#

**PART B:**

**Total Wellbeing service contract for the Provision of Stop Smoking Services in Community Pharmacy Settings: Luton**

**April 2021**

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1. TOTAL WELLBEING SMOKING CESSATION SERVICE DESCRIPTION
	1. Pharmacy teams have an important role in the community where they can offer effective stop smoking brief interventions to clients and encourage attempts to stop smoking by referring to Total Wellbeing Luton Stop smoking services , there is evidence that this can be effective (PHE, 2017)
	2. Pharmacy teams can also be utilised for treating target groups with NRT in some areas (e.g. in high deprivation areas) and as a useful referral point for Total Wellbeing smoking cessation services.
	3. Commissioned Pharmacy teams have an important role in offering treatment to clients via electronic vouchers supplied by Total Wellbeing service.
	4. The service delivery from community pharmacies will be determined locally through discussion between Total Wellbeing, commissioners and the Local Pharmaceutical Committee (LPC). The level of service delivery that can be supported through the Total Wellbeing model are:
* **Level 1:** **Nicotine Replacement Therapy (NRT) Voucher scheme**: Supply of NRT through commissioned pharmacies via vouchers supplied by Total Wellbeing services. Each pharmacy will need to have at least one member of pharmacy staff who has completed the NCSCT online training as Stop Smoking Practitioners to act as a Lead Practitioner for the service. A pharmacist must also be present at the pharmacy to support the supply and any questions the service user may have about the product

1. AIMS AND INTENDED SERVICE OUTCOMES
	1. To improve access to including access to stop smoking treatment in the community.
	2. To reduce smoking related illnesses and deaths by providing brief advice around quitting smoking
	3. To improve the health of the population by reducing exposure to passive smoke.
	4. To help service users access additional treatment by offering referral to specialist services where appropriate.
2. SERVICE OUTLINE AND DELIVERY
	1. The part of the pharmacy used for provision of levels of stop smoking services provides a sufficient level of privacy and safety and meets other locally agreed criteria.
	2. The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service (see section 5: Accreditation for further details)
	3. The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service are aware of and act in accordance with local protocols and NICE/NCSCT guidance.
	4. Access routes to this service will be determined locally, however they should include:
* Pharmacy referral as a result of the ‘Promotion of healthy lifestyles (Public Health)’ or ‘Signposting’ Essential services;
* Direct referral by the individual; or
* Referral by another health or social care worker.
	1. **For Level 1 services**, supply of NRT through the voucher scheme can be made by any member of the pharmacy team under the supervision of a pharmacist
	2. If considered appropriate, the pharmacist or trained Smoking Cessation Advisor (for NRT supply) may supply treatment from the Total Wellbeing formulary and will advise on its use
	3. Supply of treatment must be recorded or saved to be entered on to DCRS system for claiming and monitoring purposes
	4. The pharmacy should maintain appropriate records to ensure effective on-going delivery of the voucher scheme and audit using DCRS
	5. A completed record consists of the minimum data set as defined by the NCSCT standards and will be recorded on DCRS
	6. Total Wellbeing Luton reimburses the pharmacy for the cost of NRT plus an administration fee per voucher.
	7. Total Wellbeing Luton will provide a framework for the recording of relevant service information for the purposes of audit and the claiming of payment.
	8. Total Wellbeing Luton will be responsible for the promotion of the service locally, including the development of publicity materials, which pharmacies can use to promote the service to the public.
	9. Total Wellbeing Luton will consider obtaining or producing health promotion material relevant to the service users and making this available to pharmacies. All pharmacies signed up to the contract should display all Total Wellbeing marketing materials in the pharmacy and promote the service locally when opportunities arise.
	10. Total Wellbeing Luton will provide details of relevant referral points which pharmacy staff can use to signpost service users who require further assistance.
	11. Total Wellbeing will attend at least one contractor meeting per year to promote service development and update the knowledge of pharmacy staff
1. PERFORMANCE AND QUALITY INDICATORS
	1. The pharmacy must maintain appropriate records on DCRS to ensure effective on-going level 1 delivery, audit and payment.
	2. The pharmacy has appropriate health promotion material available for the user group and promotes its uptake.
	3. The pharmacy reviews its Standard Operating Procedures (SOPs) and the referral pathways for the service on an 2-yearly basis
	4. The pharmacy can demonstrate that pharmacists and staff involved in the provision of the service have undertaken the relevant level 1 training.
	5. Periodic Ad hoc mystery shoppers will sample quality of advice and inform training needs and service development. Results of mystery shopping will be presented to individual pharmacies and Local Pharmaceutical Committees (LPCs) and local Public Health Clinical Governance forums when appropriate.
2. ACCREDITATION
	1. Pharmacists and pharmacy staff involved in the provision of these services should have relevant knowledge and be appropriately trained in the operation of the services to a standard agreed with Total Wellbeing Luton. Training in the operation of the services is provided by Total Wellbeing in the form of guidance, protocols and local workshops (at least annually). Delivery of these support services will be determined locally between the Total Wellbeing, Local Pharmaceutical Committee (LPC), local commissioners and any other organisation or group that are considered to be a valid stakeholder in the service delivery.
	2. Pharmacies delivering any level of Stop Smoking service provision are required to have at least one member of staff trained as an NCSCT Stop Smoking Adviser i.e. completed the online “Stop Smoking Practitioner Training”.
	3. NCSCT online certificates should be retained and provided to the local Total Wellbeing Health and Wellbeing service on request. An online Declaration of Competence (DOC) will need to be completed by each pharmacy prior to the commissioning of stop smoking services. This declaration will be available through the NEO 360 system (if used locally). However, services that do not use a Pharmacy IT platform that allows a DOC will have to send their DOC direct into the local service
	4. Total Wellbeing Luton will offer annual updates to all Pharmacy Stop Smoking Advisors
	5. All pharmacy staff should be encouraged to complete the NCSCT very brief advice (VBA) module so that they can advise and refer customers into the stop smoking services
3. ELIGIBILITY
	1. Clients who are supported by a stop smoking specialist offered weekly support are eligible for an NRT voucher.
	2. Clients should receive an SMS voucher confirmation from the stop smoking service which they should provide to the pharmacies at the point of dispensing.
	3. People who do not meet the eligibility criteria are not eligible to access the service. If pharmacies have concerns about the suitability of a service user who is seeking to access the service should seek advice from the local Total Wellbeing Stop Smoking service for clarification
4. SAFEGUARDING (ADULTS AND CHILDREN)
	1. Pharmacies are already required to provide assurances concerning safeguarding vulnerable groups as part of their essential services clinical governance requirements for community pharmacy[[1]](#footnote-2). The requirement is that they have
* “(vii) Appropriate child protection procedures (and)
* (viia) appropriate vulnerable adult (as construed in accordance with section 59 of the Safeguarding Vulnerable Groups Act 2006(..) (vulnerable adults)) Protection procedures”.

Relevant staff that provides pharmaceutical services to children and vulnerable adults should be aware of safeguarding guidance and the local safeguarding arrangements. The College of Pharmacy Postgraduate Education (CPPE) also provide a range of Level 1 and Level 2 training materials to support registered pharmacists and technicians to deliver this requirement[[2]](#footnote-3)

* 1. With the current requirements Total Wellbeing Luton will not be offering specific safeguarding training for this service (unless agreed locally between the local commissioner and Total Wellbeing) but will be monitoring pharmacies compliance against the essential service and quality payment standards.

**Schedule 1**

**Level 1 Payments**

**Pharmacies will receive monthly payments for the services provided. Please refer to Part A of this specification for payment details.**

**Pharmacies will not be paid for stop smoking services provided to service users from outside the commissioned area.**

DCRS has been commissioned by Total Wellbeing Luton to act as an agent for processing claims. Under this agreement

* DCRS are funded to provide access to pharmacies commissioned to provide the stop smoking services and process service payments on behalf of Total Wellbeing

Monthly claims are completed via the DCRS.

**Note**- VAT and Voucher fees are calculated and included in your DCRS claims and reports.

Claims will be paid in line with the Payment Terms outlined in section 7 of the Total Wellbeing “Services Agreement” document (Part A)

Paper-based claims will not be processed for payment.

For queries relating to the technical use of DCRS please contact DCRS on 0845 5483277 or email dcrs.support@nhs.net.

**A. Level 1 Stop Smoking service payments**

A payment of £3 per transaction will be made for the **supply of the pharmacotherapy** by the pharmacy (see below) and included on DCRS.

**B. Electronic Voucher Scheme/dispensing NRT Process (Level 1 service)**

**Introduction**

Clients can obtain NRT products directly from community pharmacies without the need to request prescriptions from their GPs. Electronic Vouchers are issued by Total Wellbeing Stop Smoking Advisors (List regularly updated)

**Process**

The client and the Total Wellbeing Stop Smoking Advisor discuss the best product for the client at the first appointment and give the pharmacy a description of the product, strength and dosage to be used through the Total Wellbeing E-voucher (See Appendix 1) The responsibility of appropriate supply remains with the dispensing pharmacist.

Prescription Only Medicines (POM) **cannot** be issued against these E-vouchers. If a client wishes to use varenicline or bupropion, Total Wellbeing will refer client to their GP to recieve a prescription.

**Paying or exempt service users**

* The E-Vouchers are to be treated in the same manner as a prescription.
* If they normally pay prescription charges, the pharmacist will charge them one prescription charge per item. This fee will be deducted from the pharmacy claim for the supply of NRT via a PGD and recorded on the Pharmacy IT platform
* The pharmacist must give the service user the option of buying a product over the counter if this is more cost-effective and also recommend the purchase of a pre-payment certificate where appropriate.

**Redemption of E-vouchers**

* Total Wellbeing Stop Smoking Advisors will be given a list of participating pharmacies and client will have a choice of which pharmacy to use when redeeming the E-voucher to receive their NRT.
* The 8 to 12-week course of NRT must be recorded on the clients pharmacy medication record.
* Pharmacists must ensure that all E-vouchers are stored securely on a digital folder and retained for 12 months. This complies with GDPR 2018 and in line with Total Wellbeing’s privacy policy which can be found at <https://tpwebspacepublic-a434126.sites.em2.oraclecloud.com/Luton/privacy-policy.html>
* Each E-voucher emailed is for a 2 to 4 weeks supply of product. Supply can be made within the following regimes:
	+ 2 weeks supply for weeks 0 and 2 (week 0 is first week post quit date +0w/+2w)
	+ 2 **or** 4 weeks supply for weeks 4, 6 or 8 dependent on continued abstinence (+4w/+6w/+8w). **Four weeks supply can be issued post 4 week quit date if the service user has been confirmed as a quitter through CO monitoring**
	+ 2 weeks supply for week 10 dependent on continued abstinence (+10w)
* If a client has an exceptional circumstance e.g. going on holiday for more than 2 weeks they are permitted to have more than one weeks supply on their E voucher prescription.
* Each time the pharmacy supplies a product, they must keep a record of the product they have given and stamp it with their pharmacy stamp.
* The E-voucher information must be retained by the pharmacy for a period of 12 months for audit purposes.
* Consideration should be given to communicating this information to the clients GP with consent.
* No E-voucher supply can be made for NRT post 12-week quit date

**E-Voucher Dispensing Process**

* TWL Advisors will email the E-voucher correspondence to the pharmacy chosen by the client
* Pharmacies will receive E-voucher by email with Client ID (You may not receive client identifiable information via E- voucher due to GDPR), E-voucher code and product information for dispensing.
* Clients will receive the E-voucher code on their mobiles via SMS which they will present to the pharmacy at the time of picking the NRT
* Pharmacies need to check if the code on the e-voucher matches with code on service user SMS before dispensing the NRT.
* Once dispensed pharmacies are advised to mark E-vouchers as dispensed (to avoid reissuing) and save it on a separate folder for claiming purposes.

**For dispensing ONLY (voucher scheme: Level 1) an administration payment of £3.00 will be paid per transaction\* completed (this is included in DCRS calculations)**

(\* A transaction refers to a single session at which a service user collects a prescription/s from one completed voucher.)

**C. NRT Voucher Payment/dispensing NRT/ Exemption Declaration**

The declaration for exemption is available on the E-voucher – please refer to the voucher

(appendix 1 for further detail)

**D. Pharmacy claiming process**

Pharmacist must retain all E-voucher records to be entered on to DCRS when making claims from Total Wellbeing Luton on a monthly or quarterly basis.

 Please refer to the DCRS E-voucher guide for further information.

**Voucher payment Claims**

**Pharmacy Payment Process**

Pharmacies to submit reports and invoice every month for approval to

sarah.simmonds@activeluton.co.uk

&

accountspayable@activeluton.co.uk

Once reports have been approved the Active Luton accounts payable team then makes payments to Pharmacies usually within 28 to 30 days after submitting the invoices to accounts payable team.

 (see below table for submission deadlines 2021)

 remittances will be sent to the email address provided as a registered provider.

|  |  |
| --- | --- |
| **Invoice submission deadline to Total Wellbeing** | **Total Wellbeing payment** **deadline to Level 2 providers** |
| All invoices should be submitted to accounts by end of every month for the previous monthE.g.- 30th of April 2021 | Payments will be made to providers by the 15th of the following month.E.g.- 15th of May 2021 |

If you have any queries in relating to invoices/ claims submitted or payments not received, please contact Accounts Payable and Total Wellbeing team in the first instance and submit your query by emailing your PO number, invoice date and amount claimed to;

accountspayable@activeluton.co.uk

01582 400272

Sarah.simmonds@activeluton.co.uk

07889 301717

*It is important you send us your PO number, Invoice date and amount claimed regards to your query so are able to raise this with the accounts team.*

**Schedule 2**

**Guidelines for Pharmacy Teams**

**National Guidelines**

* ICO (2018) Guide to the General Data Protection Regulation (GDPR)
* NCSCT (2014) Local Stop Smoking Services: service and delivery guidance 2014
* NCSCT (2017) Electronic cigarettes: A briefing for stop smoking services
* NCSCT (2019) Standard Treatment Programme: A guide to providing behavioural support for smoking cessation
* NCSCT (2018) NCSCT Training Standard: learning Outcomes for Training Stop Smoking Practitioners
* NCSCT Evidence-based behavior change techniques to smokers <http://www.ncsct.co.uk/usr/pub/NCSCT_training_standard.pdf>
* NICE CKS (2018) Smoking cessation. Available at <https://cks.nice.org.uk/smoking-cessation> (Accessed 28/01/2020)
* PHE (2015) E-cigarettes: an evidence update: A report commissioned by Public Health England
* PHE (2017) Models of delivery for stop smoking services: Options and evidence

**NICE Guidelines**

* NICE (2013) PH48 [Smoking cessation - acute, maternity and mental health services](https://webmail.turning-point.co.uk/OWA/redir.aspx?C=5FZv-F4vmkGDht5dv7l91DeKDR0Q7dMIvblIKL7kaiwiMjITHBJqbo5IycoMHHPkHdpXZdL75cw.&URL=http%3a%2f%2fguidance.nice.org.uk%2fPH48)
* NICE (2013) QS43 [Smoking cessation - supporting people to stop smoking](https://webmail.turning-point.co.uk/OWA/redir.aspx?C=5FZv-F4vmkGDht5dv7l91DeKDR0Q7dMIvblIKL7kaiwiMjITHBJqbo5IycoMHHPkHdpXZdL75cw.&URL=http%3a%2f%2fguidance.nice.org.uk%2fQS43)
* NICE (2015) QS82 Smoking: Reducing tobacco use
* NICE (2018) NG92 Stop smoking interventions and services
* NICE (2010) PH26 Quitting smoking in pregnancy and following childbirth
* NICE (2012) PH39 Smokeless tobacco cessation: south Asian communities
* NICE (2013) PH45 Smoking: harm reduction
* NICE (2007) TA123 Varenicline for smoking cessation guidance

**Local contacts**

**Appendices**

Appendix 1: Total Wellbeing NRT E-Voucher

Appendix 3: GP letter from pharmacy re NRT

Appendix 6: DCRS guidance for all payments

1. REFERENCES
* NCSCT (2014) Local Stop Smoking Services: service and delivery guidance 2014
* PHE (2017) Models of delivery for stop smoking services: Options and evidence
1. PSNC & NHS Employers (2012) Clinical governance requirements for community pharmacy. Available at <http://psnc.org.uk/wp-content/uploads/2013/07/Clinical_Governance_guidance_updated_final.pdf> (Accessed 28/01/2020) [↑](#footnote-ref-2)
2. CPPE (2019) Safeguarding. Available at <https://www.cppe.ac.uk/services/safeguarding> (accessed 28/01/2020) [↑](#footnote-ref-3)