

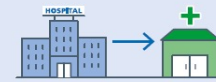


**Community
Pharmacy**
**Black Country
S. Staffordshire**

Community Pharmacy Advanced Service NHS Smoking Cessation (SCS)

Black Country and Cannock

November 7th
7pm-8pm



NHS

**Stopping Smoking:
Ongoing support from
your pharmacy**



Introductions

Community Pharmacy Chief Officers

Wolverhampton: Jeff Blankley

Dudley: Stephen Noble

Sandwell: Peter Prokopa

Walsall: Jan Nicholls

Staffordshire & Stoke: Tania Cork

ICB Community Pharmacy Clinical Lead

Dan Attry

Provider Leads

Ellina Bawa- Tobacco Dependency Lead- RWT

Resham Khun-Khun- Group Manager RWT

Alison Yates: Tobacco Dependency Lead (Walsall Manor Hospital)

Rachelle Clark: Tobacco Dependency Lead (Russell's Hall Hospital)

Agenda

Aim and Objective of Engagement Event

Enhanced Community Pharmacy Specification Update

- 🚬 Signing up for Enhanced Service
- 🚬 Reporting Requirement
- 🚬 Payments for Enhanced Service

Provider Leads Updating Inpatient Long-Term Plan in Each Area

- 🚬 Key issues encountered and lessons so far
- 🚬 What would help

Community Pharmacy 'Sharing Experience and Learning'

- 🚬 Case Study

Training Resource and Slides

Q&A Session

Readiness Poll

Background



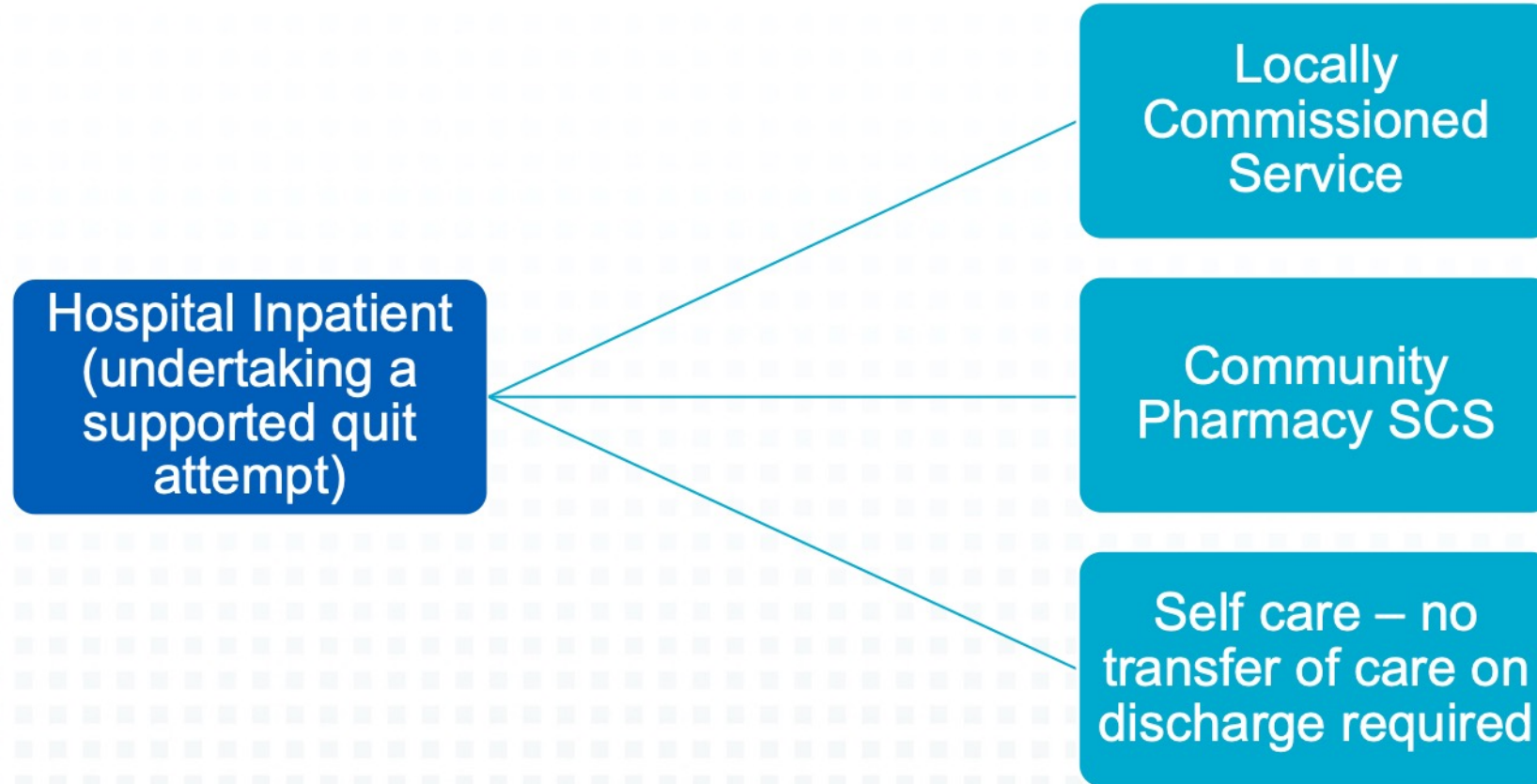
- NHS Long Term Plan (LTP): commitments
- Prevention is a core component of the NHS Long Term Plan (LTP). The LTP commitments that set out the NHS's contribution to tackling tobacco dependence include:
- By 2023/24 all people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services
- Acute, Maternity and Mental Health services
- The commitments are designed to:
- Be the NHS's contribution to helping deliver a smoke free generation
- Build on the good work already being delivered and to compliment current Stop Smoking Services
- Focus on both physical and mental health services
- Introduce a level of national direction, but with local development and delivery

Background (2)



- **Community Pharmacy Advanced Service Specification – NHS Smoking Cessation Service (SCS) Service Specification**
 - This service 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 medication and support as required. The ambition is for referral from NHS trusts to community pharmacy to create additional capacity in the smoking cessation pathway
 - Smoking cessation programmes already exist in community settings but are variable in their involvement of pharmacy

Pathway



The Advanced Service Specification



- Requirements for service provision, including premises and equipment
 - Pharmacist and now Pharmacy Technician (new update to service spec June 2023)
 - SOP
 - CO Monitor (calibrated and serviced according to supplier specifications)
 - Inclusions & Exclusions
 - Consultations
 - Outcomes & Next Steps
 - Consent & Data Sharing
 - Training
 - <https://www.ncsct.co.uk/>
 - Passed assessments
 - Standard Treatment Programme, Specialist modules for mental health & pregnancy, E-cigs

Registration & Payments



- £1000 set up >>>>>READY (**competent advisors/NCSCT, CO monitor**)
- Consultation Fees: Initial £30, interim £10 & final £40
- Lost to follow up – inform the trust tobacco team
- NRT Reimbursement
- Reporting

- Registration to provide the service – [NHSBSA MYS Portal](#)
- **CLAIM via MYS**
- **PharmOutcome API**

Pharmacy Requirements



- Must have satisfactorily completed the National Centre of Smoking Cessation Treatment (NCSCT) Stop Smoking Practitioner Certification
- Must have completed specialist NCSCT modules to support treatment for people with mental health condition and pregnant women
- Must have completed NCSCT module for e-cigarettes
- Must have read the NCSCT Standard Treatment Programme (STD) to support consultations
- Pharmacy must have a working CO monitor
- Must record consultations on Pharmoutcomes
- **Tip : Involve staff members to encourage/support patients, contacting patients & diary management**

Referral







- Following receipt of the referral, the pharmacy to contact the patient within five working days to confirm participation in the smoking cessation service and arrange an initial consultation. At least three attempts to contact the patient (**the last of which being on the fifth working day following receipt of referral to ensure patient has a continuous supply of NRT**) must be made before closing the referral if the patient does not respond. In this circumstance, please inform The Tobacco Dependency Service
- If the pharmacy is able to contact the patient but the patient then declines the referral or does not wish to stop smoking at this time, they should be given details of alternative smoking cessation services. The Tobacco Dependency Service should be informed if the patient's decision is to withdraw from the service
- PharmOutcome Community Pharmacy Receiving Referral Video - <https://media.pharmoutcomes.org/video.php?name=NHSSmokingCessationService-CommunityPharmacy>
- If the patient needs to attend a different pharmacy, data can be transferred to another pharmacy with the patient's consent. Refer patients onto another Community Pharmacy Advance Service/NHS smoking cessation service provider with patient's consent if pharmacy is unable to support.
- **Practitioner/Smoking Advisor can make changes to treatment and pick relevant product from drug tariff.**

Key Actions



- Service folder within your pharmacy – Locums & Relief Staff
- Ensure all pharmacists and pharmacy technicians who will be providing the service have received appropriate training
- Develop and review SOP
- Read latest service specification
- CO Monitors – disposable mouth pieces & calibrate
- CPE (PSNC) SCS Page Checklist – [Click Here](#)
- [MYS declarations](#)
- Ensure staff have access to PharmOutcomes and NHSmail account
- Brief all staff and make sure robust procedures are in place for regularly checking for referrals
- Inform local GP practices you will be providing the service
- **Pharmacies who may not be ready to support patients should de-register (you can re-register) – [MYS Portal](#)**

Have You?

-  Signed Up To Manage Your Service (MYS)?
-  Completed the NCSCT Training?
-  Got a Carbon Monoxide (CO) Monitor/Smokerlyzer?
-  Briefed All Staff?

Consultation

Service intended to be undertaken F2F, but can be done as remote consultation (must have a consultation room meeting Terms of Service). Bear in mind need to provide NRT.

Must obtain patient consent – information being shared with multiple organisations – GP, Trust, NHSBSA, NHSE etc.

Undertake a CO test – to verify smoking status (particularly 4 /12-week review)

Provision of behavioural support

Provision of NRT – initially determined by NRT supplied by Trust

NRT SUPPLY

- Don't need to stick with NRT products supplied by Trust. P/PT using professional judgement and in discussion with patient may offer alternatives.
- Service allows for combination NRT (e.g., patch and faster acting product) – most effective
- Appointments should be at least fortnightly – NRT can only be supplied for maximum of 2-week period. (can use discretion to increase to weekly, if felt that patient requires additional support e.g., at start)
- Need to consider quit date, when determining how many weeks support/NRT to provide (i.e., if patient had 1 week in hospital – 11 weeks; if had 12-week programme in hospital during extended stay – n/a)
- Remember to enter NRT supplied on PMR & label NRT supply

FAQs

Q. Patient referred from hospital, but not given NRT whilst in hospital nor on discharge. Can I provide SCS?

A. **Yes. If patient given very brief advice on smoking and agreed to be referred to CP for SCS, acceptable as 'treatment' and so eligible. Referral notes should confirm**

Q. If consultation provided, but no NRT supplied, can I still claim consultation fee?

A. **Yes. Need to agree with patient and will need to record reason for not making supply**

Q. Do I need to update DoS & NHS website with this service?

A. **No. As not a service that patients/NHS 111 can refer patients to**

Tobacco Dependency Service

Email address: rwh-tr.tobaccodependency@nhs.net

Service contact number: 07442750145 (Monday- Friday 08:00- 17:00)

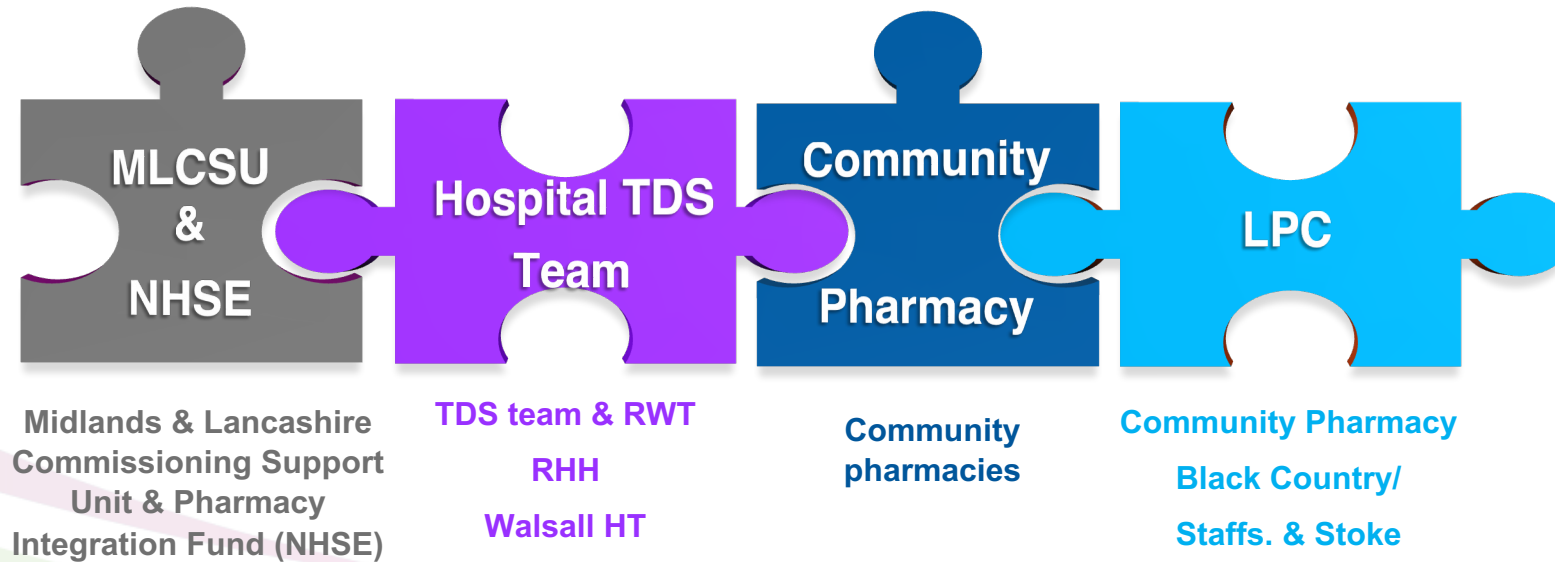
Working in partnership

The Royal Wolverhampton NHS Trust
Walsall Healthcare NHS Trust



Care Colleagues
Collaboration Communities

Collaborative Working



Tobacco Dependency Service Inpatient Pathway

Clinical Staff

- *Ask - Patients will be screened via Vitals to record smoking status
- *Advise - if smoker identified VBA delivered to patient (script prompted on Vitals)
- *Act - Vitals generates referral to the Tobacco Dependency Service for specialist support
NRT to be initiated by Medical / Clinical Staff to support patients withdrawal

Tobacco Dependency Service (TDS)

- *Within 48 hours of referral TDS, patient will be seen by a Tobacco Dependency Advisor (TDA) who will complete a specialist assessment
- *This will include a treatment plan, review / provision of NRT
- *TDS to discuss referral to community pharmacy / Local commissioned Stop Smoking Service upon discharge
- *TDA to follow up patient to provide ongoing support and to confirm discharge arrangements

Clinical Staff Ensure Ongoing Support

Patients initiated on NRT are to be discharged with 2 weeks supply.

Tobacco Dependency Service Discharge Process

- *TDS to refer patient for ongoing stop smoking support in the community to Local Commissioned Stop Smoking Service / Community Pharmacy Services
- *TDS send discharge letter to GP

Tobacco Dependency Follow Up Process

- *TDS to contact patient 7 days post discharge
- *TDS contacts patient 28 days post discharge and records smoking status. TDS to communicate outcome to patients GP
- *TDS contacts patient 12 weeks post discharge and records smoking status. TDS to communicate outcome to patients GP

Contact Details:

Email address: rwh-tr.tobaccodependency@nhs.net
Service contact number: 07442750145 (Monday – Friday, 8:00am – 5:00pm)

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Care Colleagues
Collaboration Communities

Community Pharmacies

- At present there are only self-help options available to the residents of Wolverhampton.
- Wolverhampton does not have a LA commissioned service
- The Trusts current Pinnacle system/PharmOutcomes will allow onward referral to community pharmacy and the relevant data sharing agreements are in place to support this.
- The Tobacco Dependency Service will contact the pharmacy to notify that a referral is made

Wolverhampton – 15 pharmacies accepting referrals– no local stop smoking service



Care Colleagues
Collaboration Communities

Activity & Performance: Tobacco Dependency Service

Soft launch targeting departments with the highest use of NRT at New Cross Inpatients

live wards:

Cardiology - 23rd January (B8 and B14)

Respiratory- 21st February C14 and C26)

Stroke- 17th April (C21)

Gastro – 5th June (A8 and C41)

Diabetes – 4th September (C15, C16 and C17)

TDS engagement with individual departments at local level with training on roles and process before launching

Month	Number of referral to TDS	Quit rate 28 days post discharge	Referrals made to community pharmacy
January	32	53.12%	11
February	54	51.22%	36
March	79	57.7%	35
April	65	50%	22
May	102	63.9%	62
June	120	38.78%	47
July	110	43.39%	50

Walsall Healthcare NHS Trust – First Year of Service Delivery

October 2022 to September 2023

Staff – one Lead TDA from October 2022 to December 2022, joined by second TDA in January 2023

791 patients referred to WHT Tobacco Dependency Service

392 patients undertook a supported smoking cessation attempt

297 referrals made to CP

247 completed referrals to CP, 38 rejected referrals



Care Colleagues
Collaboration Communities

Walsall Healthcare NHS Trust – Outcomes During First Year

119 patients smokefree at 4 weeks – data to end July complete, 10 months

82 patients smokefree at 12 weeks – data to end June complete, 9 months

Average 4 week quit rate 44.14%

Average 12 week quit rate 32.96%



Care Colleagues
Collaboration Communities

Activity & Performance: Tobacco Dependency Service

Service piloted by Project Manager in September 2022. TDS launched October with early adopter wards including Respiratory; Cardiology; AMU; Breast & Gynae and Paediatrics. The service was live on all the Manor Hospital inpatient wards, except Paediatrics, by March 2023. The service was also live at Holly Bank House by June 2023.

Activity and Performance			
Month	Number of Referrals to TDS	28 day Quit Rate %	Refererrals to Community Pharmacy
Sep-22	4	100.00%	0
Oct-22	15	33.33%	5
Nov-22	24	42.86%	11
Dec-22	22	46.67%	10
Jan-23	36	56.67%	24
Feb-23	53	28.21%	28
Mar-23	55	36.36%	24
Apr-23	60	34.78%	38
May-23	82	32.35%	38
Jun-23	122	30.51%	45
Jul-23	111	43.75%	25



Care Colleagues
Collaboration Communities

Russell's Hall Hospital Dudley Launched July 1st.2023

Tobacco Cessation Service launched officially across the trust 01/07/2023.

However, we started to review patients towards the end of May 2023

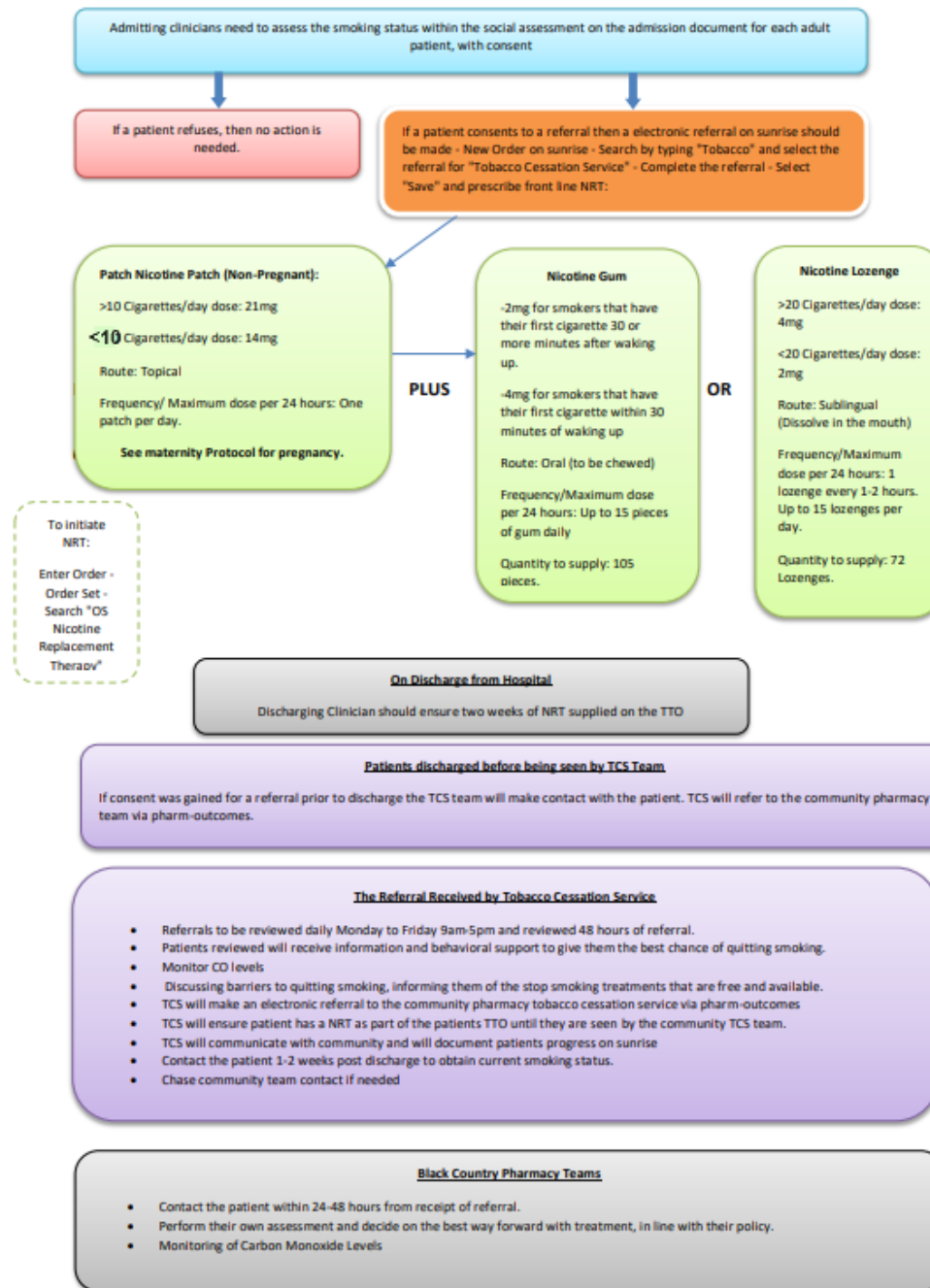
**We are a team of one Band 7 Tobacco Cessation Lead and two Band 4 Tobacco Cessation
Advisors**

Currently we have 7 community pharmacies in Dudley.



**Care Colleagues
Collaboration Communities**

IN PATIENT TOBACCO CESSATION SERVICE



Care Colleagues
Collaboration Communities

Activity & Performance

Month	Number of referrals	28 day quit rate	Referrals to community pharmacy
May 2023	7	28%	0
June 2023	18	44%	3
July 2023	29	27%	6
August 2023	39	38%	26
September 2023	47		27



Care Colleagues
Collaboration Communities

How will it work?

- Trust looking to identify potential quit patients across all wards in the hospital (RHH) vs other areas phased approach
- Patients identified must be 18yrs+ (as per SCS Spec.) who have started treatment and want to continue at CP post-discharge
- RHH will hold a small amount of stock from their NRT formulary on each ward, to start therapy, as applicable
- Staff on wards will have conversation with patients re: smoking status and potential to quit
- Those wanting to quit – provided with pre-quit assessment and NRT provided as applicable (n.b., consent obtained for service @ Trust)
- Patient referred to participating pharmacy for ongoing support/supply

Dealing with Referrals in Community Pharmacy

- Important that all pharmacy staff understand how referrals will arrive in pharmacy – electronic via PharmOutcomes
- Need to regularly check PO for referrals and action promptly (i.e., by contacting patient to arrange consultation)
- Arranging with RHH that initially they will contact CPs to inform when a referral has been made and not actioned (before 5 days)
- Patient may call/present at pharmacy requesting smoking cessation advice – check if referred by Trust. May have presented before referral made
- Check PO to see if a referral has been made

What if no referral has been received?

- Check that they have been discharged recently from a NHS Trust (n.b., doesn't have to have been RHH – this is a national service!)
- Check with patient the pharmacy they chose to be referred to
- If patient is at correct pharmacy and recently discharged, check your PO for referral, and NHS mail (may have been sent there)
- Still no referral found? – contact RHH (or referring Trust) and ask to re-send – contact details being obtained from RHH for Tobacco Dependency Team – to circulate
- If RHH confirms no referral sent, give advice to patient/signpost to local service – 'Let's Get Healthy Dudley'

Key Provider Challenges

	Challenges	Solutions
RWT Manor Hospital Walsall RHH Dudley	<ol style="list-style-type: none"> 1. Stability of pharmacy delivering (pharmacist on leave/no longer delivering) 2. Contacting patients within 5 days of referral 3. Feedback from pharmacy to provider about patients' engagement 4. Privacy of consultation 5. CAP on referrals? 6. Limitation of pharmacies accepting referrals 	<ol style="list-style-type: none"> 1. Technicians trained to deliver 2. Checking PharmOutcomes daily/ TDT to call when referral made. 3. Contacting provider with patient outcomes 4. Appointments to be held in consultation room

Case Studies



Rexall – Wolverhampton

Successes



"The team helped inpatients to ditch cigarettes as part of the 'QUIT' programme, and this was the case for a 71-year-old male who had smoked since he was 16-years-old."



"I am thankful and very grateful for the help the service provided as being held accountable makes me want to succeed, I can't thank the team enough for their support."

Q & As

Feedback Poll

Please Complete Participant Survey Before Leaving

Thank you for attending

(please find list of resources within next set of slides)

Resources

PSNC Smoking Cessation Service Page:

<https://psnc.org.uk/national-pharmacy-services/advanced-services/smoking-cessation-service/>

PSNC Briefing Page :

<https://psnc.org.uk/wp-content/uploads/2022/03/PSNC-Briefing-008.22-Guidance-on-the-Smoking-Cessation-Service.-1.pdf>

SCS Service Specification

■ <https://www.england.nhs.uk/wp-content/uploads/2022/03/B1298-community-pharmacy-advanced-service-specification-nhs-smoking-cessation-service.pdf>

NCSCT Training (Standard Treatment Programme)

https://www.ncsct.co.uk/pub_NHS-pharmacy-SCS.php

■ PharmOutcomes Community Pharmacy SCS Receiving Referrals Video

<https://media.pharmoutcomes.org/video.php?name=NHSSmokingCessationService-CommunityPharmacy>

PharmOutcomes - The Process

Video

NCSCCT step down guide

[NCSCCT medications v4.fh11](#)

Useful references

MLCSU dashboard:

<https://medsopt.midlandsandlancashirecsu.nhs.uk/nhs-smoking-cessation-service/>

CPE (PSNC) page:

<https://cpe.org.uk/national-pharmacy-services/advanced-services/smoking-cessation-service/>

Future NHS page: <https://future.nhs.uk/NHSpp/view?objectID=18882736>

Service spec:

<https://www.england.nhs.uk/wp-content/uploads/2022/03/PRN00178-community-pharmacy-advanced-service-specification-nhs-scs-v2.pdf/>

NCSCT Standard Treatment Programme (STP):

https://www.ncsct.co.uk/pub_NHS-pharmacy-SCS.php

Training

NCSCT Practitioner

NCSCT Mental Health

NCSCT Pregnancy

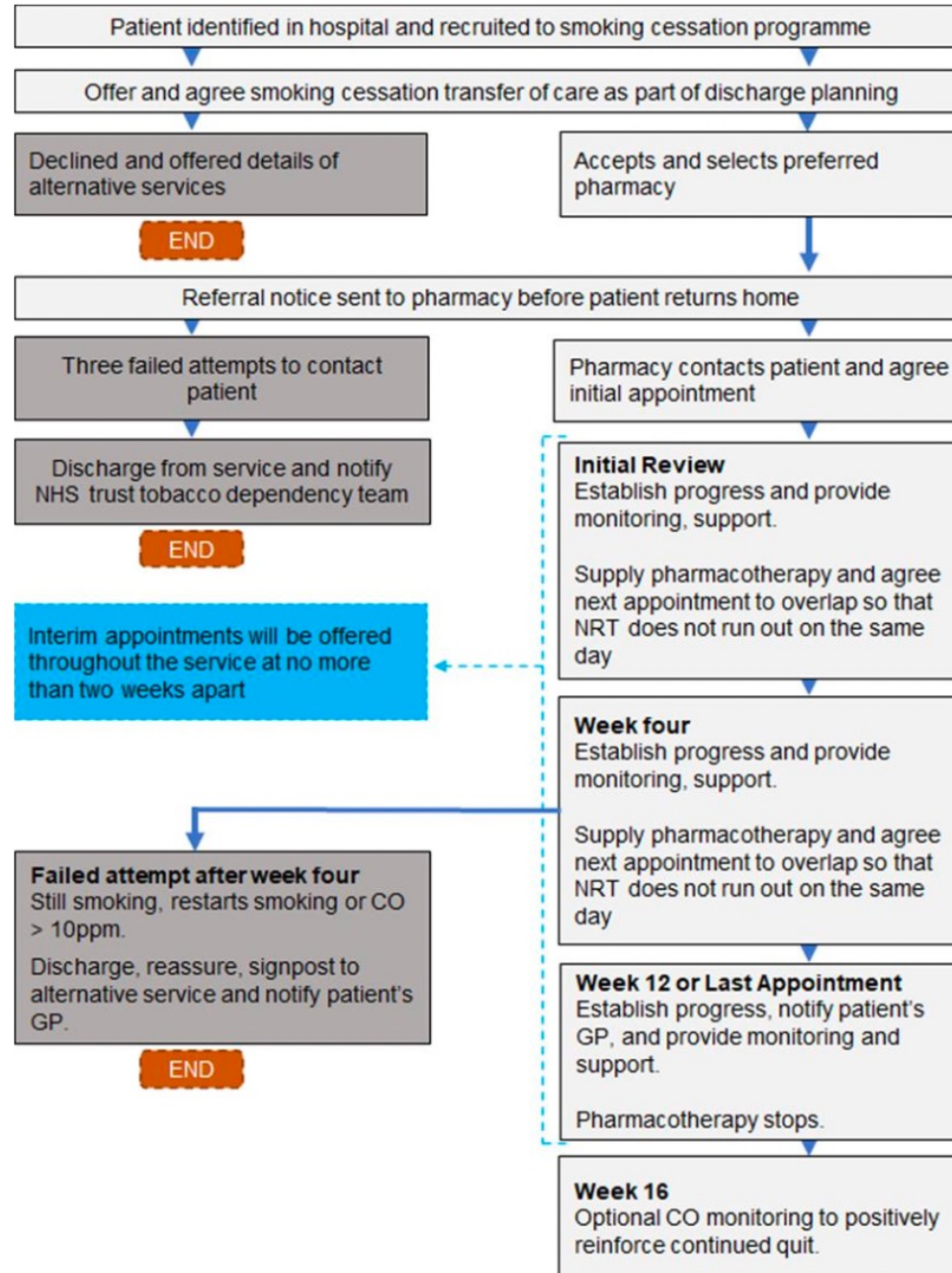
■ NCSCT E-cigarettes (no assessment)

Carbon Monoxide Monitor

<https://www.bedfont.com/micro>



SCS patient flow diagram



The Service

12-week programme (so if patient starts treatment in hospital and is discharged after 2 weeks, you see them for 10 weeks)

Weekly appointments for first 4 weeks then every 2 weeks (no longer than 2 weeks)

Supply of NRT

CO readings - weeks 4 and 12 minimum (plus week 16?)

Relapse before 4 weeks - set new quit date and support for 12 weeks

Relapse after 4 weeks - signpost to commissioned service

The Service

'Not a puff' rule

Assess your patient - are they
coping/struggling/relapsed/changed mind?

Tailor support (F2F, 'phone, virtual)

How are they getting on with their treatment?

Does it need reducing/increasing/changing?

Staff Support

Check for referrals

Contact patients to book consultation

Positive encouragement

■ Discuss other services ie hypertension