

STRATEGIC COMMISSIONING SERVICE SPECIFICATION

Contract No & Service Name	Stop Smoking Service and Nicotine Replacement Therapy (NRT) dispensing scheme
Programme Area	Tobacco Control
Commissioner Lead	Lee Girvan / Colin Hughes
Provider Lead	Various (Community Pharmacies
Period	1st April 2022 – 31st March 2023
Contract value	Payment by results
Notice period	28 days

General Overview

Blackburn with Darwen Borough Council Public Health have the commissioning responsibility for Stop Smoking Services in the borough. The provision of quality community based smoking cessation behavioural support services contributes to the Tobacco Free Lancashire Strategy and the Borough's Health and Wellbeing Strategy. Encouraging and supporting smokers, particularly those with long-term conditions, to adopt a healthier smoke free lifestyle will contribute to reducing smoking prevalence and improving the health of Blackburn with Darwen (BwD) residents. This includes education and prevention to deter children and young people from starting to smoke, reducing exposure to second-hand smoke to lower the number of smoking related respiratory diseases and regulation and enforcement to disrupt illegal and counterfeit sales and supply.

Service users will receive free NRT (to include consultation) from those participating pharmacies within the scheme. The service user will be provided with one/two weeks supply of NRT products (from the formulary list, in appendix 2) that will be issued for up to 12 weeks per cessation attempt. Smokers who are unable to stop smoking whilst using NRT will, following consultation, be discharged from the service but invited back when they are ready to make another quit attempt. In 2022 / 2023 two attempts per smoker will be funded by the council.

a. National Context

Smoking remains the single largest preventable cause of premature death, disease, disability and health inequalities in this country and in Blackburn with Darwen.

Smoking is the leading cause of death and illness in England, and it contributes towards the development of many diseases, but is most commonly linked with coronary heart disease, stroke, lung cancer, asthma and chronic obstructive pulmonary disease.

Tobacco use is one of the largest drivers of health inequality. Smoking accounts for approximately half the difference in life expectancy between the least and most deprived in society.

For those who smoke, quitting is often the single most effective method of improving current health and preventing illness.

Supporting existing smokers to stop is also one of the most effective ways of preventing the uptake of smoking. More information on local trends and prevalence can be found in the [Local Tobacco Control Profile](#).

Evidence based stop smoking services are highly effective in both cost and clinical terms. This evidence base is summarised in the following guidance: <https://www.nice.org.uk/guidance/ng209>

1.2 Aims

- To provide high quality, accessible, evidence based and effective stop smoking services to people in Blackburn with Darwen who wish to stop smoking.
- Increase the access to safe and effective pharmacological and non-pharmacological stop smoking aids or Nicotine Replacement Therapies (NRT), together with quality assured behaviour change support from community based pharmacies.
- To reduce smoking related illnesses and deaths by helping people to quit smoking.
- To improve the health of the population by reducing exposure to second-hand smoke.
- To increase the rate of achieving a successful quit attempt.

1.3 Objectives

- Engage with smokers to provide services that are responsive and needs-led.
- Work in partnership with other healthy lifestyle programmes.
- Provide accurate data and activity monitoring information as required onto the specified database (i.e. PharmOutcomes).

1.4 Expected Outcomes

The services contributes to the following Public Health Outcomes Framework indicators¹ (BwD's current performance (in **Bold**) V England value:

- Smoking status at the time of delivery (C06) – **11.1%** / 9.6%
- Smoking prevalence – adults (over 18s) (C18) – **15.1%** / 12.1%
- Low birth weight of term babies (C04) – **5.18%** / 2.90%
- Infant mortality (E01) – **4.1 per 1000** / 3.9
- Mortality rate from causes considered preventable (E03) – **244 per 100,000** / 140.5
- Under 75 mortality rate from all cardiovascular diseases (E04a) – **98.1 per 100,000** / 70.4
- Under 75 mortality rate from cancer (E05a) – **153.0 per 100,000** / 129.2
- Under 75 mortality rate from respiratory diseases (E07a) – **58.1 per 100,000** / 33.6

¹ PHE, Public Health Outcomes Framework <https://fingertips.phe.org.uk/profile/public-health-outcomesframework>

1.5 Evidence Base

The evidence base for high quality stop smoking services is summarised alongside national guidance and best practice [here](#). Smoking remains the single greatest cause of preventable illness and death from respiratory disease, circulatory disease and cancer. One in two lifelong smokers die prematurely, half of these in middle age. On average, each smoker loses 20 years of life and experiences many more years of ill health than a non-smoker experiences²³.

The [Tobacco Control Plan](#) contains a national ambition to reduce smoking among adults in England to 12% or less and smoking throughout pregnancy to 6% or less by the end of 2022⁴. Encouraging pregnant women to stop smoking during pregnancy may also help them to sustain the quit providing health benefits for the mother and child.

In 2021 / 2022 smoking rates in BwD (15.1%) were similar to the England average with 11.1% of Blackburn with Darwen mothers smoking at the time of delivery.

The Tobacco Control Plan for England⁴ reasserts the government's commitment to provision of local stop smoking services (SSS) tailored to the needs of local communities, particularly groups that have high smoking rates, as a contribution to reducing health inequalities. There is strong evidence, which demonstrates that SSS are highly effective both clinically and in terms of cost⁵. The strongest and most consistent evidence for the efficacy and effectiveness of stop smoking interventions is for those that involve an 'abrupt' quit attempt (identifying a quit date and aiming to maintain complete abstinence after that date by adopting the 'not-a-puff' rule). Further to this, guidance recommends that all smokers should be routinely offered advice to quit and a referral to SSS.

Most adults do not smoke out of choice but because they become addicted to nicotine. Cigarettes are highly effective nicotine delivery devices and are as addictive as drugs such as heroin and cocaine. NICE recommendations advocate the use of NRT, Varenicline (Champix) and Bupropion (Zyban) alongside behavioural support as part of a smoking cessation programme⁶.

NRT has been shown to be both clinically and cost-effective and doubles the chances of a successful quit attempt for smokers trying to achieve abstinence⁶. Using a combination of NRT products, (combination therapy) has been shown to have an advantage over using just one product, increasing the chances of quitting by up to 35%. It is recommended that a nicotine patch is used to help with 'background' urges to smoke, combined with a faster-acting product (e.g. the mouth spray, lozenge) to top up the dose of nicotine and to assist with 'breakthrough' urges to smoke. NRT aims to replace the nicotine in cigarettes with another form of delivery. It provides a background level of nicotine and alleviates the short-term difficulties smokers experience when trying to stop smoking, by reducing craving and withdrawal symptoms.

² Doll R et al (2004). Mortality in relation to smoking: 50 years observations on male British doctors. BMJ 328:

³ <http://www.bmj.com/content/328/7455/1519.long>

⁴ Department for Health A Tobacco Control Plan for England (2017), [Towards a Smoke free Generation - A Tobacco Control Plan for England 2017-2022 2 .pdf \(publishing.service.gov.uk\)](#)

⁵ NCSCT (2014), [Local Stop Smoking Services: service and delivery guidance](#)

⁶ NICE (2021), Stop smoking interventions and services - Guideline NG92, <https://www.nice.org.uk/guidance/ng209>

2. Scope

2.1 Service Description

This service specification sets the requirements for the provision of Public Health Stop Smoking Services within a Community Pharmacy. The focus of the service is to offer one-to-one support and advice to people who want to give up smoking. The Service shall help to increase choice and improve access to Stop Smoking Services. Participation by Community Pharmacies in this service is voluntary and guided by localised need.

The Service is available to Blackburn with Darwen residents and also patients registered with a BwD GP, with one to one behaviour change counselling and support with nicotine replacement therapies (NRT) as appropriate, for a maximum of 12 weeks, for individuals who wish to quit smoking.

NRT is currently available on FP10 prescription by a GP or non-medical prescriber, and can be bought as a general sale item.

As Varenicline and Bupropion are prescription only medications, the pharmacological assessment, decision for treatment and prescribing of these products is undertaken by the individual's GP practice. However, behaviour change counselling can still be provided by the Community Pharmacy for service users prescribed Varenicline or Bupropion, for a maximum period of 12 weeks.

To support and maintain behaviour changes, service users must have a consultation once a week for the first 4 weeks and as a minimum every two weeks thereafter. Service users must be invited for follow up and undertake CO-monitor verification (unless otherwise informed) of quit attempt at 4 and 12 weeks.

2.2 Accessibility, fairness and equity of provision

- The service will be non-stigmatising and non-discriminatory, providing fair and equitable access. The Service will comply with the Equality Act (2010), and will ensure that all applicable legislation is adhered to.
- The service is accessible to people who have had or do experience difficulties accessing support services, including people with mental health difficulties, from Black, Asian and Minority Ethnic (BAME) communities including from the Gypsy/Romany/travelling communities, people with sensory impairments, learning disabilities and/or difficulties and those with mobility problems.

2.3 Essential links to other services / care pathways

The provider must ensure links with Blackburn with Darwen Borough Council's Wellbeing (re:refresh) Service:

Email: refresh@blackburn.gov.uk | tel: 01254 682037 | website: <https://refreshbwd.com/>

The Wellbeing Service is the single point of contact for healthy lifestyle behaviour change support in BwD; it receives referrals from healthcare professionals and community workers as well as self-referrals. The Wellbeing Service will signpost service users wishing to quit smoking to the authorised Community Pharmacies.

The Community Pharmacy is responsible for ensuring the stop smoking clinic details are up to date and correct and any changes should be communicated directly to the Public Health Team.

2.4 Interdependencies

The Wellbeing Service will receive referrals for the Stop Smoking Service (SSS) and service users will be signposted to access a SSS of their choice.

The Stop Smoking Service is required to work with the Community Smoking Adviser and other public sector bodies such as the NHS and CCG as well as private and third sector organisations.

2.5 National, statutory or local service standards applicable to this service

[Blackburn with Darwen Health and Wellbeing Strategy](#)

NICE guidance: <https://www.nice.org.uk/guidance/ng209>

Department of Health guidance: [Towards a SmokeFree generation – A Tobacco Plan for England 2017-22](#)

National Centre for Smoking Cessation and Training & Public Health England: [Local Stop Smoking Services](#)

All relevant NICE technology appraisal guidance **Also see section 1.5**

3. Service delivery

3.1. Pharmacy criteria and Pharmacist and Pharmacy Staff accreditation

This service may be provided by any authorised community pharmacy within Blackburn with Darwen subject to the following:

- The pharmacy must agree to participate in all parts of the service. The agreement will be documented in the form of a contract signed by the pharmacy or the representative of the pharmacy.
- If the pharmacy has previously provided Stop Smoking Services for the Council, they must be working towards achieving a **minimum of 35% successful quits** (this will be verified via PharmOutcomes) to be accepted onto the new contract. NCSCT guidance states that only effective providers should be allowed to provide the Service and one way of monitoring this is via the quit rate.
- The Pharmacy must meet the standards required to deliver advanced services.
- A standard operating procedure (SOP) that clearly defines the roles and responsibilities of relevant staff must be produced and followed for each individual pharmacy
- A suitably trained member(s) of the pharmacy team may undertake the consultation provided they adhere to the SOP and refer to the pharmacist as appropriate. Overall responsibility and accountability will remain with the pharmacist in charge.
- An accredited pharmacist must be present and accountable for 75% of opening hours, except for annual leave and sick leave when a locum (accredited or non-accredited) may temporarily continue accountability of the service.
- As a minimum (mandatory) level of competency to provide a stop smoking service to the public, Pharmacist and any other involved staff must complete and (where relevant) be able to provide evidence of completion of:
 - a) NCSCT Stop Smoking Practitioner Certification
 - b) [CPPE Declaration of Competency for Pharmacists](#), and
 - c) All staff should have read the service specification

3.2. Pharmacist Training & Qualification

- Pharmacists and other pharmacy staff involved in the delivery of the service must have completed the online NCSCT training for [Practitioners](#) and be registered as a practitioner on the site upon successful completion.

3.3 Pharmacy Technician Training & Qualifications

- Qualified dispensing technicians (NVQ Level 3) must have received training to supply NRT for the Service. Registered technicians are also encouraged to complete the [online NCSCT training](#)

3.4 Sign Up and Termination

- All pharmacists and pharmacies must agree to the terms of service contained within this service specification and contract
- Participating authorised pharmacies may withdraw from the scheme at any time. Any such intention must be made in writing to the Commissioner. A notice of 28 days applies
- Blackburn with Darwen Borough Council may also terminate provision from a pharmacy. Any such intention must be made in writing to the same individual identified on the signed Contract. A notice of 28 days applies.
- Change of ownership will require reapplication to provide the service
- Changes to pharmacy staff (e.g. new manager or regular locum) who are not already accredited will require accreditation to continue service provision at the Pharmacy

3.5 Service overview

The Stop Smoking Service will provide evidence-based smoking cessation treatment for smokers in Blackburn with Darwen. The service will increase patient choice, improve access to smoking cessation and pharmacological treatment and will contribute towards reducing inequalities in health. The service will work in partnership with the Community Smoking Adviser to further develop the pathways, relationships and offer to develop the Stop Smoking Service and achieve positive outcomes for patients.

- All service users setting a quit date must have their details entered on to the PharmOutcomes database. **All fields should be completed.**
- The treatment manual developed by the National Centre for Smoking Cessation Treatment (NCSCT) should guide all behavioural support. The manual can be found here: https://www.ncsct.co.uk/pub_clinical-tools.php
- Details of the behavioural support programme should be communicated to the service user and they must commit to them (completion of the 'contract' form on PharmOutcomes is mandatory – the form should be printed off and signed by the service user prior to starting the quit attempt). Signed forms should be kept by the pharmacist and may be reviewed by the Commissioner during a site visit.
- SSS provider must undertake a comprehensive initial assessment with every Service User that shall include:
 - Assessment of the person's readiness to make a quit attempt
 - Assessment of the person's willingness to use appropriate treatments
- You should not register a service user who is not deemed ready to make a quit attempt.
- All interventions must be multi-session with a total potential service user contact time of **at least** 1.5 hours (from pre-quit to 4 weeks after quitting). This will ensure effective monitoring, service user compliance and ongoing access to NRT.
- All 4 and 12 week quits reported must be validated with an assessment of CO levels at four and twelve weeks from the agreed quit date. Self-reported quits (non-CO validated) quits will only be accepted as validated quits due to extreme circumstances such as outbreaks of infectious disease like Covid 19. Behaviour support fees will be honoured unless otherwise agreed. To support achieving the successful quit rate of 35%, pharmacies should not be above a figure of 10% of pending / overdue patient quit verifications.
- CO monitoring can be used at other times during a quit attempt as a motivational aid, especially if the Service User is keen to see their readings more often.
- Behaviour support sessions should take place on a weekly basis for at least the first four weeks following the quit date. A minimum of six sessions of behavioural support from a trained stop smoking practitioner is recommended to aid successful quits.
- All staff involved in delivering the Service must have completed the NCSCT training and passed all the mandatory NCSCT online e-learning modules within the last 5 years. The Provider **MUST** send evidence of training completion for each member of staff before service delivery can begin.
- Only methods recommended by NICE should be adopted
- Stop Smoking Advisers should show empathy for their service users and adopt a motivational approach
- The Provider will support communication strategies on smoking cessation and tobacco control such as [Stoptober](#) and National No Smoking Day (second Wednesday in March).
- The Provider will work closely with the Community Smoking Adviser and Wellbeing Service and have links with other health improvement services as part of the wider programme of work to improve the health of Blackburn with Darwen's residents

- The Provider will be responsible for delivering treatment services stipulated in this contract. Providers will be responsible for maintaining the quality of treatment delivered (in line with the quality principles set out in this specification) and for ensuring that service user data confidentiality is protected in line with the agreed protocols.
- The Council will fund up to 12 weeks per cessation attempt and a maximum of two attempts (per service user) will be funded during the financial year 2022/23. Any further attempt that year will not be reimbursed by the Council.
- Initial supply of NRT should be sufficient to last up to a maximum of 2 weeks after the quit date is set. A second supply will be issued if the smoker demonstrates a continuing attempt to stop smoking. Best practice states that during the first four weeks, behavioural support should be undertaken on a weekly basis.
- A maximum of two forms of NRT may be combined up to and including week 12 of the quit. Where circumstances dictate e.g. in high levels of dependence, further forms of NRT may be provided with prior agreement from the commissioner. This will be monitored by the commissioner via quit rates and claims.
- Subsequent dispensing should only take place if the service user demonstrates on reassessment that the quit attempt is continuing.
- If the service user fails to achieve a 4-week quit, confirmed by a CO Monitor reading, do not continue to dispense NRT.

For further information see **section 3.9**

- For service users who are not exempt from NHS charges, a non-refundable fee equivalent to the NHS prescription charge will be levied.
- The pharmacists should claim the cost of the NRT product plus VAT and a professional fee of £2.62 per visit from Blackburn with Darwen Borough Council via PharmOutcomes.
- This Service is only intended for those smokers who wish to undertake a quit smoking attempt. Supporting people with a long-term dependency on NRT is outside the scope of this service.
- Service users requiring treatment for longer than the standard 12-week duration should be assessed on an individual basis, and reported to the Commissioner via email: quitsmoking@blackburn.gov.uk. Adolescents between the age of 12-18 years, pregnant or breast feeding service users would rarely be treated for longer than the standard 12-week duration.
- It is strongly advised that all other staff within your work area adopt the Very Brief Advice – 30 seconds to save a life model (see below) within day-to-day practice. There will be no additional payments attached to this as it is regarded as a basic day-to-day health promotion activity.

VERY BRIEF ADVICE (AAA) - 30 seconds to save a life
1. ASK and record smoking status Smoker- ex - smoker – non smoker
2. ADVISE patient on health benefits Stopping smoking is the best thing you can do for your health
3. ACT on patients response Build confidence, give information, refer, prescribe

3.6 Role of the Stop Smoking Adviser

- Assess service user suitability for NRT in accordance to NICE and Department of Health guidelines see section 2.5. The choice of product must be in line with the Blackburn with Darwen NRT Formulary (Appendix 2).
- Service user is to be advised to discuss product preferences with the dispensing pharmacist
- Dispensing pharmacist/practitioners will use PharmOutcomes to register the service user
- The NRT supply template on PharmOutcomes must be completed
- NRT can then be dispensed alongside motivational behaviour change support

3.7 Role of Dispensing Pharmacist / qualified staff

All dispensing pharmacies & qualified staff should ensure that they have signed up to the Stop Smoking Service & NRT dispensing scheme service specification, before supplying NRT. All new dispensing pharmacy staff must complete the [‘Stop Smoking – very brief advice’ NCSCT e-package](#)

- The Dispensing Pharmacy Contractor will ensure that Pharmacists and staff make the supply of NRT in accordance with the service specification and produce a standard operating procedure for use in the pharmacy (Service model can be found in Appendix 1).
- The Dispensing Pharmacy Contractor will ensure the service is covered by their indemnity insurance.
- The Dispensing Pharmacy Contractor will display a notice indicating the availability of treatment through the NRT dispensing scheme.
- In taking the professional responsibility for the supply of NRT, the dispensing pharmacists should assure themselves that the NRT therapy is being supplied safely paying particular attention to the service user’s medical conditions and concurrent medication (including possible side effects, drug interactions and contra-indications).
- Ensure ongoing competency of dispensing pharmacists in the use of NRT and the Nicotine Replacement Therapy (NRT) Dispensing Scheme.
- Ensure adequate stocks of the NRT products available on the voucher scheme are maintained within the pharmacy.
- Ensure the NRT product requested is appropriate for use by the service user in accordance with the product licence.
- Discuss any particular service user product preferences e.g. flavour of NRT gum or type of patch.
- The dispensing pharmacist is professionally accountable for the supply. The dispensing pharmacist retains professional discretion to judge the suitability of the NRT product recommended and change the product if deemed necessary. If the dispensing pharmacist has a query, they must contact the Commissioner.
- Pharmacies will not be reimbursed for equipment costs. It is the responsibility of the pharmacy to ensure equipment is calibrated every 6 months and fit for purpose. Calibration can be carried out with support from the Public Health Team by contacting quitsmoking@blackburn.gov.uk. If equipment is not calibrated the Commissioner reserves the right to give 28 days’ notice to end contract.

3.8 Reimbursements to Pharmacies

Pharmacists will be reimbursed with the current Drug Tariff price for the NRT supplied plus VAT, plus a professional fee of £2.62 per consultation. Any NRT product requested should be in accordance with the NRT formulary as presented in Appendix 2. Please note that reimbursements will only be made when all of the terms set in the specification and contract have been complied with.

Any enquiries regarding payment need to be emailed to the Council: quitsmoking@blackburn.gov.uk

3.9 Outcomes and Monitoring

The following outcomes will be monitored:

- 4 and 12 week successful quits **MUST** be validated by a valid CO monitor reading (unless otherwise agreed) to receive payment from the Commissioner.
- The provider must follow up on those patients whose quit outcomes is pending or overdue. Pharmacies should not be above a figure 10% of pending / overdue patient quit verifications.
- All Providers are expected to be working towards achieving a minimum success rate of 35% for 4-week quits (in line with [NCSCT guidance](#) [p.38]) in order to continue providing the service.
- All service users registered onto the service **MUST** have a recorded outcome at 4 weeks and 12 weeks e.g. quit verified; not quit or lost to follow up
- Providers need to be working towards a minimum of 25 x 4-week successful quits per year.
- The proportion of people successfully quitting by each of the target groups; BME groups, routine and manual workers, pregnant women, people with long-term health conditions.
- Service user satisfaction with the service shall be assessed using a methodology agreed with the Commissioner. A randomised sample of 35% people setting a quit date will be asked to complete a satisfaction survey
- The provider is required to provide a brief summary report of customer feedback received throughout the year in Quarter 4 (January - March 2022).
- A treated smoker whose CO reading is assessed 28 days from their quit date (-3 or +14 days) and whose CO reading is less than 10ppm. The -3 or +14 day rule allows for cases where it is not possible to carry out a face to face follow-up at the normal four week point (although in most cases it is expected that follow up will be carried out at four weeks from quit date). This means that follow-up must occur 25 to 42 days from the quit date (Russell Standard).

Providers must note that:

- In order for the provider to be accredited for delivering the service, the Commissioner must have received evidence of completion of NCSCT training (within the last 3 years) for each member of staff expected to deliver the service at that site.
- The Council will fund only two attempts (of any length) per service user, not per pharmacy, at quitting smoking during the 2022/23 financial year. The Commissioner will not meet the costs for any further attempt(s).
- If a service user does not achieve a 4-week quit, verified by a CO monitor reading, then they cannot continue with current quit smoking attempt. Any NRT that is dispensed after week 4 for an unsuccessful attempt will not be reimbursed. The Stop Smoking Adviser should meet with the service user to understand why this attempt was not successful and invite the service user to return when they feel more motivated to quit.
- The provider is responsible for the maintenance and calibration of CO monitors in line with the manufacturer's instructions. Providers will be responsible for sourcing and procuring all related service consumables, such as CO monitor tubes and wipes as outlined in **sections 3.7 and 3.15**.
- Stop Smoking Advisers must NOT share their personal login password with anyone else. The penalty for this will be immediate withdrawal from the Contract
- The Commissioner will conduct unannounced 'spot checks' to ensure providers are delivering the service as per the service specification. This will include (but is not limited to) checking the signed contracts, the CO monitors and the availability of relevant communication materials on site.
- Any provider that does not meet the requirements set out in this specification will be required to provide justification for their failure to comply; if the reasons are not deemed satisfactory then this may lead to removal from the service.

3.10 Competencies and Training

The service will ensure:

- The service provider is responsible for ensuring all SSS Advisers are appropriately qualified and supported in their work to realise their potential, work positively with service users and their carers and positively promote the service. The National Centre for Smoking Cessation and Training (NCSCT) governs training standards.
- All staff involved should have completed NCSCT training and passed all the NCSCT online e-learning modules. (Prior to accreditation by the Commissioner to provide the service, evidence of training completion **MUST** be sent to the Commissioner).
- The service provider is responsible for ensuring their SSS Advisers have annual appraisals, and are supported to access continuous professional development opportunities relevant to their work.
- The service provider is responsible for ensuring the SSS is delivered in line with <https://www.nice.org.uk/guidance/ng209>
- All staff be trained in behavioural change techniques and basic healthy lifestyle advice, such as brief advice, motivational interviewing, such as [Level 1 Royal Society for Public Health \(RSPH\)](#)
- The service provider is responsible for annual mandated staff training in Health and Safety, Information Governance, and Safeguarding training in line with national and local policy.
- All staff will be supported to continuously update skills and techniques relevant to their work and will endeavour to raise awareness among partner agencies of the issues faced by people attempting to quit smoking.
- The provider will access training and workforce development offered via our [Local Safeguarding Children Board/Local Safeguarding Adult Board](#)

3.11 Safeguarding

Safeguarding continues to be of the highest priority for services. Providers must meet all the requirements for safeguarding of children, young people and vulnerable adults as set out in the policies and guidance available on the Council website. Referral to, and liaison with relevant agencies regarding the safeguarding of children and vulnerable adult and public protection will be a priority. Where appropriate qualified staff must be registered with the relevant professional body (ies) e.g. Association of Pharmacy Technicians or General Pharmaceutical Council.

All training costs will be met by the provider.

3.12 Governance

The Single Point of Contract Provider in partnership with the service delivery provider is responsible for the governance and oversight of the service being provided and should have arrangements in place to demonstrate this

3.13 Insurance

The Provider shall at its own cost effect and maintain with a reputable insurance company a policy or policies of insurance providing the following levels of cover:

- Public liability insurance with a limit of indemnity of not less than £5,000,000 in relation to any one claim or series of claims;
- Employer's liability insurance with a limit of indemnity of not less than £10,000,000
- professional indemnity insurance with a limit of indemnity of not less than £2,000,000 in relation to any one claim or series of claims and shall ensure that all professional consultants and subcontractors involved in the provision of the Services hold and maintain appropriate cover;
- The Provider must put in place and/or maintain in force (and/or procure that its sub-contractors must maintain in force) at its own cost appropriate Indemnity Arrangements in respect of clinical negligence where the provision or non-provision of any part of the Services (or any other services under this Contract) may result in a clinical negligence claim.

3.14 Business Continuity

The Service Provider ensures that sufficient staffing is available for the effective running of the service, including contingency planning for times of sickness, absences or any other occurrence that may jeopardise the service delivery to service users at levels sufficient to meet the performance objectives and service standards of the service as outlined in this agreement.

3.15 Buildings and Accommodation

Where required the service provider will be responsible for sourcing buildings that have the appropriate planning permission for delivering public health services (including drug and alcohol treatment if applicable).

The service provider will be responsible for the maintenance costs of any buildings occupied for delivering services, which includes fittings, equipment, repairs and alterations. The provider will be responsible for any costs associated with the replacement of furniture, maintenance and calibration of equipment and the safe disposal of the same, and provide consumables required for the smooth operation of the service.

3.16 Additional Costs

The full cost of the service should be managed within the financial envelope available as outlined within the invitation to tender.

Any unexpected or additional costs identified should be highlighted to the Commissioner for discussion within the contract review process but should be managed by the provider.

The commissioner will support the development of bids for external funding that have the opportunity to enhance this service provision.

3.17 Communication and Marketing

Providers will have the responsibility for communicating the service offer and this may involve ensuring interpreter services are available when required and deemed to be within reasonable costs.

The provider will, where possible, utilise social media and digital technology to communicate and market the service offer.

The provider will meet all costs in relation to communication and marketing. The service provider must display any marketing materials provided by the Commissioner in a timely manner.

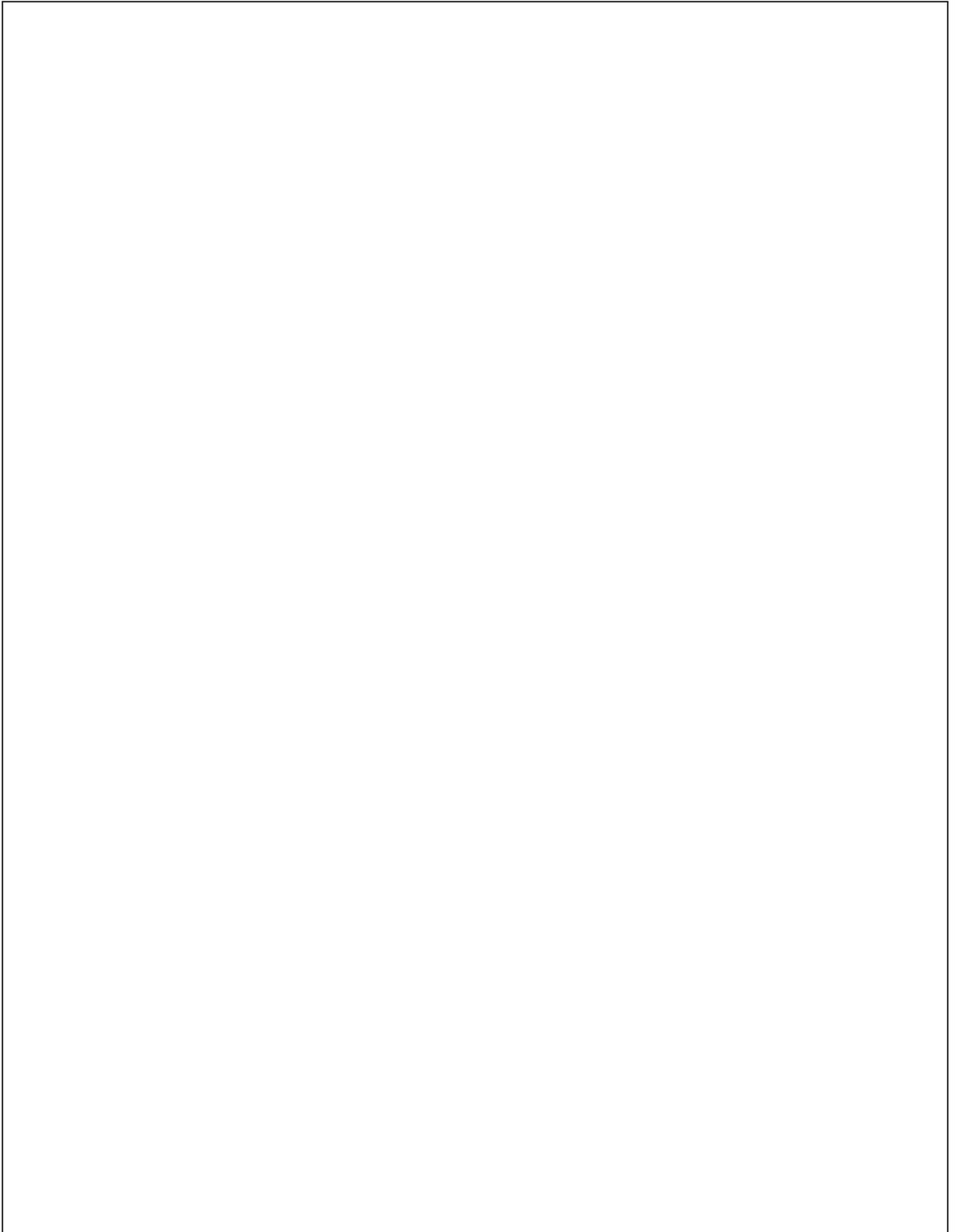
The Commissioner will use the PharmOutcomes system for all communications, and it is the provider's responsibility to ensure SSS Advisers read and respond as appropriate to any actions required in a timely manner.

3.18 Consulting with service users

Consultation with service users is everybody's business and as such regular feedback is sought via contract monitoring and reporting mechanisms. The service provider should also consider ongoing evaluation of the provision to inform future service developments.

The service is required to provide evidence of consultation with and feedback from service users, on their service user experience, such as level of satisfaction, comments, compliments and complaints. The provider is required to provide a brief summary report of customer feedback received throughout the year in Quarter 4.

Consultation may include (but is not limited to) customer satisfaction surveys & case studies.



4 Referral, Access and Acceptance Criteria

4.1 Geographic coverage / boundaries

Blackburn with Darwen Borough Council boundaries apply but the Service can also be offered to people who are registered with a Blackburn with Darwen GP practice.

4.2 Location(s) of service delivery

The service provider is required to provide effective and efficient facilities, including computer/laptop with appropriate internet connection to connect to the web based Pinnacle PharmOutcomes/Outcomes For Health system and equipment in order to deliver stop smoking support. Service providers must have a suitable private room for service user appointments and other relevant resources and equipment such as patient information and visual aids.

4.3 Days / hours of operation

The provider should strive to offer appointments at the convenience of the service user including evenings or weekends where possible.

4.4 Referral criteria and sources

The stop smoking service is for current smokers wishing to receive support to stop smoking. Smokers should be resident in Blackburn with Darwen or registered with a Blackburn with Darwen GP.

4.5 Exclusion criteria

The service is not available to:

- People who do not live or are not registered with a GP in Blackburn with Darwen.
- Under 12's
- Anyone who has already made two attempts to quit smoking during the financial year 2022/23.

Supporting persons with a long-term dependency to NRT is outside the scope of the service.

Risk Assessment

Service delivery must be risk-assessed by the provider.

4.6 Applicable service standards – national/local/statutory

See section 2.5

5. Currency and Prices

Providers will be paid fees according to the schedule below:

- Service user achieves 4-week quit (CO Verified) = £35
- Service user achieves 12-week quit (CO verified) = additional £25
- Dispensing payment per visit = £2.62

All claims will be paid within 4 weeks of the claims being submitted by the Provider via PharmOutcomes. Any claims made outside of the Russell Standard period for a 4-week and 12-week quit will not be eligible for the behaviour support fee.

The Commissioner reserves the right to revise fees. Should fees be revised, the service providers shall be issued with written notification, three months prior to changes taking effect.

Claims should be submitted during the month they are applicable to, as far as practicable, and no later than two months after the service has been provided. Claims which relate to work completed more than two months prior to submission may not be paid.

Providers must notify the Commissioner of the contact details of the nominated lead for each site.

PAYMENTS WILL NOT BE MADE FOR SERVICE USERS WHO HAVE HAD MORE THAN TWO QUIT ATTEMPTS DURING 2022/23.

Providers must notify the Commissioner of any changes to their financial supplier details by email as soon as possible to avoid payment delays by emailing the information to scpdata@blackburn.gov.uk

6. Service reviews

The provider is expected to promote innovation, ongoing flexibility and the opportunity for the delivery to develop on an ongoing and **iterative** basis **via co-production** whilst utilising an asset based community development approach.

Reviews of service quality and performance will be assessed via routine quality audits against national guidance and local standards, which may include requests for evidence of compliance against standards outlined in the service specification by the Commissioner. Performance will be assessed on activity levels, e.g. 4-week quit rates. Project outcomes and outputs will be monitored on a quarterly basis. Occasional qualitative reviews may be undertaken at the behest of the commissioners.

Providers will be notified by the Commissioner of poor performance and/or effectiveness and provided with notice to improve, and to agree an improvement plan. The Commissioner reserves the right to visit the Provider without notice to conduct 'spot checks' on the paper records as well as CO monitor equipment. The Commissioner reserves the right to terminate the contract if service quality and/or performance is below local and national standards.

Service user satisfaction with the service will be assessed using a standardised satisfaction survey and it is expected that 35% of service users will return their surveys to their provider.

Appendix 1

Person referred or recruited into the service



Adviser to assess eligibility:
Is the smoker motivated to quitting?
Are they willing to use appropriate treatments?
Have their dependency levels been confirmed?
If the smoker is deemed eligible then a quit date should be set.



Smoker receives behavioural support every week (for first 4 weeks) alongside pharmacotherapy. At each session, the adviser must ensure that the smoker remains committed to the quit attempt before dispensing more NRT.

Smoking status checked and confirmed at Week 4 with CO monitor reading recorded.

4 week quit achieved

4 week quit not achieved



Smoker receives behavioural support at least every 2 weeks alongside pharmacotherapy. At each session the adviser must ensure that the patient remains committed to quit attempt before dispensing more NRT.

Smoking status to be checked at Week 12 with CO2 monitor reading recorded.



If a service user does not achieve a 4 week quit then they cannot continue with the current quit smoking attempt.

The adviser should meet with the service user to understand why this attempt was not successful and invite the service user to return when they feel more motivated to quit.

Note: Only 2 attempts per smoker will be funded during 2022/23.

APPENDIX 2

Blackburn with Darwen NRT Formulary

(Only items listed here may be dispensed by the Pharmacy)

Any changes to the formulary will be amended on PharmOutcomes

Chewing gum	<p>Nicorette Freshmint 2mg medicated chewing gum (McNeil Products Ltd) 105 piece 7x15 pieces</p> <p>Nicorette Freshmint 2mg medicated chewing gum (McNeil Products Ltd) 30 piece 2 x 15 pieces</p> <p>Nicorette Freshmint 4mg medicated chewing gum (McNeil Products Ltd) 105 piece 7 x 15 pieces</p> <p>Nicorette Freshmint 4mg medicated chewing gum (McNeil Products Ltd) 30 piece 2 x 15 pieces</p> <p>Nicorette Fruitfusion 2mg medicated chewing gum (McNeil Products Ltd) 105 piece 7x15 pieces</p> <p>Nicorette Fruitfusion 4mg medicated chewing gum (McNeil Products Ltd) 105 piece 7x15 pieces</p> <p>Nicorette Icy White 2mg medicated chewing gum (McNeil Products Ltd) 105 piece 7 x 15 pieces</p> <p>Nicorette Icy White 2mg medicated chewing gum (McNeil Products Ltd) 25 piece</p> <p>Nicorette Icy White 4mg medicated chewing gum (McNeil Products Ltd) 105 piece 7 x 15 pieces</p> <p>Nicorette Original 2mg medicated chewing gum (McNeil Products Ltd) 105 piece 7 x 15 pieces</p> <p>Nicorette Original 2mg medicated chewing gum (McNeil Products Ltd) 30 piece 2 x 15 pieces</p> <p>Nicorette Original 4mg medicated chewing gum (McNeil Products Ltd) 105 piece 7 x 15 pieces</p> <p>Nicorette Original 4mg medicated chewing gum (McNeil Products Ltd) 30 piece 2 x 15 pieces</p> <p>Nicotinell Fruit 2mg medicated chewing gum (GlaxoSmithKline Consumer Healthcare) 24 piece 2 x 12 pieces</p> <p>Nicotinell Fruit 2mg medicated chewing gum (GlaxoSmithKline Consumer Healthcare) 96 piece 8 x 12 pieces</p> <p>Nicotinell Fruit 4mg medicated chewing gum (GlaxoSmithKline Consumer Healthcare) 24 piece 2 x 12 pieces</p> <p>Nicotinell Fruit 4mg medicated chewing gum (GlaxoSmithKline Consumer Healthcare) 96 piece 8 x 12 pieces</p> <p>Nicotinell Liquorice 2mg medicated chewing gum (GlaxoSmithKline Consumer Healthcare) 24 piece 2 x 12 pieces</p> <p>Nicotinell Liquorice 2mg medicated chewing gum (GlaxoSmithKline Consumer Healthcare) 96 piece 8 x 12 pieces</p> <p>Nicotinell Liquorice 4mg medicated chewing gum (GlaxoSmithKline Consumer Healthcare) 24 piece 2 x 12 pieces</p> <p>Nicotinell Liquorice 4mg medicated chewing gum (GlaxoSmithKline Consumer Healthcare) 96 piece 8 x 12 pieces</p> <p>Nicotinell Mint 2mg medicated chewing gum (GlaxoSmithKline Consumer Healthcare) 24 piece 2 x 12 pieces</p> <p>Nicotinell Mint 2mg medicated chewing gum (GlaxoSmithKline Consumer Healthcare) 96 piece 8 x 12 pieces</p> <p>Nicotinell Mint 4mg medicated chewing gum (GlaxoSmithKline Consumer Healthcare) 24 piece 2 x 12 pieces</p> <p>Nicotinell Mint 4mg medicated chewing gum (GlaxoSmithKline Consumer Healthcare) 96 piece 8 x 12 pieces</p> <p>NiQuitin Extra Fresh Mint 2mg medicated chewing gum (Omega Pharma Ltd) 100 piece</p> <p>NiQuitin Extra Fresh Mint 2mg medicated chewing gum (Omega Pharma Ltd) 30 piece</p> <p>NiQuitin Extra Fresh Mint 4mg medicated chewing gum (Omega Pharma Ltd) 100 piece</p> <p>NiQuitin Extra Fresh Mint 4mg medicated chewing gum (Omega Pharma Ltd) 30 piece</p> <p>NiQuitin Fresh Mint 2mg medicated chewing gum (Omega Pharma Ltd) 24 piece</p> <p>NiQuitin Fresh Mint 2mg medicated chewing gum (Omega Pharma Ltd) 96 piece</p> <p>NiQuitin Fresh Mint 4mg medicated chewing gum (Omega Pharma Ltd) 24 piece</p> <p>NiQuitin Fresh Mint 4mg medicated chewing gum (Omega Pharma Ltd) 96 piece</p>
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Lozenges	<p>Nicorette Cools 2mg lozenges (McNeil Products Ltd) 20 lozenge Nicorette Cools 2mg lozenges (McNeil Products Ltd) 80 lozenge 4 x 20 lozenges Nicorette Cools 4mg lozenges (McNeil Products Ltd) 80 lozenge 4 x 20 lozenges Nicorette Fruit 2mg lozenges (McNeil Products Ltd) 80 lozenge 4 x 20 lozenges Nicotinell 2mg lozenges (GlaxoSmithKline Consumer Healthcare) 144 lozenge 12 x 12 lozenges Nicotinell 2mg lozenges (GlaxoSmithKline Consumer Healthcare) 96 lozenge 8 x 12 lozenges NiQuitin 2mg lozenges original menthol mint (Omega Pharma Ltd) 72 lozenge 6 x 12 lozenges NiQuitin 4mg lozenges original menthol mint (Omega Pharma Ltd) 72 lozenge 6 x 12 lozenges NiQuitin Minis Mint 1.5mg lozenges (Omega Pharma Ltd) 20 lozenge NiQuitin Minis Mint 1.5mg lozenges (Omega Pharma Ltd) 60 lozenge 3 x 20 lozenges NiQuitin Minis Mint 4mg lozenges (Omega Pharma Ltd) 20 lozenge NiQuitin Minis Mint 4mg lozenges (Omega Pharma Ltd) 60 lozenge 3 x 20 lozenges NiQuitin Mint 2mg lozenges (Omega Pharma Ltd) 72 lozenge 6 x 12 lozenges NiQuitin Mint 4mg lozenges (Omega Pharma Ltd) 72 lozenge 6 x 12 lozenges</p>
Patches	<p>Nicorette invis 15mg/16hours patches (McNeil Products Ltd) 7 patch Nicorette invis 25mg/16hours patches (McNeil Products Ltd) 14 patch Nicorette invis 25mg/16hours patches (McNeil Products Ltd) 7 patch Nicorette invis 10mg/16hours patches (McNeil Products Ltd) 7 patch Nicotinell TTS 10 patches (GlaxoSmithKline Consumer Healthcare) 7 patch Nicotinell TTS 20 patches (GlaxoSmithKline Consumer Healthcare) 7 patch Nicotinell TTS 30 patches (GlaxoSmithKline Consumer Healthcare) 7 patch NiQuitin 14mg patches (Omega Pharma Ltd) 7 patch NiQuitin 21mg patches (Omega Pharma Ltd) 7 patch NiQuitin 7mg patches (Omega Pharma Ltd) 7 patch NiQuitin Clear 14mg patches (Omega Pharma Ltd) 7 patch NiQuitin Clear 21mg patches (Omega Pharma Ltd) 7 patch NiQuitin Clear 7mg patches (Omega Pharma Ltd) 7 patch</p>
Inhalator	<p>Nicorette 15mg Inhalator (McNeil Products Ltd) 20 cartridge 5 x 4 cartridges Nicorette 15mg Inhalator (McNeil Products Ltd) 36 cartridge 9 x 4 cartridges</p>
Mouth spray	<p>Nicorette QuickMist 1mg/dose mouthspray cool berry (McNeil Products Ltd) 26.4 ml 2 x 13.2ml bottles Nicorette QuickMist 1mg/dose mouthspray freshmint (McNeil Products Ltd) 26.4 ml 2 x 13.2ml bottles</p>