



Smoking Cessation Level 3 Service Manual

A Guide to accreditation, launching and delivering the service in your Pharmacy



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1. Introduction

There are few interventions a health professional can make that has a greater impact on a patient's health than to help them stop smoking. It is estimated that 7% of the total health spend in Wales is on smoking related diseases.

The Welsh Government have made smoking cessation a Tier 1 target for Local Health boards. This requires 5% of smokers to be treated with the support of NHS smoking cessation services, with at least a 40% co-validated quit rate at 4 week follow-up.

Wales is on track to meet the outcome within the respiratory delivery plan to reduce the prevalence of adult smoking to 16% by 2020.

Community Pharmacies are an easily accessible resource for people who wish to be supported to quit smoking. The Level 3 Smoking cessation service is designed to provide patients with a comprehensive support and treatment service to help them stop smoking

This guide has been prepared to help you set up a Level 3 stop Smoking Service in your pharmacy and there are more resources available at <http://www.helpmequit.wales/>

Benefits of a community pharmacy stop smoking service

1. Trusted provider of stop smoking services

Community pharmacy is now an established and trusted provider of stop smoking services, and an integrated partner of the NHS Stop Smoking services in many areas, which enables a co-ordinated approach, quality assurance and use of consistent messages to people.

2. Opportunistic advice

Many smokers per day pass through a pharmacy and staff are ideally placed to opportunistically provide brief interventions on stopping smoking and increase access to stop smoking products. This may be picked up, for example, when nicotine-stained fingers are observed, the purchase of a smokers toothpaste or repeated requests for cough remedies.

3. Location

Smoking prevalence is highest in deprived communities so stop smoking services need to be easily accessible in these areas. An estimated 99.8% of people from the most deprived areas live within just a 20 minute walk of a community pharmacy making it the perfect location to offer a stop smoking service.

4. Contact with hard-to-reach groups

Pharmacy staff routinely have contact with people who are in good health, as well as those who are visiting a pharmacy due to illness. They are accessible to young people and those who may be less likely to attend more formal healthcare settings – one third of men between 16 and 54 years report visiting a pharmacy at least once a month.

2. Accreditation process

The knowledge and skill required by community pharmacist to provide this National Enhanced Service over and above those required for their normal practice are summarised below:-

- Understanding of smoking and health
- Assessment of nicotine dependence and readiness to quit
- Provision of behavioural support to patients attempting to stop smoking
- Supply of prescription only medicines (POM) for stopping smoking via a patient group direction (PGD) – optional
- Records & signposting

Community pharmacists wishing to demonstrate competence to deliver the NES will need to:-

- Attend WCPPE Stop Smoking live training event, dates and locations can be found at <http://www.wcppe.org.uk/events>
- Complete an online assessment (£25 fee payable) – valid 3 years
- Complete Pharmacist/ Technician Listing and Declaration form for knowledge & skills for the supply of stop smoking products as a pharmacy medicine
<http://www.wcppe.org.uk/sites/default/files/file/NES/StopSmoking/Listing%20Form%20and%20Declaration%20for%20Stop%20Smoking%20updated%20October%202014.pdf>
And send via Fax: 01792 607394 or Scanned and Emailed to: awpd@wales.nhs.uk

Note – pharmacists providing the service shall have professional indemnity covering this service and the NES shall be delivered from a pharmacy listed by LHB to deliver this service.

3. Commissioning

The LHBs are responsible for commissioning this service from pharmacies. If you are interested in providing the service but have not been commissioned, contact your LHB to see if they would be willing to commission you to provide this service.

They will then send you the Service specification and Service Level Agreement for you to sign. Once you have completed the SLA, Shared service will then list the pharmacy as providing the service and it will appear on the NECAF system as a claim option.

Only pharmacists/technicians listed as accredited on the database will be able to submit claims.

The National Service specification is below

4. National Service Specification 0.2

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SMOKING CESSATION BEHAVIOURAL SUPPORT

This document describes the specification and standards pertaining to the Community Pharmacy Smoking Cessation Enhanced Services in Wales.

INTERPRETATION

In this document:

Approved service provider means a registered pharmacist, pre-registration pharmacist or registered pharmacy technician who meets the requirements of the *National Smoking Cessation Enhanced Service Training and Competence Framework*.

Patient means any person in receipt of the service.

Pharmacy means any premises where drugs are provided by a pharmacist as part of pharmaceutical services.

Pharmacy contractor (or contractor) means a person lawfully conducting a retail pharmacy business.

Registered pharmacist means a person who is registered in Part 1 of the GPhC register or in the register maintained under Articles 6 and 9 of the Pharmacy (Northern Ireland) Order 1976.

Registered pharmacy technician means a person who is registered in Part 2 of the GPhC register.

Service provider means an approved service provider or any person providing any part of a service on behalf of an approved service provider, provided that they are competent and it is legal for them to do so.

1. PATIENT ELIGIBILITY

1.1. A person may access the service if at its commencement they are a smoker or are within 4 weeks of the start of a quit attempt.

1.2. A person may be referred to the service by Stop Smoking Wales, their GP, other healthcare professional or any other agency, or may self-refer.

1.3. Subject to 1.4 the service may only be provided to a person who live or are registered with a GP in Wales.

1.4. A person wishing to use the service must be resident in the area of the pharmacy for the 12-week period covered by the service. A person

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who is not resident in the area of the pharmacy may access the service only with the prior agreement of the Local Health Board.

1.5. A person wishing to use the service must consent to the sharing of information about their quit attempt with the person with whom they are registered for the provision of General Medical Services and with NHS Wales for the purposes of post payment verification including determining whether the service is being provided in accordance with the requirements of 2.1.

1.6. Subject to 1.7 the service may only be provided to any person aged 18 years or older.

1.7. The service may be provided to any person aged between 12 and 17 years provided that the approved service provider undertakes an assessment of their competence and on completing that assessment considers them to be competent, and provided that the service provider provides them with information regarding smoking cessation by children and young people (e.g. wider access to NRT in at-risk populations). The service may be provided to any person who is pregnant, breastfeeding or has diabetes, provided that the approved service provider provides them with a copy of relevant information (e.g. wider access to NRT in at-risk populations), or to any person with any other medical condition provided that it is, in the opinion of the registered pharmacist, safe to do so and that the use of NRT is within the terms of its summary of product characteristics.

The characteristics.

1.8. Other than in exceptional circumstances, which are at the discretion of the approved service provider, the service may not be provided to any person who has made an unsuccessful quit attempt in the six months prior to presenting at the pharmacy to access the service.

2. SERVICE DESCRIPTION

2.1. The service provider shall provide the service in a manner that is user-friendly, non-judgmental, client-centred and confidential.

2.2. Subject to paragraphs 2.14 to 2.21 following each consultation with a patient the approved service provider may supply appropriate pharmacotherapy in support of a quit attempt.

2.3. The service provider shall provide appropriate health promotion advice, which may include the provision of written material to support quit attempts.

2.4. When a patient leaves the service the approved service provider shall provide the patient's GP with confirmation that the patient has

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accessed the service, of the patient's 4 week quit status (if available) and of the stage at which the patient left the service.

2.5. The pharmacist shall complete the relevant section of the National Electronic Claim and Audit Form (NECAF) or any subsequent national claim and audit process to ensure effective on-going service delivery and audit.

Standards for Initial contact and assessment ("pre-quit attempt")

2.6. On presentation of a person seeking help to stop smoking the service provider shall:

2.6.1. Assess the patient's eligibility to access the service;

2.6.2. Provide information regarding the range of services available to support the person to stop smoking. Other than where the person has been referred to the pharmacy by SSW, this shall include providing information about the services provided by SSW;

Make an initial assessment of the patient's motivation. Patients who require intensive support should be signposted to SSW;

2.6.3. Explain the pharmacy service and provide any support materials that have been made available by the Local Health Board, these will include a form which should be returned to the pharmacy once the patient is ready to set a quit date (i.e. at consultation one); and

2.6.4. Agree with the patient a convenient date, which is usually at least 24 hours after the initial assessment but is within the following two weeks, for consultation one. If the pharmacy is unable to provide a mutually convenient appointment within a reasonable time the patient should be referred to other service providers (e.g. an alternative pharmacy or SSW).

Consultation one (week 0)

2.7. The consultation shall be conducted by an approved service provider who meets the requirements set out in paragraphs 3.13 to 3.19. The approved service provider shall:

2.7.1. Create an individual patient record using NECAF;

2.7.2. Make an assessment of the patient's dependency and discuss any previous quit attempts;

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- 2.7.3. Make an assessment of the patient's motivation;
- 2.7.4. Describe the adverse effects of smoking and passive smoking;
- 2.7.5. Explain the benefits of stopping smoking;
- 2.7.6. Describe the features of tobacco withdrawal;
- 2.7.7. Describe the common barriers to stopping smoking;
- 2.7.8. Explain the treatment programme, its aims, duration, how it works and its benefits;
- 2.7.9. Obtain the patient's consent and if necessary assess and record the patient's competence;
- 2.7.10. Agree with the patient a quit date, which is a date within the next four weeks.
- 2.7.11. Agree the date of a follow up consultation, which is a date within one week of the patient's quit date;
- 2.7.12. Take a baseline CO reading;
- 2.7.13. Provide behavioural support in support of the quit attempt;
- 2.7.14. Discuss appropriate pharmacotherapy options;
- 2.7.15. Where requested by the patient supply appropriate pharmacotherapy¹ in accordance with paragraphs 2.14 to 2.21 of this document.

1 Patients who wish to make a quit attempt without using pharmacotherapy may access the service for behavioural support.

Consultation two (1 week after quit date) (to be carried out within one week of the agreed quit date), and consultations three, four and five (carried out at 2,3 and 4 weeks after quit date respectively)

2.8. The approved service provider shall:

- 2.8.1. Take a CO reading to validate smoking status;
 - 2.8.2. Provide additional behavioural support as appropriate to the patient's needs;
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2.8.3. Where the patient is continuing their quit attempt supply appropriate pharmacotherapy in accordance with paragraphs 2.15 to 2.21 of this document; and

2.8.4. Agree the date of a follow up consultation, which is not more than two weeks after this consultation and is prior to the patient's last dose of pharmacotherapy.

Consultation six, seven and eight (To be carried at intervals of two weeks after the previous consultation other than in circumstances where the service user has a CO reading which indicates they are continuing to smoke in which case the interval shall be reduced to one week)

2.9. The approved service provider shall:

2.9.1. Take a CO reading to validate smoking status;

2.9.2. Provide additional behavioural support as appropriate to the patient's needs;

2.9.3. Where the patient is continuing their quit attempt supply appropriate pharmacotherapy in accordance with paragraphs 2.14 to 2.21 of this document; and

2.9.4. Agree the date of a follow up consultation, which is not more than two weeks after this consultation and is prior to the patient's last dose of pharmacotherapy other than at consultation eight at which point the service ends.

Assessing quit status

2.10. The approved service provider should establish and record the quit status of each patient at each consultation;

2.11. The approved service provider should take all reasonable steps to ensure that quit status is CO validated (i.e. has a CO reading of less than 10 ppm or a green or orange light on the Compact smokelyzer®);

2.12. The approved service provider should contact patients no longer engaging with the service (e.g. by telephone) to establish their self reported quit status;

2.13. The approved service provider should inform the patient that they may be contacted regarding their smoking status at 52 weeks following their quit date, and that they may be asked to attend the pharmacy to verify their smoking status by CO monitor.

2.14. Where requested to do so by the Local Health Board the approved service provider shall facilitate patients' participation in any survey

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designed to measure the quality of the pharmacy service or stop smoking services more generally (e.g. by providing them with a questionnaire).

Supply of pharmacotherapy

2.15. Where the approved service provider is a registered pharmacist they may either:

2.15.1. Supply nicotine replacement therapy (NRT) licensed for use in the UK; and

2.15.2. Where a Patient Group Direction (PGD) is in place within the area of the Local Health Board in which the pharmacy is located, supply a product authorised for supply under that PGD2.

2 Each Local Health Board may make arrangements for patient group directions (PGD) to be used by registered pharmacists providing the service in their area. These PGDs are specific to each LHB. A registered pharmacist may only provide a medicine under a PGD from a pharmacy in a LHB where a PGD is in place and will need to confirm this with the relevant LHB.

2.16. Where the approved service provider is a registered pharmacy technician they may either:

2.16.1. Supply nicotine replacement therapy (NRT) licensed for use in the UK provided that supply is made under the supervision of a registered pharmacist; or

2.16.2. Refer the patient to a registered pharmacist at the pharmacy who is also an approved service provider and who may then act in accordance with the requirements of paragraph 2.15.

2.17. All supplies of pharmacotherapy shall be as part of an NHS Wales service and shall be made at no cost to patients.

2.18. Subject to paragraphs 2.15 and 2.16 the approved service provider may supply appropriate pharmacotherapy in support of a quit attempt. In doing so all supplies of pharmacotherapy must be:

2.18.1. Made by or under the supervision of a registered pharmacist; and

2.18.2. Made in accordance with the relevant product's marketing authorisation; or

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2.18.3. Made in accordance with any patient group direction that is in operation within the Local Health Board;

2.18.4. Cognisant of relevant national or local guidance and the relevant prescribing policies and guidance in use in each Local Health Board area so far as these relate to pharmacotherapy used to support people who wish to stop smoking; and

2.18.5. In cases where NRT dual therapy is to be supplied, must comprise not more than one long acting NRT formulation (e.g. patch) and not more than one short acting NRT formulation (e.g. gum) in any single consultation.

2.19. All pharmacotherapy must be supplied in its original pack and be marked indelibly "NHS" to reduce the potential for fraud. All products supplied must be labelled as if they were dispensed medicines. Products supplied under PGD must be labelled in accordance with the labelling requirements set out in the Medicines Act 1968

2.20. A patient may receive a maximum of 12 weeks supply of pharmacotherapy per quit attempt.

3. PROVIDER RESPONSIBILITIES

Contractors

3.1. Contractors wishing to provide the service shall apply to their Local Health Board in the format set out in Part B. Contractors, who have previously registered to provide a Smoking Cessation Enhanced Service, will not need to re-register provided they declare that they have read, understood and will comply with national service specification by completion and submission of a revised SLA;

3.2. Other than with the agreement of their Local Health Board, the contractor shall ensure that the service is only provided from an area of the pharmacy which;

3.2.1. Must be a designated area which is distinct from the general public areas of the pharmacy; and

3.2.2. Must be an area where both the patient receiving the service and the registered pharmacist talk at normal speaking volumes without being overheard by other visitors to the pharmacy.

3.3. The contractor shall ensure that appropriate indemnity arrangements are in place for registered pharmacists, registered pharmacy technicians and support staff providing the service;

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3.4. All support staff shall be fully informed and suitably trained in relation to their involvement in the service which may include the provision of any part of the service provided on behalf of an approved service provider, provided that they are competent and it is legal for them to do so. For the purpose of this agreement, staff shall include any person or persons employed or engaged by the contractor, to provide any part of the service;

3.5. The contractor shall have awareness of, and ensure the service is provided in accordance with any relevant nationally or locally agreed standards;

3.6. The contractor shall ensure that all standards required by the General Pharmaceutical Council, so far as they relate to pharmacy owners and superintendent pharmacists, are met;

3.7. The contractor shall ensure that, prior to entering into any agreement to provide the service; they are satisfactorily complying with his or her obligation under Schedule 2 to the Pharmaceutical Services Regulations to provide pharmaceutical essential services and have a system of clinical governance that is acceptable;

3.8. The contractor shall have appropriate arrangements in place to maintain service continuity and take all reasonable steps to ensure that patients are able to access this or equivalent services in the event of unforeseen closure of the pharmacy

3.9. The contractor shall notify the relevant Local Health Board, of circumstances which result in the temporary unavailability of the service for more than 14 calendar days;

3.10. The contractor shall participate in any reasonable publicity of the availability of the service required by the Local Health Board and shall not publicise the availability of the service other than with the agreement of the Local Health Board;

3.11. The contractor shall participate in any reasonable review of the service required by the Local Health Board including the reporting of any incidents to the Medical Director of the relevant Local Health Board.

3.12. The contractor shall ensure that the service is provided by approved service providers who;

3.12.1. Meet the requirements of the National Competence and Training Framework for the service;

3.12.2. Have a current certificate demonstrating compliance with 3.12.1;

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3.12.3. Have successfully completed an enhanced Disclosure and Barring Service (DBS) check request³; and

3 DBS checks will be provided at no cost to the pharmacist by the NHS Wales Shared Services Partnership; in some circumstances DBS checks requested by other organisations may be accepted.

3.12.4. Have their names included in the All Wales Pharmacy Database for the service.

Approved service providers

3.13. Registered pharmacists, pre-registration pharmacists and registered pharmacy technicians wishing to provide the service shall apply to their Local Health Board in the format set out in Part C;

3.14. Registered pharmacists, pre-registration pharmacists and registered pharmacy technicians shall confirm that they:

3.14.1. Meet the requirements of the National Competence and Training Framework for the service;

3.14.2. Have a current certificate demonstrating compliance with 3.14.1;

3.14.3. Have successfully completed an enhanced Disclosure and Barring Service (DBS) check request; and

3.14.4. Have their names included in the All Wales Pharmacy Database for the service.

3.15. Registered pharmacists, pre-registration pharmacists and registered pharmacy technicians providing a smoking cessation enhanced service in any Health Board area immediately prior to introduction of this service shall be added to the All Wales Pharmacy Database for the service conditionally for a maximum period of 12 months during which time they shall be required to comply with the requirements of 3.14. Registered pharmacists, pre-registration pharmacists and registered pharmacy technicians who already comply with the requirements of the National Competency and Training Framework will not need to be reassessed until their current certificate expires.

3.16. Approved service providers shall have an awareness of relevant prescribing policies and guidance in use in each LHB area in which they provide the service so far as these relate to pharmacotherapy used to support people who wish to stop smoking;

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3.17. Approved service providers shall have an awareness of any PGD which is operated by the Local Health Board providing this service. A PGD may only be used by an approved service provider who is also a registered pharmacist and where they are competent to do so and the legal requirements for its use have been satisfied;

3.18. Approved service providers shall ensure that their practice takes account of relevant PGDs, prescribing policies and guidance as described in 2.17 as well as any national guidance in relation to smoking cessation;

3.19. Approved service providers shall ensure that their practice complies with all relevant standards required by the General Pharmaceutical Council, so far as they relate to pharmacists and pharmacy technicians.

4. LOCAL HEALTH BOARD RESPONSIBILITIES

4.1. The Local Health Board, or their authorised officer, shall determine the fees and allowances payable in respect of the service;

4.2. The Local Health Board shall enter into a Service Level Agreement (SLA) with all pharmacies commissioned to provide the service. The format of the SLA may be determined locally but its content shall conform to the specification and standards set out in this document;

4.3. The Local Health Board shall make a CO monitor and consumables available to the pharmacy at the outset of the service;

4.4. The Local Health Board, or its authorised officer, shall provide details of appropriate local stop smoking services, this will include any relevant telephone numbers, to which providers can signpost patients requiring further assistance. The Local Health Board will also have in place reasonable measures to ensure that pharmacies and other stakeholders are aware of local service provision;

4.5. The Local Health Board, or its authorised officer, shall ensure that procedures are in place to facilitate effective communication and referral between providers and appropriate local NHS services;

4.6. The Local Health Board, or its authorised officer, shall support the resolution of difficulties so far as they relate to issues within the control of the Local Health Board;

4.7. The Local Health Board, or its authorised officer, shall support the handling of any complaints or issues relating to the service so far as they relate to issues within the control of the Local Health Board.

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5. WELSH GOVERNMENT RESPONSIBILITIES

5.1. The Welsh Government shall make provision for the NECAF or any replacement mechanism to be available to each pharmacy providing the service;

5.2. The Welsh Government shall make provision for the details of each pharmacy providing the service to be included in the All Wales Pharmacy Database;

5.3. The Welsh Government shall make provision for the details of each registered pharmacist, pre-registration pharmacist and registered pharmacy technician, approved to provide the service, to be included in the All Wales Pharmacy Database and shall ensure reasonable access for contractors wishing to verify their accreditation;

5.4. The Welsh Government shall make provision for an appropriate level of service performance information to be available to, the contractor, Local Health Boards and other organisations of NHS Wales (e.g. Public Health Wales NHS Trust), and to Community Pharmacy Wales;

5.5. The Welsh Government will develop a list of approved training providers that can be used to support this service.

6. FEES AND ALLOWANCES

6.1. Contractors will be reimbursed for any product supplied in accordance with the price set out in Part VIIIA of the Drug Tariff or the manufacturer's list price plus VAT and pursuant to Part I clause 5B(1).

6.2. Contractors shall submit all claims using the NECAF.

6.3. Claims must be made within three months of each consultation. Claims made after this date will not normally be paid.

6.4. Fees and allowances shall be paid monthly in arrears.

6.5. Claims for payment shall be subject to post payment verification by the Local Health Board or their authorised representatives.

6.6. Fees for the provision of the service should be based on the requirements of the Community Pharmacy National Enhanced Services Competency and Training Framework.

5. SLAs by LHB:

Aneurin Bevan: <http://www.cpwales.org.uk/Contractors-area/Health-Board-Specific/Aneurin-Bevan/ABUHB-Service-Specifications-and-SLA-s/Smoking-Cessation/FINALVERSION-Enhanced-Service-Level-3-Smoking-2015.aspx>

Abertawe Bro Morgannwg: <http://www.cpwales.org.uk/Contractors-area/Health-Board-Specific/Abertawe-Bro-Morgannwg/Service-Specifications-and-SLA-s/ABMU-Smoking-Cessation/ABMU-CP-Smoking-Cessation-Service-lv-3-Sept-2014-F.aspx>

Betsi Cadwalader: <http://www.cpwales.org.uk/Contractors-area/Health-Board-Specific/Betsi-Cadwaladr/Service-Specifications-and-SLA-s/Smoking-Cessation/BCUHB-Smoking-Level-3-Enhanced-Service-pharmacy-li.aspx>

Cardiff and Vale: Available from LHB upon request

Cwm Taf: <http://www.cpwales.org.uk/Contractors-area/Health-Board-Specific/Cwm-Taf/Service-Specifications-and-SLA-s/Stop-Smoking/Level-2-Stop-Smoking-Service-Specification-CTUHB-1.aspx>

Hywel Dda: <http://www.cpwales.org.uk/Contractors-area/Health-Board-Specific/Hywel-Dda/Hywel-Dda-Service-Specifications-and-SLA-s/Smoking-Cessation-Carbon-Monoxide-Monitoring.aspx>

Powys: http://www.cpwales.org.uk/Contractors-area/Health-Board-Specific/Powys/Service-Specifications-and-SLA-s/Powys-Stop-Smoking-Service/Smoking-Cessation-SLA-2014_15.aspx

6. Promoting the service

Once you have been commissioned and completed the accreditation it is time to start delivering the service in your pharmacies

Inform your local surgeries that you are now providing the service a template letter is attached (Appendix .1) explaining the scope of the Level 3 service provided by pharmacies, also try and speak to other members of the practice such as Respiratory nurses and practice pharmacists who can signpost appropriately.

Use advertising materials provided by the LHB and place in prominent spaces in your Pharmacy or you can use the poster included in this guide. Also there is a 'Help me quit' poster available on the CPW website

7. Claiming

Please ensure claims are logged regularly on the NECAF system and closed once the patient has completed the service to trigger payment.

<http://www.primarycareservices.wales.nhs.uk/enhanced-advanced-services-claims-necaf>

It is also important to accurately record from where the patient was referred, whether it was from the GP surgery, Stop smoking Wales or the patient themselves.

8. Top Tips

- Check smoking status of every patient during MURs and provide details of level 3 service so they know how to access when they are ready
- Be positive, start a conversation with patients you know to be smokers about their status and whether they are thinking of quitting. Plant the seed that you are the people to see when they want to quit.
- Place advertising materials next to NRT products and cough and cold remedies, check smoking status of patients purchasing cough and cold remedies.
- Ensure you have sufficient stock of sundry items such as CO monitor mouthpieces and NRT products.
- Advertise within local businesses and with HR departments of local offices. Advertise within local community facilities such as libraries. Remember to use advertising materials that have been approved or supplied by your LHB or you can use the editable poster below
- Try to make appointments to manage your workload – but not essential, remember we are convenient and accessible at all times
- If you have made an appropriate assessment and signed a patient up then ensure you make time to see them. If someone comes in for a follow up appointment they are more likely to disengage if they have to call back because you are busy.
- Train your relief pharmacists and registered technicians to deliver the service. They could do it in the regular pharmacist's absence or when the pharmacist is busy.
- LHBs have a target of getting 40% of clients who start the service to stop smoking. Support clients and contact those who may have not made it to week 4 to assess whether they wish to continue with the service. A CO validated reading is essential to confirm a successful quit. CPW are in discussions with LHBs in relation to the fees for smoking cessation level 3 and it is likely that fees in the future will also have an outcome related payment (Quit bonus) element – this has already been adopted in one LHB area.
- Ensure branch colleagues understand the service and are able to pre-screen and signpost potential clients to the service
- Supporting materials such as 'Tar Jars' and reminder cards are freely available from NRT manufacturers and some LHBs and Public Health Wales
- Ensure you regularly enter data on the NECAF system and close claims once the client has finished the service <http://www.primarycareservices.wales.nhs.uk/enhanced-advanced-services-claims-necaf>
- Ensure you are accurately recording referral pathways on the NECAF system, If a client has been referred from GP practice, ensure this is recorded

Below is an example poster to support the promotion of the service

At CPW we are always looking for examples of best practice or success stories to share with other pharmacies, if you have any to share please contact us on info@cpwales.org.uk

Do you need help to Stop Smoking?



You can get free comprehensive support to quit smoking from the
Pharmacy, Including:

- Provision of behavioural support to patients attempting to stop smoking
- Supply of medicines for stopping smoking including Patches, Gums and Inhalators
- Carbon Monoxide monitoring to see how smoking is affecting your Health

Contact your local pharmacy at:



Dear Dr

I am writing to inform you that we have recently completed training to provide the Smoking cessation Level 3 service at [our pharmacy]. This is a complete service that provides patients with:

- An initial assessment to determine the client's readiness to stop smoking
- Motivational interviewing techniques to assist clients in their attempt to stop smoking
- Weekly supply and support in use of NRT products to maximise therapeutic benefits
- Weekly Carbon monoxide monitoring to support a stop smoking attempt
- Identify clients who need referring, following the local referral pathway

This service has been developed by Public Health Wales with support from the LHB to provide a first port of call for patients looking to quit, and to reduce the burden on GP services across Wales. We would be grateful if during routine triage of patients that any requests for stop smoking services be referred to the pharmacy in the first instance.

If you require any further information please do not hesitate to contact us and we will be pleased to assist

Kind regards