learning resource packages are available from National Education Scotland (NES) Pharmacy for pharmacists who wish to develop their knowledge and skills in the area of smoking cessation. Other options include smoking cessation training delivered by PATH or PATH-approved cessation training delivered by a NHS Board.
- 5.4 The pharmacist providing the service must be aware of and operate within the national service specification.

## 6. Record keeping

- 6.1 It is a requirement of the service that appropriate records are kept and maintained by the pharmacist to enable verification of service provision and training requirements, and provide information for internal and external audit and evaluation purposes.
- 6.2 For every client who proceeds to set a quit date the pharmacist or a member of support staff is required to collect the agreed national minimum dataset information as detailed in Appendix A to this specification.
- 6.3 The pharmacist or member of their staff should endeavour to collect consistent, accurate and complete client information, in line with the national minimum dataset guidelines and data definitions and submit this timeously to the relevant personnel in the NHS Board for incorporation in the national monitoring statistics.
- 6.4 The national minimum dataset monitoring includes client follow-up at four week, twelve week and 12 months post quit date. The pharmacist, or member of support staff, will undertake the **four week** post quit date follow up and return all the information to the NHS Board. The core data required is detailed in Appendix B to this specification. NHS Boards are responsible for providing a contact point. **This information is key to NHS boards meeting their HEAT target on the number of successful one month quits.**
- 6.5 NHS Boards should undertake the twelve week post quit date follow-up unless it has been agreed locally that it will be carried out by the pharmacist in which case the pharmacist will send the results to their NHS Board.

- 6.6 NHS Boards are responsible for undertaking the twelve month post quit date follow up.
- 6.7 A nationally approved stationery template will be made available to support the data collection aspects.

### **Background information**

NHS Health Scotland: Smoking Cessation Guidelines for Scotland: 2004 Update  
<http://www.healthscotland.com/documents/299.aspx>

NHS Health Scotland: Smoking Cessation Update 2007  
<http://www.healthscotland.com/documents/1762.aspx>

RPSGB Medicines, Ethics and Practice Guide (current edition)

NES Smoking Cessation Distance Learning Resource (2003 / 2006)

Comparing Models of Smoking Treatment in Glasgow: interim report, March 2008  
<http://www.gcph.co.uk/content/view/22/38/>

### **Useful references**

Flavours of Public Health : a public health training guide for pharmacists  
<http://www.nes.scot.nhs.uk/pharmacy>

RPSGB practice guideline  
<http://www.rpsgb.org.uk/pdfs/stopsmokingsuppservtoolsguid.pdf>

PATH smoking cessation training  
<http://www.ashscotland.org.uk/ash/4067.html>