



The Scottish
Government
Riaghaltas na h-Alba



LEGACY 2014
XX COMMONWEALTH GAMES
SCOTLAND

Dear Colleague

**PHARMACEUTICAL SERVICES
ADDITIONAL PHARMACEUTICAL SERVICES
- SMOKING CESSATION SERVICE**

Summary

1. This Circular provides supplementary advice for community pharmacy contractors providing the Public Health Service (PHS) Smoking Cessation Additional Pharmaceutical Service (APS) from 1 April 2015.

Background

2. NHS Circulars [PCA \(P\) \(2014\) 12 & 23](#), advised of changes to Directions related to the PHS Smoking Cessation APS. NHS Circular [PCA \(P\) \(2015\) 7](#) advised of updated remuneration arrangements in respect of this service.

3. This Circular sets the context for the scheme within NHS Scotland policy on encouraging smoking cessation and provides additional guidance to pharmacy contractors and Health Boards including clarification on operational issues which have arisen since the last change in Directions relating to the service. Further advice may be provided in the light of lessons learnt from experience in 2015-16 in due course.

17 April 2015

Addresses

For action

Chief Executives, NHS Boards

For information

Chief Executive, NHS NSS

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Policy context and clarifications on operational procedures

- The PHS Smoking Cessation APS is intended to contribute to NHS Board strategies to meet 2015-16 Local Development Plan (LDP) Smoking Cessation Standard (previously HEAT 6 target) for NHS Scotland to deliver 7,279 successful smoking quits, at 12 weeks post quit, in our most deprived areas. **Given that this is an NHS Scotland target it is critical that all parties work collaboratively towards the achievement of the standard. In particular community pharmacy co-operation in helping to maximise the accuracy of data is highly appreciated.**
- Over 2015/16 the PHS Smoking Cessation APS will be kept under regular (quarterly) review to enable adjustments and clarifications to be made within the year thus helping to ensure maximal effectiveness of smoking cessation service provision.
- In relation to this, from April Pharmacy Contractors and other interested parties should note the following:
 - NHS Circular PCA (P) (2015) 7 advised of changes to contractor remuneration rates from 1 April 2015. This included with respect to the PHS Smoking Cessation APS an increase in contractor payment for the 3rd quit milestone (at 12 weeks). This is to reflect the importance of the support provided by pharmacy contractors to the patient through to that milestone and providing their smoking status at that point in time.
 - all 'shared care' quit attempts count towards PHS Smoking Cessation APS remuneration payments. A "shared care" quit attempt is defined as where *"the quit attempt is shared between pharmacy and non-pharmacy services. To qualify as an agency providing shared care for a quit attempt, the service must provide a substantial part of the cessation intervention in the on-going quit attempt. **This should include part of the structured programme of behavioural support the client receives as part of the overall quit attempt, and should be more than dispensing of pharmacotherapies**".*

Process for "shared care clients"

- The pharmacy should identify from the client if they are also attending an NHS Board cessation service as part of this current quit attempt. There is no requirement for the pharmacy to check this with the NHS Board.
- If the client is also attending an NHS Board cessation service, the pharmacy should then record this individual as a 'Shared Care' client, as appropriate, on the PCR. These records will then be accepted into the Smoking Cessation Database (SCD).
- NHS Board staff will provide the necessary checks on the PCR 'Shared Care' records that are uploaded onto the SCD, on a weekly basis. If a duplicate is

identified, NHS Board staff will investigate with the relevant Pharmacy and decide whether it is an NHS Board or pharmacy quit.

- If it is an NHS Board quit, then the PCR record will be deleted from the SCD by the Board and a payment adjustment will be requested to debit the relevant pharmacy for the quit attempt.
- The quit attempt record should also be closed on the PCR by the pharmacy. This will prevent unnecessary follow-ups being recorded on the PCR and uploaded to the SCD.

Key points to note are:

- the importance of completing the data on an individual's quit attempt within the relevant specified time frame (between 4- 6 weeks for the 1st milestone at 4 weeks and between 10 – 14 weeks for the second milestone at 12 weeks) and to ensure that an individual's smoking status at the end of each period is recorded. This will help to reduce the number of "blank" records that are being received. Appropriately completing the data utilising the reporting tools in the PCR within the time frames will generate a contractor payment.
- the importance of referring those who have been unsuccessful in quitting smoking with the PHS Smoking Cessation Service on to their local NHS Board smoking cessation service, as those who have previously but unsuccessfully tried to stop smoking may require more intensive and tailored cessation support which can be offered through NHS Board stop smoking services.
- the importance of the community pharmacy contractor informing the NHS Board if the client cannot be contacted at 12 weeks, to allow the Board to conduct the follow up and therefore reduce the number of "lost to follow ups".
- action is in hand to ensure that local NHS Board cessation services referral pathways and strategies are effectively communicated to pharmacies to help facilitate more effective partnership working and to ensure efficient onward referral of clients requiring more intensive support to NHS Board cessation services.
- a further Circular may be issued during Summer 2015 to communicate lessons learnt during the April-June 2015 quarter.

Consultation

4. Community Pharmacy Scotland has been consulted on the Drug Tariff amendments and the contents of this Circular.

NHS:
PCA (P) (2015) 9

Action

5. Health Boards are advised to send a copy of this Circular to all community pharmacy contractors and Community Health Partnerships in their areas.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Martin Moffat', with a stylized flourish at the end.

Martin Moffat
Head of Pharmacy Branch