

Appendix A (1)

2015-2016

SERVICE SPECIFICATION FOR THE PROVISION OF:

**Smoking Cessation Services
delivered in Community Pharmacies**

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1. Introduction

From April 1st 2013 the responsibility for commissioning Smoking Cessation Services transferred from the NHS to Local Authorities as part of their new Public Health remit as required by the Health and Social Care Act 2012.

This Service Specification is designed to cover what has previously been described as an enhanced aspect of clinical care of the patient, which is beyond the scope of Community Pharmacy essential services. No part of the specification by commission, omission or implication defines or redefines essential or additional services delivered under the new contract with NHS England. This Specification now forms part of a separate contract for Public Health Services between Hertfordshire County Council (the Council) and Community Pharmacies (the Provider).

The Public Health Outcomes Framework, 2013-2016¹ and the NHS Outcomes Framework 2013-2014² clearly define the Government's continued commitment to prevent people dying prematurely. Many lifestyle diseases are preventable through changes to lifestyles, particularly by stopping smoking. The Department of Health's ambitions documented in 'Healthy lives, healthy people: a tobacco control plan for England'³ are to reduce smoking prevalence in young people, in adults and in pregnancy. This is strongly supported by Hertfordshire's commitment to deliver its multi-agency Health and Wellbeing Strategy 2013-2016⁴ to reduce the harm from tobacco. Available at <http://www.hertsdirect.org/docs/pdf/h/hwbstrategy.pdf>

Reducing smoking prevalence across the life course is a key priority to improve health, reduce health inequalities, reduce premature morbidity and mortality and reduce health care spending. As well as reducing prevalence among adults, young people and pregnant women, stop smoking services need to meet the needs of high prevalence smoking groups such as routine and manual workers, mental health service users, pregnant women and black and minority ethnic groups (at least in proportion which reflects the population profile of Hertfordshire) and the needs of smokers with long term conditions.

Based on revised Office for National Statistics (ONS) and Integrated Household Survey (IHS) data, Hertfordshire has a population of 171,723 smokers in 2012-13; an increase of 23,181 on previous data and smoking prevalence has increased from 19.2% to 19.4%.

The National Institute for Health and Care Excellence recommends that at least 5% of smokers should be successfully treated each year, which aligns with regionally agreed ambitions to achieve at least 50 quits per 1000 smokers (5%).

The cumulative Hertfordshire stop smoking target for 2015-2016 will be 6767 four week quits. This target has been reduced from the 2014-2015 target of 7672 quits as Hertfordshire smoking prevalence has declined from 17.7% (2012 data) to 15.5% (2013 data).

These targets will be disaggregated at CCG locality and GP practice level as usual, according to the number of registered smokers at each practice. This enables commissioners and providers to allocate sufficient resources according to local need.

¹ Department of health (2013) Public Health Outcomes Framework 2013 to 2016. Available at: <https://www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency>

² Department of Health (2012) NHS outcomes framework 2013-2014. Available at: <https://www.gov.uk/government/publications/nhs-outcomes-framework-2013-to-2014>

Department of Health (2011) Healthy lives, healthy people: a tobacco control plan for England. Available at: <https://www.gov.uk/government/publications/the-tobacco-control-plan-for-england>

⁴ Health and Wellbeing Board Hertfordshire (2013) Healthier People, Healthier Communities for a healthier and happier Hertfordshire 2013-2016)

In previous years the locality targets were calculated from MIQUEST reports. For 2015-2016, locality targets will be calculated using the National GP Practice Profiles. (see Annex I: Smoking Cessation Targets 2015-2016)

This will allow the locality to know at the start of the year the total service provision required for the locality to achieve the required number of smoking quits. To be successful this should be achieved collaboratively between all service providers within each locality.

Community Pharmacies are strongly encouraged to work with their local GP practices and with Hertfordshire Stop Smoking Service in order to provide mutual support to each other and to their local population.

Pharmacies not providing their own in-house smoking cessation service should facilitate smoking cessation through clear signposting and/or referral to HSSS or any smoking cessation provider registered within Hertfordshire and by supplying NRT to Service Users who are attending these services.

Pharmacies are also required to provide brief intervention advice to all Service User's who smoke as part of the existing national pharmaceutical services contract. 'Making Every Contact Count' (MECC) is a national ambition for all front-line health and social care staff to provide brief advice on the range of lifestyle behaviours such as smoking, alcohol, physical activity, healthy eating and weight management. Community Pharmacies are encouraged to support MECC as part of good public health practice.⁵

In 2012-2013, the Local Pharmacy Committee, regional pharmacy managers, NHS partners and public health partners formed a task and finish group to deliver the Community Pharmacy Smoking Cessation Strategy 2012-2013. This group has contributed to the continued improvements seen in community pharmacy stop smoking services.

2. Duration

This agreement is valid from 1st April 2014 to 31st March 2016 or until the Service is terminated according to the conditions in B.32 of the main Contract.

3. Eligibility and Accreditation

Provide one or more Stop Smoking Advisors who has been trained to Level 2 standards and registered with HSSS. This information should be returned to HSSS by each Community Pharmacy

Level 2 training comprises:

- a. 2 day initial HSSS training with mandatory annual update training in subsequent years
- b. 1 day UKNSCC online level 1 training PLUS attendance at 1 day HSSS level 2 training with mandatory update in subsequent years (level one certificates **MUST BE** submitted to HSSS at least one week prior to level 2 training)
- c. Advisors who have been trained to the Health Development Agency or NCSCT stage 2 standards or have full certification and have worked in other counties can offer the service in Hertfordshire *subject to validation of their training and attendance of an update in Hertfordshire.*

⁵ Making Every Contact Count:

http://learning.nhslocal.nhs.uk/sites/default/files/mecc_booklet.pdf

- d. Advisors offering a Pregnancy Stop Smoking Service must attend the HSSS Smoking in Pregnancy Training (1/2 day) as well as completing the level 2 training.

The Pharmacy Manager is responsible for determining the suitability of advisors to provide this Service.

4. Requirements

1. Provide 1:1 or group interventions following the Department of Health (DH) Guidelines for Smoking Cessation Services 2011/12 including its 2012/13 update or future revisions^{6,7}.
2. Ensure that the Service User's medical history is reviewed for any potential adverse consequences to stopping smoking or for any contra-indications or cautions to pharmacotherapy including an assessment of medication that may need dose adjusting during a quit attempt or special circumstances such as pregnancy, post Myocardial Infarction, diabetes or mental health disorder (this is not an exhaustive list, but an indication of conditions that may require additional advice and support).
3. Provide Service Users with a service user evaluation form and an HSSS addressed envelope following the first appointment (see Annex II).
4. Ensure that the Service is effectively marketed and promoted with all pharmacy Staff and store staff (where appropriate) to raise awareness of the in-house Service ensuring that robust referral pathways are in place.
5. Ensure that there is sufficient clinic time allocated to contribute to the localities smoking cessation target as well as manage patient's expectations of an appointment whilst motivated to quit. A maximum wait for a first appointment should be no longer than 2 weeks. As a guideline, sufficient clinic time should be allocated to achieve at least 1 quit per week (3 hours each week based on a 50% success rate). Accredited Healthy Living Pharmacies and 100 hour pharmacies should offer a service for at least 80% of their opening hours.
6. All pharmacy front line Staff are to be trained to deliver Brief Intervention advice to smokers (Brief Intervention and motivational interviewing training can be provided).
7. Smoking Cessation materials should be provided for each Service User giving consideration to any cultural, age, language, literacy, disability or medical requirements. These can be freely accessed from: <http://www.healthpromotioninherts.nhs.uk/HPAC/> or from <http://smokefree.nhs.uk/resources/>
8. Expectations of the Service should be agreed with the Service User; for optimum success a commitment by both the Provider and Service User is required: weekly clinic appointments and/or telephone support should be offered in order to provide a minimum of 90 minutes contact time over a period of at least 6 weeks. We recommend that Service Users requiring telephone support should have an initial face to face appointment to build rapport and identify individual needs and again at 4 weeks post quit date to verify smoking status.
9. All smokers should be given the optimum chance of success in any given quit attempt. There is no minimum time period between quit attempts - the smoker's motivation should be the guiding principle. Smokers who have previously failed to quit or have a complex smoking history should be considered for referral to HSSS (see Annex III for referral form).

⁶ Department of Health (2011) Local Stop Smoking Services: Service Delivery and Monitoring Guidance 2011/12

⁷ Department of Health (2012) Local Stop Smoking Services: key updates to the 2011/12 service delivery and monitoring guidance for 2012/13

10. All Service Users must give verbal CONSENT for their data to be accessed by HSSS and anonymised for reporting purposes. Service Users should be informed that their GP may be informed of their attendance at the stop smoking Service. The Service Users should also be informed that HSSS will be contacting them during the first year following a quit attempt. Routes to contact Service Users should be agreed on QuitManager and verbal consent documented (tick box) Written consent should be acquired for paper forms or signed by the Provider if verbal consent given.
11. All smokers **must set a quit date**, preferably at the first appointment, but by the second appointment at the latest and this MUST be recorded on QuitManager or on the paper monitoring form.
12. Smokers who are attending a Service prior to elective surgery must have their details entered onto QuitManager at the time of their first appointment whether or not they set a quit date.
13. All smokers should be offered weekly carbon monoxide (CO) breath tests to verify smoking status and to promote abstinence. CO monitors will be loaned by the County Council for the duration of Service provision and disposable items will need to be purchased. A separate loan agreement will be signed by the Provider.
14. NRT (including dual NRT), Champix (varenicline) and Zyban (bupropion) are all available as first line treatments (where clinically appropriate) and recommended by NICE. Pharmacotherapy should be provided with intensive behavioural support for optimum success and should not be given without this support. NRT may be offered to all smokers over the age of 12 years in conjunction with NICE⁸ (Please refer to HSSS Pharmacotherapy Guidelines 2010 or its updates or the Summary of Product Characteristics on the electronic Medicines Compendium for more information and guidance on dealing with any potential adverse effects)⁹

Smokers who quit (or relapse) may need to have the dose of existing medication adjusted¹⁰
Diabetics should closely monitor their blood sugars during cessation attempts.
15. All smokers must be routinely followed up. At least 3 attempts should be made to contact them to verify their smoking status and to encourage them back into the Service if they have not quit or relapsed. CO monitoring of a successful quit should always be attempted (see Annex IV for Service Specification algorithm).
16. Services must comply with Caldicott Principles, the Data Protection Act and have robust Information Governance Policies in place.
17. All Services should comply with their duties in relation to The Equity Act 2010. An interpreter should be considered for patients whose first language is not English.
18. Services should ensure all Staff have access to and follow the Hertfordshire Safeguarding Adults and Children Board from Abuse Procedures. These are accessible to Staff here: <http://www.hertsdirect.org/your-council/hcc/healthcomservices/acspolicies/safeadults/> and <http://hertsscb.proceduresonline.com/index.htm>
19. The Provider is able to offer and provide Smoking Cessation at work places providing they follow the above standards of practice. Providers must register their interest in delivering work place Smoking cessation sessions with the Herts Stop Smoking Team.

⁸ NICE (2011) PH10 Smoking Cessation Services. Available at:

<http://www.nice.org.uk/nicemedia/live/11809/35941/35941.doc>

⁹ Electronic Medicines Compendium. Available at: <http://www.medicines.org.uk/emc/>

¹⁰ Access NICE Medicines Information at: <http://www.evidence.nhs.uk/nhs-evidence-content/medicines-information> for details of medicines which may need dose adjusting Search: 'NeLM + smoking + medicines'

20. Stop smoking providers should offer support to all smokers, including those using electronic cigarettes as long as they are using smoked tobacco products simultaneously. Tobacco products that can be included in this definition include: tailor made cigarettes and hand-rolling tobacco, cigars and pipes (including shisha, hookah, and hubble-bubble pipes and cannabis that is smoked in tobacco).

21. Further information on electronic cigarettes is available here: http://www.ncst.co.uk/publication_ecigarette_briefing.php

Pregnant Smokers

Smoking is one of the most modifiable risk factors for adverse outcomes in pregnancy. Pregnant smokers should be offered intensive support as early in the pregnancy as possible and should only be offered NRT in conjunction with NICE PH 26 Guidance [and](#) HSSS policy for the recommendation of NRT to pregnant smokers

Stop smoking services to pregnant women and their partners need to be of the highest quality. There has been a significant decline in the number of pregnant smokers accessing stop smoking services across the County in the past few years. In addition, there has been a decline in the success rate in services delivered via advisors in community pharmacy and GP surgeries from 45% in 2013-14 to 35.4% in 2014-15.

To ensure that service providers maintain key skills in delivering the intensive support required to this vulnerable group, pregnancy stop smoking advisors are required to see 4 or more pregnant smokers during 2015-2016 and achieve at least a 47% success rate, in line with the England average. Service providers who do not meet this criteria will not be commissioned to provide a pregnancy stop smoking service in 2016-2017.

Service providers unable to offer a Pregnancy Stop Smoking Service should refer to HSSS at the earliest opportunity.

45 minute first appointment is recommended with 20 minute follow up appointments, which may be required more frequently and continue for longer than for other Service Users. Partners should also be encouraged to quit smoking.

Provision of NRT

Community Pharmacies providing an in-house Smoking Cessation Service will supply NRT under their own 'Letter of Recommendation' (LoR) scheme, claiming the cost of the pharmacotherapy and the dispensing fee according to the County Council's NRT invoicing instructions, deducting any prescription charges made. Only NRT which is listed on the invoice template may be dispensed and claimed for. Service User's who pay prescription charges should be advised of the cost savings to be made by purchasing an NHS pre-payment prescription certificate (see Annexes V and VII). Online templates and instructions can be found on the Herts LPC website: <http://www.hertslpc.org.uk/>

Community Pharmacies who choose not to provide a smoking cessation service are encouraged to provide NRT to customers who present with a valid 2015-2016 Letter of Recommendation that has been signed by HSSS or another local accredited service provider. Letters of Recommendation are valid for 7 days from the date of signing.

Prescription Only Medication

Pathways for the provision of prescription-only medication should be agreed with local GP practices using the Smoking Cessation Pharmacological Guidance 2010 and the accompanying Varenicline Pathway 2010 or its updates.

5. Quality

Services are expected to meet the minimum quality standards that define best practice locally:

1. All smokers set a quit date at the first or second appointment
2. A minimum quit rate (success rate) of 50%.
3. At least 85% of quits to be CO validated.
4. At least 45% of quits to be achieved in Routine and Manual occupational groups.
5. Lost to follow up rate to be less than 15% of smokers who set a quit date.
6. All occupational codes to be recorded
7. All smokers who attend the Community Pharmacy to be given brief intervention advice and offered a referral into a local stop smoking service (own service, GP practice or HSSS).
8. Smokers who have previously failed to quit at the pharmacy's own Service or who have complex needs (such as a severe mental health condition) should be offered a referral to HSSS.
9. All Services to offer NRT, varenicline or bupropion as first-line treatments (if clinically appropriate).
10. All Service User's are to be given an opportunity to evaluate the Service that they have received

6. Contract Monitoring

Hertfordshire Stop Smoking Service will produce and disseminate weekly reports on progress towards target by locality and CCG and produce and disseminate monthly quality reports by each Community Pharmacy, pharmacy multiple, locality and CCG. These reports will form part of Public Health Contract reviews for those providers who wish to provide this Service.

All Providers will be given specialist HSSS support throughout the year to promote the provision of Services that meet or exceed the above quality standards. As a minimum, Services should expect at least quarterly visits from HSSS.

Providers that consistently fail to reach the minimum quality standards will be reviewed at the end of Quarter 1 and additional support will be offered to ensure that quality improvements are evident by the end of Quarter 2. Providers who fail to reach the minimum quality standards at the end of Q1 will be required to submit an action plan at the beginning of Q2 outlining remedial actions to be taken.

7.i Smoking Cessation Targets 2015 - 2016

Locality	Q1 (23%)	Q2 (22%)	Q3 (23%)	Q4 (32%)	Total Target
Cambs	29	27	29	39	124
Royston	29	27	29	39	124
ENHCCG	762	734	767	1066	3329
Lower Lea Valley	111	107	111	155	484
North Herts	141	134	141	197	613
Stevenage	140	135	142	195	612
Stort Valley and Villages	66	63	67	92	288
Upper Lea Valley	144	141	144	203	632
Welwyn Hatfield	160	154	162	224	700
HVCCG	758	730	763	1063	3314
Dacorum	211	206	215	300	932
Hertsmere	134	128	134	189	585
St Albans & Harpenden	144	137	144	200	625
Watford & Three Rivers	269	259	270	374	1172
Grand Total	1549	1491	1559	2168	6767

Hertfordshire Stop Smoking Service

Service User Feedback Questionnaire

The Hertfordshire Stop Smoking Service would like to offer you this opportunity to give us feedback about the service you have received. If there is anything you particularly liked, or anything you feel needs improvement, please let us know. Your views are very important to us, and will be completely confidential. We will use the answers you provide for research and development and to improve our service.

Please answer the following questions as honestly as you can; place the questionnaire in the envelope provided and return it to the Hertfordshire Stop Smoking Service.

Thank you for your time!

Name of Advisor: _____

Name of Pharmacy/GP Practice/Clinic: _____

Please circle appropriate answer for each question

1. Overall, how satisfied are you with the support you have received to stop smoking?

Very Satisfied	Satisfied	Unsure	Unsatisfied	Very Unsatisfied
1	2	3	4	5

2. Would you recommend this service to other smokers who want to stop smoking?	No 1	Unsure 2	Yes 3
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3. In the event that you started smoking again, would you go back to the service for help with stopping smoking?	No 1	Unsure 2	Yes 3
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4. If you returned to the service for help with stopping smoking in the future, do you think that you would be welcomed back?	No 1	Unsure 2	Yes 3
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5. Have you smoked since your last appointment with the service?	No, not a single puff 1	Yes, just a few puffs 2	Yes, 1-5 cigarettes 3	More than 5 cigarettes 4
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6. Was it easy to contact the Stop Smoking Service when you decided that you wanted to stop smoking?	No 1	Unsure 2	Yes 3
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Hertfordshire Stop Smoking Service

Service User Feedback Questionnaire

7. When you contacted the Stop Smoking Service, were you given an appointment date or told how long you would have to wait to see someone?

	No	Unsure	Yes
	1	2	3

8. How long did you have to wait for your first appointment? (Please enter approximate number of weeks or days in box)

	_____ Weeks	
	_____ Days	

9. Was the length of time you had to wait for your first appointment acceptable?

	No	Unsure	Yes
	1	2	3

10. Was there contact from the Stop Smoking Service before your appointment to encourage and motivate you to attend treatment?

	No	Unsure	Yes
	1	2	3

11. Were the appointment times convenient for you?

	No	Unsure	Yes
	1	2	3

12. Was the place where you went for your appointments convenient for you to get to?

	No	Unsure	Yes
	1	2	3

13a. Were you given the choice of an individual appointment or a group?

	No	Unsure	Yes
	1	2	3

13.b. Would you prefer a group or individual appointment?

	Group	Unsure	Individual
	1	2	3

14. How satisfied were you with the support given by staff?

Very Satisfied	Satisfied	Unsure	Unsatisfied	Very Unsatisfied
1	2	3	4	5

15. How helpful was the advice that staff gave during your appointments?

Very Helpful	Helpful	Unsure	Unhelpful	Very Unhelpful
1	2	3	4	5

Hertfordshire Stop Smoking Service

Service User Feedback Questionnaire

16. How helpful was the written information that the advisor gave to you?

Very Helpful	Helpful	Unsure	Unhelpful	Very Unhelpful
1	2	3	4	5

17. How did you find having your Carbon Monoxide (CO) reading done at every visit:

CO not taken every visit	Very Helpful	Helpful	Unsure	Unhelpful	Very Unhelpful
0	1	2	3	4	5

18. Was the information that you were given about the choice of medication helpful?

No	Unsure	Yes
1	2	3

19. Which medication did you use?

None	Single NRT	Combination NRT	Champix	Zyban
1	2	3	4	5

20. How did you get your medication?

On Prescription	Chemist (bought)	Chemist (providing service)	Stop Smoking Service (Letter of Recommendation)	Hospital
1	2	3	4	5

21. Was it easy to get hold of your medication?

No	Unsure	Yes
1	2	3

If there are **any changes** you would like to see in the Stop Smoking Service, or if there was anything we did particularly well, then **please give details here:**

If you would like to contact us for more information about Stop Smoking Services then please call 0800 389 3 998, or email us at stopsmokingservice@hertscc.gcsx.gov.uk

Now please place the questionnaire in the envelope provided and return it to Hertfordshire Stop Smoking Service or send to Hertfordshire Stop Smoking Service, Public Health Directorate, Hertfordshire County Council, Apsley Campus One, Brindley Way, Hemel Hempstead, Hertfordshire HP3 9BF

We are currently looking for people who are willing to talk about their experiences of quitting smoking; if you would be happy for us to contact you, please fill out your details below:

Name: _____ Mobile: _____

Address: _____ Landline: _____

_____ Postcode: _____

7.iii - Service Specification Algorithm

FIRST CONTACT:

Service User presents for help to stop smoking at a local pharmacy or GP Stop Smoking Service or has been receptive to Brief Intervention Advice.
If Service User wants to quit, explain service and expectation of weekly support for best chance of success; give Health Questionnaire, booklet on stopping smoking and make first appointment. Consider referral to specialist service if Service User is pregnant, has a mental health condition or complex needs, or has not quit successfully with your service previously.
If Service User not ready to quit, ensure Service User welcomed to access service at later date.
Explain commitment is for at least 4 weeks following quit date.

Medication:

Some medication may reach toxic levels following smoking cessation or reduction. Please access NICE Medicines Information at: <http://www.evidence.nhs.uk/> for details of medicines which may need dose adjusting
Search: 'NeLM + smoking + medicines'

FIRST APPOINTMENT: Usually pre-quit (30 mins or 45 mins if pregnant)

Establish Service User relationship
Note relevant medical history/medication from Health Questionnaire
Assess smoking history and current dependency (Fagerstrom Test)
Assess motivation and confidence to quit
CONSENT: complete QuitManager or Service User to sign Monitoring Form
Explain CO monitoring and record reading (use as motivational tool)
Negotiate quit date and discuss planning for it
Provide literature e.g. Stop Smoking Start Living; Today Tomorrow
Discuss behaviour change/breaking the habit
Discuss withdrawal symptoms and coping mechanisms
Discuss all medication options approved by NICE, inline with local guidelines and patient choice, facilitate supply, explain use, and complete clinical record. Complete additional Smoking in Pregnancy forms if required
Make next appointment or follow up any DNAs
Complete all mandatory fields on QuitManager
Provide service user evaluation form (and pre-paid envelope).

NRT option:

Provide prescription (FP10) or Letter of Recommendation for NRT to take to pharmacy (usually 2 weeks supply)

Varenicline or bupropion option: Advisor follows Varenicline Pathway; consulting with GP and prescribing the above within NICE and HSSS pharmacotherapy guidelines and Summary of Product Characteristics

APPOINTMENTS 2, 3 and 4: (10-15 minutes on or shortly after quit date and each and every following week)

Assess progress so far - congratulate any constructive behaviour change/efforts
Confirm quit date/set quit date
Take CO reading to use as a motivator
Monitor use of medication – ensure adequate use and monitor side effects (Adjust dose or change medication if severe adverse effects)
Ensure adequate medication until next appointment
Complete clinic notes in QuitManager or clinic record
Discuss any lapses or barriers to quitting/difficulties to be overcome
Discuss withdrawal symptoms and coping mechanisms
Build on repertoire of coping strategies and identify and help patient overcome any perceived obstacles
Follow up service users who have failed to attend appointments

FINAL APPOINTMENT: between 25 and 42 days after quit date (NHS reporting deadlines)

Assess progress so far - quit or not quit at this four-week follow-up appointment
Congratulate success if appropriate and encourage staying stopped
For those who haven't quit, suggest returning for another course when ready
Complete CO reading (must be less than 10ppm to validate non-smoking status)
Service User must be smoke free for the last 14 days of the 28 days since setting a quit date
Complete Quit Status on QuitManager or return paper Monitoring Form to HSSS for monitoring and payment purposes
Complete clinical record
Identify risks to staying stopped and ensure patient empowered to access service in future without fear of failure if relapse occurs. Agree additional support for complex Service Users or refer to HSSS

Ensure sufficient supply of NRT, varenicline or bupropion to complete full course of medication

For queries contact: Hertfordshire Stop Smoking Service on 01442 453655 or email: stopsmokingservice@hertscc.gcsx.gov.uk

Hertfordshire Stop Smoking Service

Smoking has been discussed with this Service User who has agreed to be referred to Hertfordshire Stop Smoking Service and will be contacted by the team to discuss quitting.

Information may be shared with other appropriate health professionals.

* Fields marked with an asterisk are mandatory

<p>* Service User's Forename:.....</p> <p>* Service User's Surname:.....</p> <p>* Date Of Birth.....</p> <p>* Gender: Female: <input type="checkbox"/> Male: <input type="checkbox"/></p> <p>* Inpatient: Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>* Address 1:.....</p> <p>* Address 2:</p> <p>* Town:</p> <p>Email:</p> <p>Does partner/any member of the household smoke and want to be contacted by HSSS? Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>Name and contact number:.....</p>	<p>* Primary phone (Landline):</p> <p>* Messages can be left on this number: Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>Mobile</p> <p>* Messages can be left on this number: Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>* Is the Service User pregnant? Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>* Postcode:</p> <p>* Stop before the Op? Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>Referrer's Name:</p> <p>Referrer's contact number.....</p> <p>* Organisation:</p> <p><i>(Please avoid abbreviations)</i></p> <p>Referrer's Email</p> <p>Referrer's fax number:</p> <p>* Does the Service User have disabilities or mental illness that we need to be aware of?</p> <p>.....</p> <p>.....</p>
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PLEASE SEND TO:

Hertfordshire Stop Smoking Service
 Public Health Directorate, Hertfordshire County Council,
 Apsley Campus 1, Brindley Way, Hemel Hempstead. Hertfordshire. HP3 9BF
Freephone: 0800 389 3998 Telephone: 01442 453071 Fax: 01442 453070
 Email: stopsmokingservice@hertscgcsx.gov.uk

HSSS is committed to calling/texting all referrals up to 3 times, at different times of the day. If the team has been unable to contact the Service User, a letter plus supporting information pack will be sent.
Thank you for referring this Service User to Hertfordshire Stop Smoking Service

Hertfordshire Stop Smoking Service (HSSS)

APRIL 2013

The new NRT Summary sheet has been designed to save you time. From now on, only the NRT summary sheet needs to be completed as the product information is transferred electronically to the invoice template. Please use the 'Data Entry' tab for this. For the template to be effective, please follow these instructions:

Pharmacy Details (Data Entry Tab, Rows 3 to 7/Columns C to G):

- All fields marked * are mandatory fields and **MUST** be completed.
- Please enter the Pharmacy Name (Row 3, Column C), Full Address (Address Line 1 in Row 4, Column C; Address Line 2/Town in Row 4, Column G), Postcode (Row 3, Column H), and Phone/Fax number in Row 5, Column C).
- The Invoice Date (Row 5, Column G) and Invoice Number (Row 6, Column C) must be included. **The Invoice Number must be a unique number generated by pharmacy internal business systems. The Invoice Date must also be unique for each invoice submitted.**
- The pharmacy VAT registration number must be included (Row 6, Column G). VAT is calculated at 5% on the net cost of NRT (BNF price).
- Please input your pharmacy Contractor Code in Row 7, Column C.

Summary Sheet (Data Entry Tab, Rows 13+, Columns A to J):

- Date product issued entered into Column A, using the format DD/MM/YYYY.
- Patient name should be entered in **FULL (First and Surname)** as per their episode details on Quit Manager, or on the DH Service Monitoring Forms, into Column B (No initials).
- Mark with an 'x' whether the patient has been seen under your own LES agreement, **or** has presented a Letter of Recommendation (LoR) from another Hertfordshire Stop Smoking Service (Column C or D).
- Select NRT Supplied (Brand) using the drop down arrow and selecting the appropriate NRT Brand issued (Column E). Only products listed on the invoice may be dispensed unless there are exceptional circumstances (and with prior approval).
- Select specific type of NRT product issued using the drop down arrow and selecting the appropriate product (Column F).
- Select Amount (Pack Size x No. Dispensed) using the drop down arrow and select as appropriate (Column G and H).
- Select whether or not a prescription charge was collected using the drop down arrow and select prescription charge, or whether they are exempt (Column I).
- For each transaction, a supply fee of £2.00 will automatically be allocated in Column J (see page 2 of instruction sheet for details on supply fees).

All columns should be completed in full for the claim to be processed

- Once all Service User entries are completed for month/quarter, please enter your name and submission date into Row 220, Column B and E respectively.

Where to send the completed Electronic NRT Summary Sheet/Invoice?

Independent Pharmacies:

Once completed, the excel spreadsheet is to be attached to an email from your pharmacy **nhs.net** email account and sent to stopsmokingservice@hertscgcsx.gov.uk This claim is now submitted.

In order to comply with the Caldicott Principles and the Data Protection Act, patient identifiable information must ONLY be emailed from an nhs.net address to an nhs.net or qcsx secure email address

Once the NRT invoice sheet is submitted to the Stop Smoking Service:

- Make 2 copies of this Excel File in a secure location, save one for your record/reference
- With the 2nd copy, delete all the information on **Row 13+** in **Column A to Column I** from the Data Entry tab along with the date submitted in **Row 220, Column E**
- Delete the unique Invoice Date (**Row 5, Column G**) and Invoice Number (**Row 6, Column C**)
- This document will now be ready for next month's/quarter's transactions

Chain Pharmacies (Boots/Tesco/ Lloyds/ Superdrug/Asda/J. Sainsbury/Morrisons etc.):

If you are part of a chain, but do have access to an **nhs.net** account, then you can follow the pathway above for *Independent Pharmacies* as this is the quicker/easier process to use.

If not, as your organisation does not permit use of the **nhs.net** email system, the two documents (1. Invoice and 2. Data Entry Sheet/Summary Sheet) need to be printed and sent to Hertfordshire Stop Smoking Service. Please note that you **must not** send any claims directly financial services.

**Print and then fax to Hertfordshire
Stop Smoking Service.
FAX NUMBER: 01442 453070**

OR

**Print and then post to:
Hertfordshire Stop Smoking Service.
Hertfordshire County Council,
Apsley Campus 1, Brindley Way,
Hemel Hempstead, Herts, HP3 9BF
MARKED PRIVATE AND CONFIDENTIAL**

Updated Versions of the Electronic NRT Summary Sheet/Invoice

All future updated versions of the electronic NRT Summary Sheet/Invoice in response to either change to drug tariff prices, prescription charges and/or inclusion of new NRT products to the formulary will be loaded onto Quit Manager and the Herts LPC website:

http://www.lpc-online.org.uk/hertfordshire_lpc/smoking_cessation.html

Letters of Recommendation (LoRs)

Please note that LoRs should be retained by the pharmacy for their records and **not sent to HSSS**.

Supply Fees / other instructions

Electronic NRT claims may be returned monthly if expenditure exceeds £1,000 otherwise quarterly invoices are preferred.

The supply fee is chargeable per transaction; for example 2 weeks supply of patches = 1 item. The total charge on the invoice is equal to the sum of the cost of NRT plus VAT at 5% and supply fees less the total prescription charges.

Examples:

- 2 weeks supply of patches = 1 transaction and 1 supply fee.
- More than one of the same product, e.g. lozenges/patches of different size packs = 1 transaction and 1 supply fee.
- 2 different items/products issued or on the LoR = 2 transactions and 2 supply fees.

The total charge on the invoice is equal to the sum of the cost of NRT plus VAT @ 5% and supply fees, less the total prescription charge.

VI Finance

Hertfordshire Stop Smoking Service - Payment Details

Each Community Pharmacy contracted to provide this Service will receive:

- **£100 for each Service User** who sets a quit date and quits smoking for ***at least four weeks****
- **£150 for each pregnant Service User** who sets a quit date and quits smoking for ***at least four weeks****
- No payments are made for non-quits, Service Users lost to follow up; Service Users without a set quit date or for incomplete data
- A supply fee of £2.00 will be paid for each transaction on a valid NRT letter of recommendation **as detailed in the Service Specification**

It is recognised that Service Users frequently struggle during the first few days following a quit attempt; however, there should be no tobacco smoked whatsoever during the final 14 days of the 28 days following a set quit date.

Providers will be paid each month on completion of quit status on QuitManager. All data must be completed on QuitManager between 25 and 42 days following a set quit date. Any paper monitoring forms should be returned to:

Hertfordshire Stop Smoking Service, Hertfordshire County Council, Apsley 1, Brindley Way, Hemel Hempstead, HP3 9BF

Queries regarding payment should be made to: **Hertfordshire Stop Smoking Service**

Telephone: 01442 453071

Fax: 01442 453070

Website: <http://www.smokefreehertfordshire.nhs.uk/>

Email: stopsmokingservice@hertsccl.gcsx.gov.uk