

February 2022

PSNC Briefing 008/22: Guidance on the Smoking Cessation Service

This PSNC Briefing provides guidance for community pharmacy contractors and their teams on the Smoking Cessation Service (SCS). Contractors are advised to read the [service specification](#) to ensure they are familiar with and can meet the requirements of the service before reading this briefing.

Resources to support provision of the service are available at psnc.org.uk/scs.

Key next steps for contractors wishing to provide the service

- Familiarise yourself with the [service specification](#) and the contents of this PSNC Briefing;
- Ensure you have a standard operating procedure (SOP) for the service;
- Ensure all staff providing any aspect of the service have completed the appropriate training;
- Engage with local GP practices and/or your Primary Care Network (PCN) colleagues to make them aware that the pharmacy will be participating in this service; and
- Use [PSNC Briefing 007/22: Contractor checklist – implementing the Smoking Cessation Service](#) to confirm all required pharmacy actions are complete ahead of service commencement.

a) Introduction

In January 2019, the [NHS Long Term Plan \(LTP\)](#) was published which said that the NHS would make a significant new contribution to making England a smoke-free society, by supporting people in contact with NHS services to quit based on a proven model, the Ottawa Model for Smoking Cessation (OMSC). The OMSC establishes the smoking status of all patients admitted to hospital followed by brief advice, personalised bedside counselling, timely nicotine replacement therapy (NRT) or pharmacotherapy, and follow-up of the patient after discharge. The NHS LTP also said that all people admitted to hospital who smoke would be offered NHS-funded tobacco treatment services by 2023/24.

In July 2019, PSNC, NHS England and NHS Improvement (NHSE&I) and the Department of Health and Social Care (DHSC) agreed a [five-year deal for community pharmacies](#), which included piloting a service to take stop smoking referrals from secondary care and then if successful, in Year 3 (2021/22) to commission such a service nationally.

In 2020/21 a Pharmacy Integration Fund pilot on smoking cessation began to test a new model of working in which community pharmacies managed the continuing provision of smoking cessation support initiated in secondary care following patient discharge from hospital.

The early findings from the pilot indicated that a consistent, national offer could be achieved through community pharmacy, and that it could create the capacity needed to enable NHS trusts to transfer patients for smoking cessation support into the community. The SCS was therefore added to the NHS Community Pharmacy Contractual Framework (CPCF) as part of Year 3 (2021/22) of the five-year CPCF deal.

The SCS has been designed to enable NHS trusts to undertake a transfer of care on patient discharge, referring patients (where they consent) to a community pharmacy of their choice to continue their smoking cessation

treatment, including providing NRT¹ and support as required.

The ambition is for referral from NHS trusts to community pharmacy to create additional capacity in the smoking cessation pathway. The NHS LTP commitment also included the follow up of patients from maternity and mental health services, therefore referrals into community pharmacy for the SCS may also start to include these patients when they are being discharged from an acute NHS trust. Direct referrals from mental health and maternity NHS trusts are not part of this service.

The aim of the SCS is to reduce morbidity and mortality from smoking, and to reduce health inequalities associated with higher rates of smoking with the objective of the service being to ensure that any patients referred by NHS trusts to community pharmacy for the SCS receive a consistent and effective offer, in line with NICE guidelines and the OMSC.

NHS trusts will be expected to make referrals to the SCS as this is a new contractual requirement in the 2022/23 NHS Standard Contract, so while the rollout of the service is expected to be gradual, it is expected that more NHS trusts will start to engage with the service and the wider tobacco support responsibilities they have in relation to inpatients over the rest of 2022.

The [service specification](#) describes the requirements for provision of the service; it must be read and understood by all pharmacists providing the service.

b) Deciding whether to provide the service

The service officially commences on 10th March 2022, which is the day after No Smoking Day; however, since this is an Advanced service, contractors are free to choose if they will provide the service and when they will start providing it.

At the time of launch, most contractors will be busy completing work for the Pharmacy Quality Scheme 2021/22; winter-related workload and the starting provision of the [Hypertension case-finding service](#) is also likely to be a focus which may mean they may not immediately have time to implement the service.

NHS trusts currently have their focus on recovery following COVID-19 and consequently they will not all immediately start to make referrals to the service; NHSE&I expect most to be making referrals within two years from the commencement date.

Contractors will therefore need to consider the likelihood that they will receive sufficient referrals to make provision of the service practical and worthwhile. The starting point in making that assessment should be determining whether local NHS trusts are already making referrals to pharmacies; your [Local Pharmaceutical Committee](#) (LPC) will probably be able to advise you on that. Where trusts have not yet started to make referrals, LPCs may similarly have information available on the likely timing of them commencing over the next couple of years.

The service must be provided by a pharmacist, due to the current rules on exemptions for VAT, but DHSC is working with HM Revenue & Customs (HMRC) to explore whether those rules can be amended to allow support staff to provide the service in the future. Where stop smoking services are commissioned locally, they can frequently be provided by support staff, with clinical supervision from the pharmacist. We hope that changes to the VAT rules will in time allow that approach with the SCS, which again may have a bearing on the optimal time for individual contractors to start to provide the service.

c) Preparing to provide the service

Before providing the service, various preparatory work needs to be undertaken. A full list of activities to undertake

¹ The supply of varenicline was considered as a second treatment option for this service; however, due to long-term production issues, it has been removed from the SCS.

before providing the service can be found in [PSNC Briefing 007/22: Contractor checklist – implementing the Smoking Cessation Service](#).

Consultation room

Pharmacies must have a consultation room in order to be able to offer this service, which meets the requirements in the Terms of Service. The consultation room must also have IT equipment accessible within the room to allow contemporaneous records of the consultations provided as part of this service.

If a contractor has had agreement from NHSE&I that their pharmacy is too small for a consultation room or a pharmacy (including distance selling pharmacies) does not have a consultation room, then they are not able to provide the service solely on a remote basis. The service is ordinarily intended to be provided face-to-face so this option must be available for patients.

If the pharmacist and patient agree that the service can be carried out remotely on an individual on an ongoing basis, for example because the patient is housebound while recovering from surgery, this should be carried out via telephone or video call in circumstances where the conversation cannot be overheard, except by someone whom the patient wants to hear the conversation, for example, a carer. That may, for example, mean the pharmacist uses the consultation room to undertake the remote consultation. Further information on remote consultations can be found on the [PSNC website](#).

Equipment

To provide the service, contractors must have a carbon monoxide (CO) monitor (**which is suitable for use with pregnant women**) and sufficient disposable single patient use mouthpieces to meet the likely demand when providing the service via face-to-face consultations in the pharmacy. The minimum technical specification for a CO monitor that can be used for the service can be found in Appendix A of the [service specification](#) and details of monitors which meet this specification are available at psnc.org.uk/scs. Monitors may also require parts of the monitor to be replaced regularly so contractors should ensure they are aware of these requirements and have sufficient replacement parts, as detailed in the CO monitor manual.

Contractors should also ensure they are aware of the routine maintenance, specific cleaning and calibration requirements for the CO monitor as detailed in the CO manual that is provided with the CO monitor.

Standard operating procedure

The contractor must have a standard operating procedure (SOP) in place for this service covering provision of the service, which should include key contact details for the service; the process for maintenance and validation of the equipment used and infection prevention and control measures; and signposting to locally commissioned smoking cessation services. The SOP should be reviewed regularly and following any significant incident or change to the service. All pharmacy staff involved in the provision of the service must be familiar with and adhere to the SOP.

Various pharmacy support organisations provide template SOPs which their members can personalise for use in their pharmacy.

Engagement with local GP practices and/or PCN colleagues

Prior to commencement of the service, it is advisable for contractors to engage with local GP practices and/or PCN colleagues to make them aware the pharmacy will be participating in the service. Although GP practices cannot refer patients to this service, contractors will be sending them the outcome of the service provision for their patients who agree to participate in the SCS; therefore, it is important that they are aware of the reason for this. A template letter / email for GP practices is available at psnc.org.uk/scs.

Accessing referrals

Contractors should ensure that an appropriate number of staff are able to access the electronic referral system used by the trust to send referrals and/or the premises specific NHSmail account to ensure they are able to access referrals.

Involving the pharmacy team

Although the service must be provided by the pharmacist, it is important that the wider pharmacy team are aware of the SCS and how it will operate. You could consider:

- Holding a briefing session for your team;
- Providing them with a one-page overview on how the service will work – see [PSNC Briefing 006/22: Briefing for pharmacy teams the Smoking Cessation Service](#);
- Discussing as a team how you can work collectively to make the service a success; and
- Making sure team members are clear on the daily activity required, such as checking for referrals, diary management, etc.

Promoting the service

NHS trusts are responsible for promoting this service to their eligible patients. The service should not be actively promoted to the public by contractors. The service is specifically for patients referred from NHS trusts who choose to continue their tobacco dependence treatment in community pharmacy following discharge from hospital, by committing to participate in the SCS. The service may not otherwise be used as an alternative to existing, locally commissioned specialist stop smoking support.

Patients presenting at the pharmacy without a referral having been received by the pharmacy are not eligible for the SCS and should be treated in the same way as other patients who present directly at the pharmacy for smoking cessation advice.

Notification of intent to provide the SCS

Contractors must notify NHSE&I that they intend to provide the service by completion of an electronic registration through the NHS Business Services Authority's (NHSBSA) [Manage Your Service \(MYS\) application](#). Contractors will be able to register for the service from 1st March 2022.

NHS website and DoS profile

The pharmacy's NHS website profile and the Directory of Services (DoS) profile do not need to be updated to indicate that the service is provided as this is not a service that patients or NHS 111 can refer themselves/patients to.

d) Training and competency requirements

Until changes can be made to the VAT legislation, so staff supervised by a pharmacist can provide a service which is deemed exempt from VAT, the service must be provided by pharmacists. Pharmacists providing the service must have:

- Read and understood the operational processes to provide the SCS as described in the [service specification](#);
- Successfully completed the following [National Centre for Smoking Cessation and Training \(NCSCT\) courses](#) and satisfactorily passed the assessments (where applicable):
 - a) Stop Smoking Practitioner training and certification;
 - b) Mental health and smoking cessation course;
 - c) Pregnancy and smoking cessation course; and
 - d) E-cigarettes: a guide for healthcare professionals course.
- Have read the [NCSCT Standard Treatment Programme \(STP\)](#), which will be used to support consultations (please note, the NCSCT is currently working on a version of the STP which will just cover the information to be included in sessions post quit date (once the patient has been discharged from hospital); this should be available when the service starts on 10th March 2022 using the link above.

Pharmacists should also be aware of the availability of locally commissioned services and national support helplines/groups; the [Better Health quit smoking](#) page includes information on getting daily email support, online communities and information on the National Smokefree Helpline.

The Centre for Pharmacy Postgraduate Education has [additional learning and links to further reading](#), which pharmacists and other members of the team could consider accessing (please note, this is not a mandatory requirement for the service).

e) Patient eligibility to receive the service

Patients are only eligible to receive the service if the pharmacy has received a referral electronically from an NHS trust.

Referrals

NHS trusts will identify patients who are smokers, provide a pre-quit assessment, and start treatment. With consent, patients will be offered a referral to a pharmacy which is participating in the SCS (the patient will choose which pharmacy they wish to be referred to). The referral will be made using a secure electronic system or NHSmail following discharge from hospital.

The information which should be included in the referral is listed in Appendix C of the [service specification](#).

All pharmacy staff involved in providing the service will need to understand how referrals are made and what IT systems to check for referrals. The IT systems will need to be checked regularly to see if the pharmacy has received any referrals.

At the time of commencement of the service, not all NHS trusts will have put in place processes to refer suitable patients to their community pharmacy, so the initial likelihood of pharmacies receiving SCS referrals will vary depending on the local situation.

If a patient presents at the pharmacy requesting smoking cessation advice, the pharmacy team may want to ask if they have been referred from an NHS trust for the service (in case the patient presents before the pharmacy has contacted the patient about their referral). If the patient confirms this to be the case, the pharmacy team should then check to see if a referral has been received.

If a referral has not been received

If a patient phones or presents in the pharmacy to arrange an appointment for the service, but a referral has not been received by the pharmacy, the following actions should be taken:

- Double check that they have recently been discharged from an NHS trust;
- Check with the patient the name of the pharmacy that they chose to be referred to;
- If the patient has presented at the correct pharmacy and confirms recent discharge from an NHS trust, re-check the electronic referral system and the pharmacy premises shared NHSmail account to ensure a referral has not been received;
- If no referral is found, contact the referring NHS trust and ask for the referral to be re-sent; and
- If the NHS trust advises that there is no referral for the patient, the pharmacist should ensure appropriate advice and/or signposting is provided to the patient to ensure they can access appropriate smoking cessation support, e.g. from the local commissioned stop smoking service.

f) Providing the service

The service must be provided in a consultation room on the pharmacy premises, which meets the requirements of the Terms of Service. However, if the patient has agreed for the service to be provided remotely, then this should be provided where the conversation cannot be overheard, except by someone whom the patient wants to hear the conversation, for example, a carer.

Service pathway

A flow chart illustrating the full service pathway can be found in Appendix B of the [service specification](#) and as a standalone document in the resources section at psnc.org.uk/scs.

Receiving referrals

When a referral is received, a member of the pharmacy team should contact the patient within five working days to confirm they want to access the service and arrange their first appointment (alternatively, the patient may contact the pharmacy as they should also have been advised by the NHS trust to contact the pharmacy within five working days). The pharmacy team should try to contact the patient on at least three occasions (the last of which must be on the fifth working day following receipt of referral). If the patient is not contactable or advises that they no longer wish to access the service, the NHS trust tobacco dependency team should be notified, and the referral should be closed.

If the patient advises that at this time, they do not wish to access stop smoking support, they should be offered details of alternative stop smoking support services that they could consider accessing in the future.

No payment can be claimed where there is no consultation with the patient.

If a patient advises that they do want to access the SCS, the patient should be offered a date for their initial consultation (ensuring that the consultation is soon enough to ensure the patient does not run out of their NRT before the appointment).

Consent

The service should be explained to the patient and verbal consent must be sought and recorded in the pharmacy's clinical record for the service. This consent should cover the full provision of the service and patients should also be advised of the following information sharing that will take place:

- The sharing of information between the pharmacy and the patient's general practice to allow appropriate recording of the details of the service in their general practice record (see Appendix D of the [service specification](#) for the information that should be shared with the patient's GP);
- The sharing of information about the service with NHSE&I as part of the service monitoring and evaluation;
- The sharing of information about the service with the NHSBSA and NHSE&I for the purpose of contract management and as part of post-payment verification; and
- The sharing of information with the NHS trust tobacco dependency team for the purpose of the NHS Digital smoking return (see Appendix E of the [service specification](#)).

Face-to-face consultations and carbon monoxide (CO) monitoring

The NCSCT has [updated their guidance](#) on face-to-face consultations and CO monitoring, which now states behavioural stop smoking support may now be resumed in person, face-to-face, by following Government COVID-19 guidance. This is in line with the resumption of other public health interventions, including drug and alcohol support and treatment by community healthcare providers.

The SCS is intended to be provided as a face-to-face service. On occasion there may be a requirement to provide behavioural support, monitoring, or follow up remotely, for example, telephone or video consultations. Remote consultations may only be considered if they will meet the requirements of the service specification and the patient agrees to this approach.

If the patient is unable to travel to the pharmacy, they should ask a representative to collect the NRT on their behalf. Contractors are not expected to deliver NRT to patients as part of the SCS but should follow their usual practice to support patients in gaining access to medicines.

What should be covered in a SCS consultation

Pharmacists should follow the consultation structure within the [NCSCT Standard Treatment Programme \(STP\)](#) as applicable to patients, which should include:

- Undertaking a CO test;
- Provision of behavioural support; and
- Supply of NRT – this will be initially determined by the details of NRT supplied at discharge from hospital. The pharmacy will supply a maximum of two weeks NRT at a time. As part of the consultation the suitability of

the NRT should be reviewed and any changes agreed with the patient. The course length should not exceed 12 weeks treatment from the defined quit date. This includes any treatment supplied to the patient while in hospital and at the point of discharge.

Pharmacy teams should also consider other services that they offer, for example, the Hypertension case-finding service, that they could advise the patient about to see if they would be interested in also accessing other services. Future appointment dates should be agreed at the initial consultation that overlap with the length of treatment supplied so the patient is not due to run out on the day of their appointment. Formal reviews must be held at four and twelve weeks post-quit; the agreed interim appointment cycle should coincide with these formal review dates.

CO readings

If the patient says that they have stopped smoking, but the CO test reading is higher than 10 parts per million (ppm) it may be that the patient is still smoking, and any further questions must be phrased sensitively to encourage an open discussion. However, patients should also be advised about possible CO poisoning and should be asked to call the free Health and Safety Executive gas safety advice line on 0800 300 363 if this is a possibility.

Supplying NRT

Patients will be discharged from the NHS trust with up to two-weeks supply of NRT. Following a remote or face-to-face consultation, the pharmacist should use their professional judgement to determine whether they may supply NRT in accordance with the requirements of the Human Medicines Regulations and the service specification.

A quantity sufficient for a maximum of two week's treatment should be supplied to coincide with the next appointment. The supply of NRT should be entered onto the Patient Medication Record (PMR) and the NRT supplied should be labelled. The supply should be made free of charge to the patient; NHS prescription charges do not apply to these supplies.

A regularly reviewed list of General Sales List NRT products which may be supplied as part of the service will be published in the Drug Tariff.

Not supplying NRT

The pharmacist may decide it is not appropriate to make a supply of NRT. In deciding whether or not to make a supply, the pharmacist must consider the impact on the patient. If the pharmacist decides not to make a supply, it must be clearly explained, and the patient should ideally agree with this decision. If the patient requires support from another healthcare professional, the pharmacist must organise this for the patient.

Where no items are supplied to the patient, it is important that the reasons are captured within the clinical record for the service.

Onward referral when an item is out of stock

If the required NRT product cannot be supplied in time to maintain continuous treatment, the pharmacist should discuss alternative formulations with the patient that they could try, which would mean the patient could continue with the SCS from the same pharmacy. If the option of an alternative formulation is not acceptable to the patient, then agreement should be made with them for referral to another pharmacy providing the SCS. The pharmacist should contact the pharmacy and check that the product is in stock and that they are willing to accept the referral. If the pharmacy does not have the items in stock, then the pharmacist should use their professional judgement as to the number of alternative pharmacies who are providing the SCS that should be contacted.

Once a pharmacy with the required product that can take the referral is found, the patient's details should be transferred by forwarding the referral details to the new pharmacy via the electronic referral system (where this functionality exists) or via NHSmail. The patient should be provided with the details of the pharmacy to which they have been referred.

What to do if a patient does not attend for an SCS consultation

If a patient does not attend an agreed face-to-face or remote appointment, a member of the pharmacy team should attempt to contact the patient to rearrange the appointment. If the patient is not contactable, the NHS trust tobacco dependency team should be notified, and the referral should be closed. The pharmacist should use their professional judgement to decide if it is appropriate to notify the patient's GP; particular consideration should be given to people in vulnerable groups.

Information for patients

Pharmacists should follow the consultation structure within the [NCSCT STP](#) and at the end of the consultation summarise the patient's plan (by following the list in the NCSCT STP) and give them the opportunity to ask questions.

Communicating with GP practices

The patient's GP must be informed of the outcome of the service provision; Appendix D of the [service specification](#) outlines the data that must be sent to the patient's GP when the patient is discharged from the service.

Record keeping and provision of data to NHSE&I

Contractors will need to select and contract for an IT system that they can use to make their clinical records for the service. Information on IT systems that can support the service is available at psnc.org.uk/scs.

NHSE&I and the NHSBSA are working with IT system suppliers to develop functionality that allows data from the clinical record of each service provision to be extracted and submitted to the NHSBSA's MYS system via an application programming interface (API).

The information to be submitted via the API is specified in Appendix F of the [service specification](#). This data will form the payment claim for the contractor and it will be used for post-payment verification (PPV) and evaluation of the service.

Clinical records of service provisions should be retained for an appropriate period of time, but for the purposes of PPV, they should be kept for a minimum of two years after the service takes place. As contractors are the data controller, it is for each contractor to determine what the appropriate length of time is, beyond two years that the clinical records are kept for. Decisions on this matter should be documented in the SOP and should be in line with [Records Management Code of Practice for Health and Social Care](#).

Equipment maintenance, calibration & cleaning

All CO monitoring equipment should be regularly checked and calibrated in accordance with the manufacturer's instructions; these maintenance recommendations may vary between devices.

Infection prevention and control measures and cleaning must be carried out on all CO monitors as per the instructions of the manufacturer or supplier and in line with current infection prevention and control guidance. Detergent and disinfectant wipes can damage plastic surfaces of medical devices if they are not compatible with the surface material. In line with [MHRA's guidance](#), contractors are advised to only use cleaning products that are compatible with the device.

The SOP for the service must include the processes for cleaning, maintenance, validation and recalibration of the equipment used. Contractors can access additional guidance from the MHRA's [Managing Medical Devices](#) guide.

g) Payments and the process for claiming payments

Once an API is put in place by IT suppliers, claims for payment for this service should be made monthly via the MYS portal. Claims should reach the NHSBSA by the 5th day of the following month after completion of the SCS, in accordance with the usual Drug Tariff claims process. While an API is not in place, an interim process will be used; further information on this process will be supplied by the NHSBSA.

Pharmacies providing this service will be eligible for the following payments:

- A set-up fee of £1,000 (which will be paid following registration on MYS to provide the service, having declared the pharmacy is ready to provide the service and relevant staff have undertaken the essential training specified in section 3 of the service specification and passed the e-assessments (where applicable).
- For each patient a fee for:
 - the first consultation of £30;
 - each interim consultation of £10; and
 - the last consultation of £40 (the last consultation may be at any point from and including the 4-week review up until the 12-week review).
- Only the cost of medicines on the list of products which may be supplied as part of the service which is published in the Drug Tariff will be eligible for reimbursement. The cost of those medicines, if supplied as part of the service, will be reimbursed using the basic price specified in Drug Tariff Part II Clause 8 – Basic Price. No other elements of the Drug Tariff in relation to reimbursement of medicines apply to this service. An allowance at the applicable VAT rate will be paid to cover the VAT incurred when purchasing the supplied medicine.

Once an API is put in place, the dataset to be reported to NHSBSA's MYS portal is listed in Appendix F of the [service specification](#). This will be collected automatically via an API for this service.

If changes to the VAT rules can be agreed between DHSC, HMRC and HM Treasury, to ensure pharmaceutical services provided by non-pharmacists, but under pharmacist supervision are VAT exempt, the service will be modified to allow aspects to be provided by the wider pharmacy team and the fees will be amended to reflect the greater use of skill mix within the service.

h) Discontinuation of service provision

If the contractor wishes to stop providing the SCS, they must notify NHSE&I that they are no longer going to provide the service via the MYS platform, giving at least one month's notice prior to the cessation of the SCS.

i) Further information and resources

The [PSNC website](#) contains resources and the answers to Frequently Asked Questions regarding the service.

The following links provide further information on smoking cessation and related topics:

- [National Centre for Smoking Cessation and Training \(NCSCT\)](#)
- [Better Health – Quit smoking](#)
- [NHS website – 10 self-help tips to stop smoking](#)
- [Action on Smoking and Health \(ASH\)](#)

The following phone numbers can be provided to patients:

- **NHS Pregnancy Smoking Helpline number: 0800 1699 169**
- **Smokefree National Helpline: 0300 123 1044**

If having read this PSNC Briefing and the information and resources on the PSNC website you have further queries about the service, or you require more information please contact the [PSNC Services Team](#).