



Smoking Cessation Service

Welcome and Introduction



Agenda

Running Order:

Introduction

Adam Irvine, CPCW

Implementation and Status

Alison Scowcroft, MLSCU

Liverpool CURE update from LUHFT

Kate Maitland & Patricia Rodrigues

PharmOutcomes Information

Matt Harvey, CPL

Q&A

Louise Gatley & Helen Murphy, CPHStHK
and Lisa Manning, CPS

Webinar Housekeeping: Using Zoom

- All attendees are automatically muted
- Use the Q&A button in Zoom to ask the presenters questions
- Type in your message and a presenter will either respond during the webinar if they can or at the end in the Q&A session





Intro and overview

- PSNC Resources are there. We're not going to repeat them as many will have viewed already. If you haven't, please access them afterwards here: www.psnc.org.uk -> National Pharmacy Services -> Smoking Cessation Service
- Good guidance and a checklist that contractors and teams can use there
- Equipment needs sorting as does training requirements. Helpful to link your own timeline with the hospitals local to you.

Smoking Cessation Service Implementation

**Rob Hebdon MLCSU Programme Lead & MLCSU Senior
Medicines Optimisation Lead**

**Alison Scowcroft MLCSU Senior Medicines Optimisation
Lead**

Agenda



- Background – Long Term Plan & Ottawa Model of Smoking Cessation
- Pilots – overview & outcomes
- National implementation update
- Q&A

Background (1)



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



Background (2)

- Smoking cessation programmes already exist in community settings but are variable in their involvement of pharmacy
- Hospitals are adopting the Ottawa Model of Smoking Cessation (OMSC), which:
 - Will be adopted throughout England (NHS Long Term Plan, 2019) – led by the NHSE/I Prevention team
 - Is a 12-week programme
 - Requires follow-up smoking cessation treatment after discharge from hospital
 - Increased 1-year quit rates by 11% (Mullen, 2010)
 - Is expected to save the NHS £85m within 1 year (Royal College of Physicians, 2018)

Background (3)



The aim of the NHS Smoking Cessation Service (SCS) is:

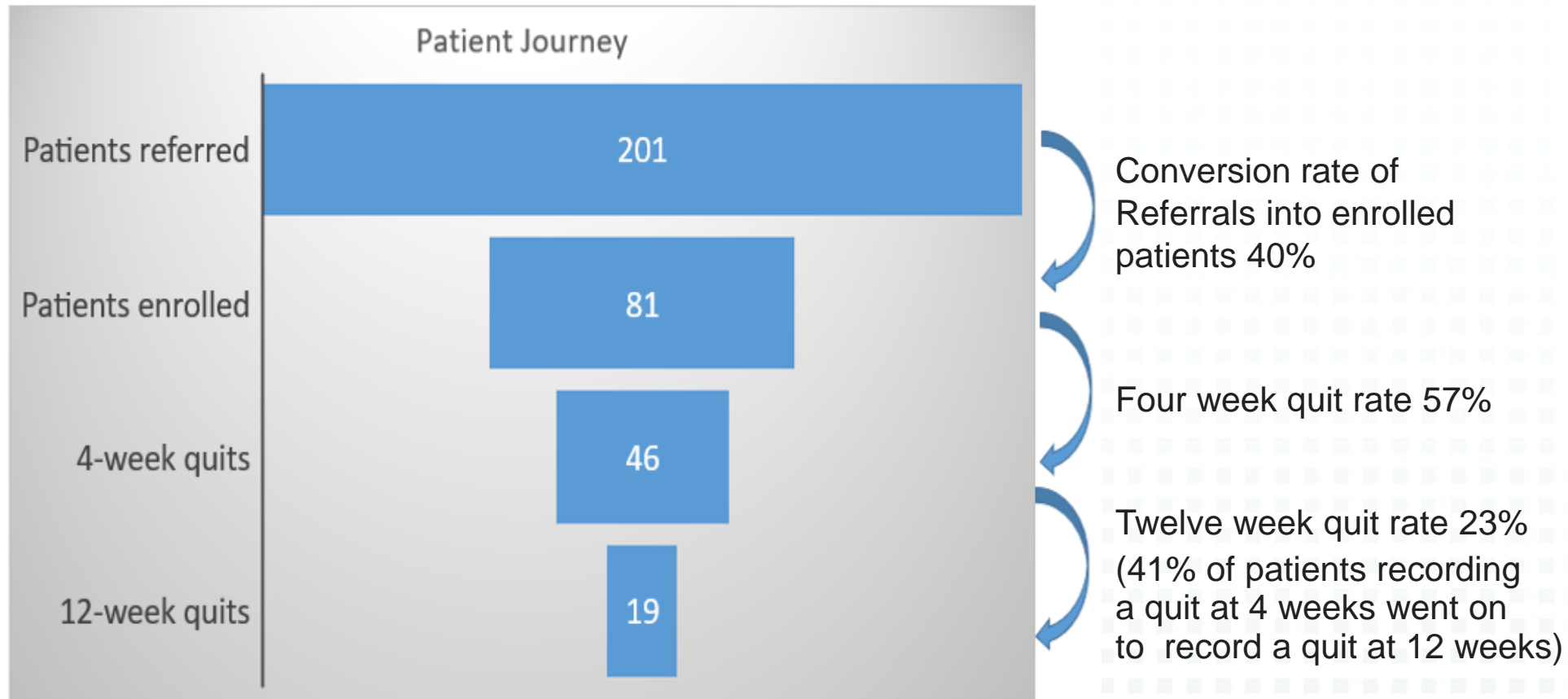
To support delivery of the prevention ambitions in the NHS LTP, and for community pharmacy to become a nationally available choice for patients to access smoking cessation support post discharge.

Smoking Cessation Transfer of Care Pilots



- A pilot service was introduced in October 2020 with the first location being referrals from Royal Oldham Hospital to pharmacies in the Oldham area
- Pharmacies were selected following an Expression of Interest process, to give good geographical coverage and extended opening hours
- A second pilot area went live in November 2021 in the Lambeth and Southwark boroughs of London, working with Guys and St Thomas' Hospital and King's College Hospital
- The pilots have now transitioned into the Smoking Cessation Service (SCS)

Pilot Data Overview: Oct 2020 to Dec 2021





Transitioning the pilot into the SCS

- Standard Treatment Programme (STP) developed with National Centre for Smoking Cessation and Training (NCSCT)
- Service funding agreed (PSNC & NHSE)
 - **Consultation fees – Community Pharmacy Contractual Framework (CPCF)**
 - **NRT costs to be recharged back to the Lead CCG / ICB**
- NHS Smoking Cessation Service (SCS) specification agreed
- Service launched to align with National No-Smoking Day (10 March 2022)
 - Registrations opened on 1 March 2022
 - **Intentional ‘soft launch’**

National Implementation of SCS



The role of the CSU's

- Scoping and mapping
 - Understand the exact position of each Acute Trust in terms of their delivery of the relevant parts of the LTP
 - Inform planning
 - Identify key stakeholders to support working groups
- Facilitate implementation at local level
 - Advisor available for each region
 - Ensure pilot sites transition successfully
 - Engage with early implementers and those sites looking to start delivery imminently
- Production of supporting documents and promotional material

3 stage process to Go-Live



Stage 1:

Scoping & Mapping

Initial engagement and establishment of working group(s).

To include OHID, Public Health, LPC, Acute Trust, ?Locally Commissioned Service

Stage 2:

Pathway agreement

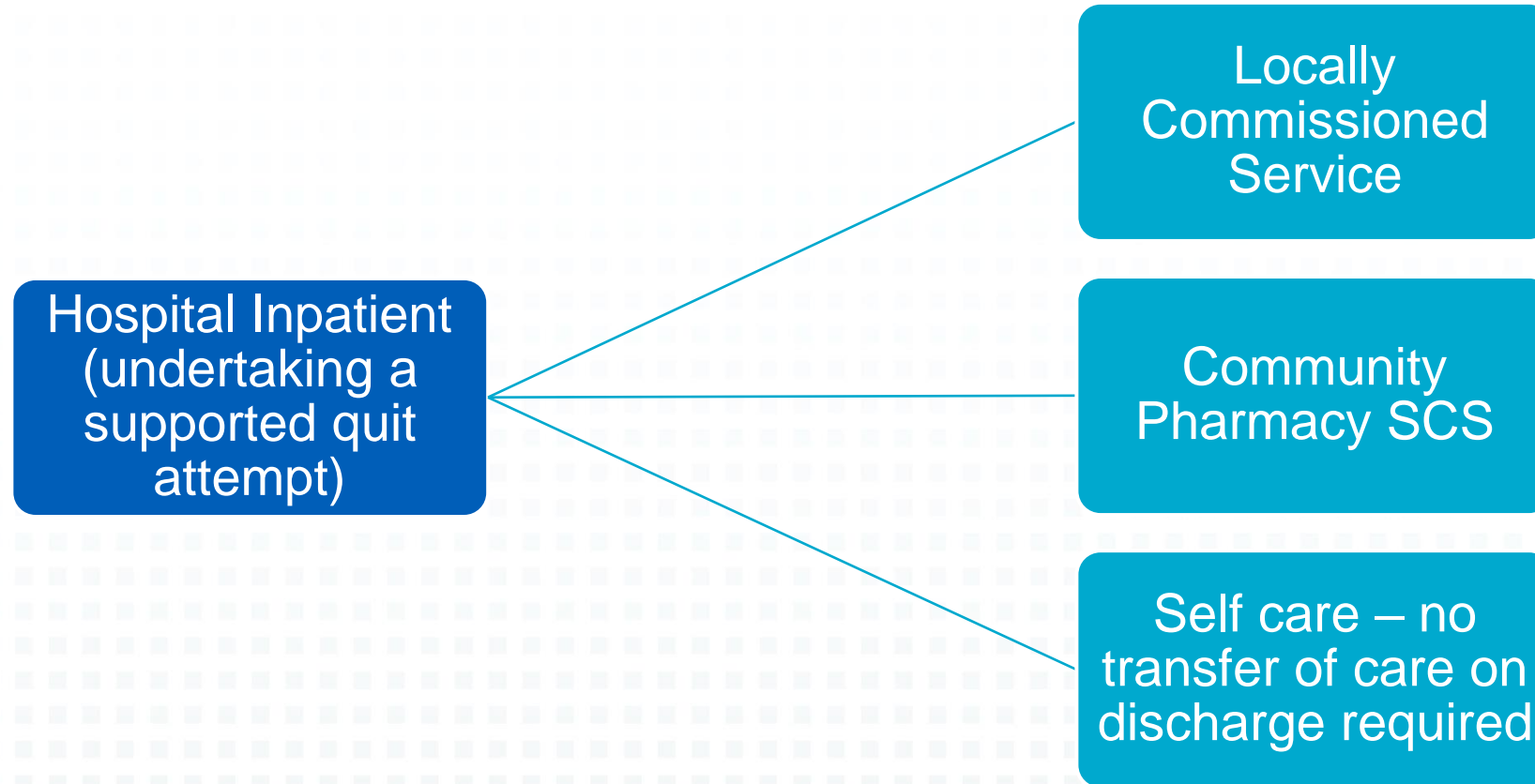
Agree the pathway and the method of sending a digital referral.

Stage 3:

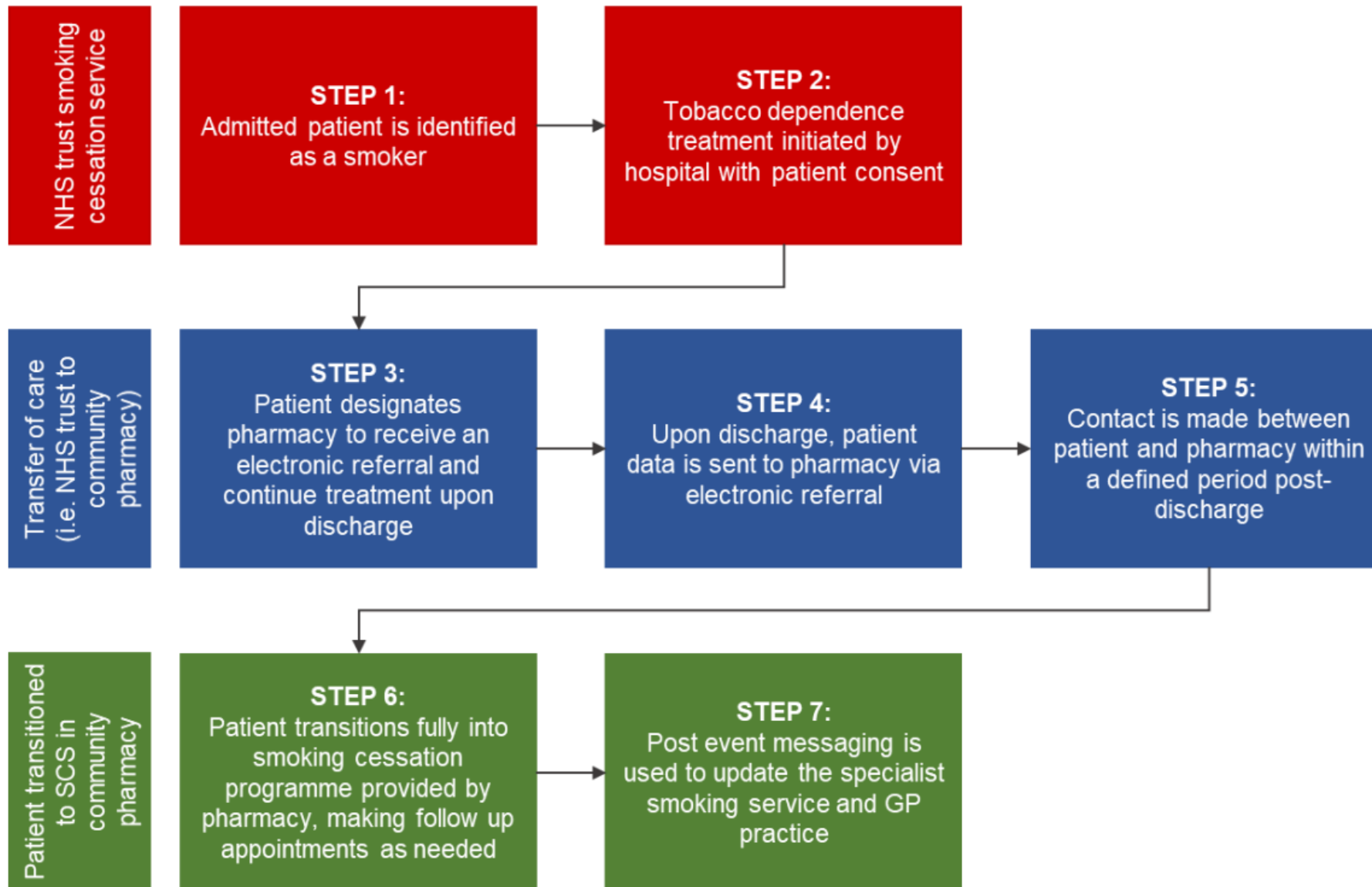
Community pharmacy engagement

LPCs can confidently recruit community pharmacy support.

Pathway



NHS SCS Model of care



NHS SCS overview for community pharmacy (1)



- Intended to **compliment existing** locally commissioned stop smoking services
- Can **only see patients** in the SCS who have been **referred from the NHS Acute Trust** and who wish to initiate / continue a quit attempt post discharge
- Patient **contact within 5 days** of referral, at least **3 attempts** to make contact, if no contact then must inform the referring Trust
- Pharmacies will provide support up to **12 weeks**
- Consultations (no more than 2 weeks apart) can be delivered **face to face or remotely**, with NRT supply (max 2 weeks at a time) from **agreed** list of GSL products in Drug Tariff

NHS SCS overview for community pharmacy (2)



- **Clinical record** to be made of all service activity
- **CO monitoring** for face to face consultations
- **No charges to patients**, even if they pay for prescriptions
- Patient level outcome **data required to be returned** to the referring NHS Acute Trust & patient's GP
- Fees: **£1000** set-up fee and then **£30** initial consultation, **£10** interim consultations, **£40** last consultation (which can be any time from week 4 to week 12) – submit claims on **NHSBSA MYS**

NHS SCS training



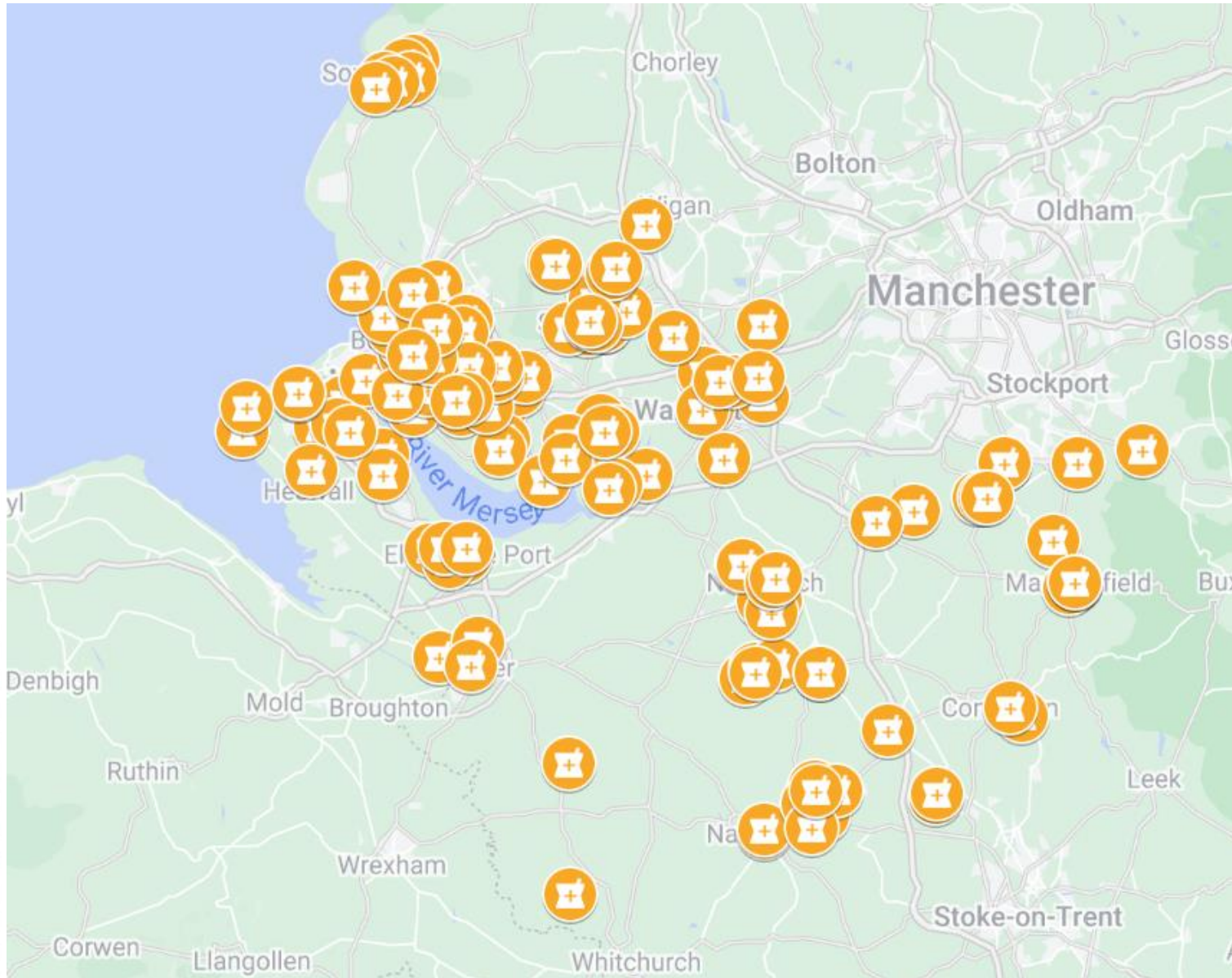
- The National Centre of Smoking Cessation Treatment (NCSCT) Stop Smoking Practitioner Certification (pharmacists that are already certified do not need to repeat their training for the purposes of this service)
- Specialist NCSCT modules to support treatment for people with a mental health condition and pregnant women (these must be completed after the NCSCT Practitioner training has been successfully completed)
- NCSCT module on using e-cigarettes
- Pharmacists must have read the NCSCT Standard Treatment Programme (STP), which will be used to support consultations
- Also need CO monitor and SOP in place to sign up on BSA

NHS SCS in your area (1): Trust status



Region Name	ICS Name	Acute Trust Name	Stage 1 Contact and Engagement	Stage 2 Working Groups Established	Stage 3 LPC Contact and Engagement	Trust Live
North West	CESHIRE AND MERSEYSIDE	LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	Green	Red	Yellow	01/08/2022
North West	CESHIRE AND MERSEYSIDE	WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST				TBC
North West	CESHIRE AND MERSEYSIDE	THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST				TBC
North West	CESHIRE AND MERSEYSIDE	ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST				TBC
North West	CESHIRE AND MERSEYSIDE	MID CESHIRE HOSPITALS NHS FOUNDATION TRUST				TBC
North West	CESHIRE AND MERSEYSIDE	COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	Yellow	Red	Yellow	
North West	CESHIRE AND MERSEYSIDE	EAST CESHIRE NHS TRUST				
North West	CESHIRE AND MERSEYSIDE	THE WALTON CENTRE NHS FOUNDATION TRUST				
North West	CESHIRE AND MERSEYSIDE	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST				
North West	CESHIRE AND MERSEYSIDE	WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST				
North West	CESHIRE AND MERSEYSIDE	LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST				
North West	CESHIRE AND MERSEYSIDE					

NHS SCS in your area (1): Pharmacy registrations



NHS SCS in your area (2)



- Liverpool University Hospital Trust are due to commence referrals at the beginning of August
- Referrals to be sent via PharmOutcomes
- Need to ensure adequate pharmacy sign ups to cover the geography

Useful references

PSNC page:

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

Service spec:

<https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-integration-fund/nhs-smoking-cessation-transfer-of-care-pilot-from-hospital-to-community-pharmacy/>

MLCSU dashboard:

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

Standard Treatment Programme (STP):

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

Smoking Cessation Service Implementation

Thank you for listening

mlcsu.scs@nhs.net

LUHFT CURE Team

Dr Gareth Jones

Respiratory Consultant & CURE Clinical Lead

Anthony Duffy

Head of Quality & Performance, Corporate Nursing

Kate Maitland

Lead Nurse- Smoking Cessation & CURE

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Teachable moment

Hospitalisation

- uniquely powerful motivator to adopt risk-reducing behaviours

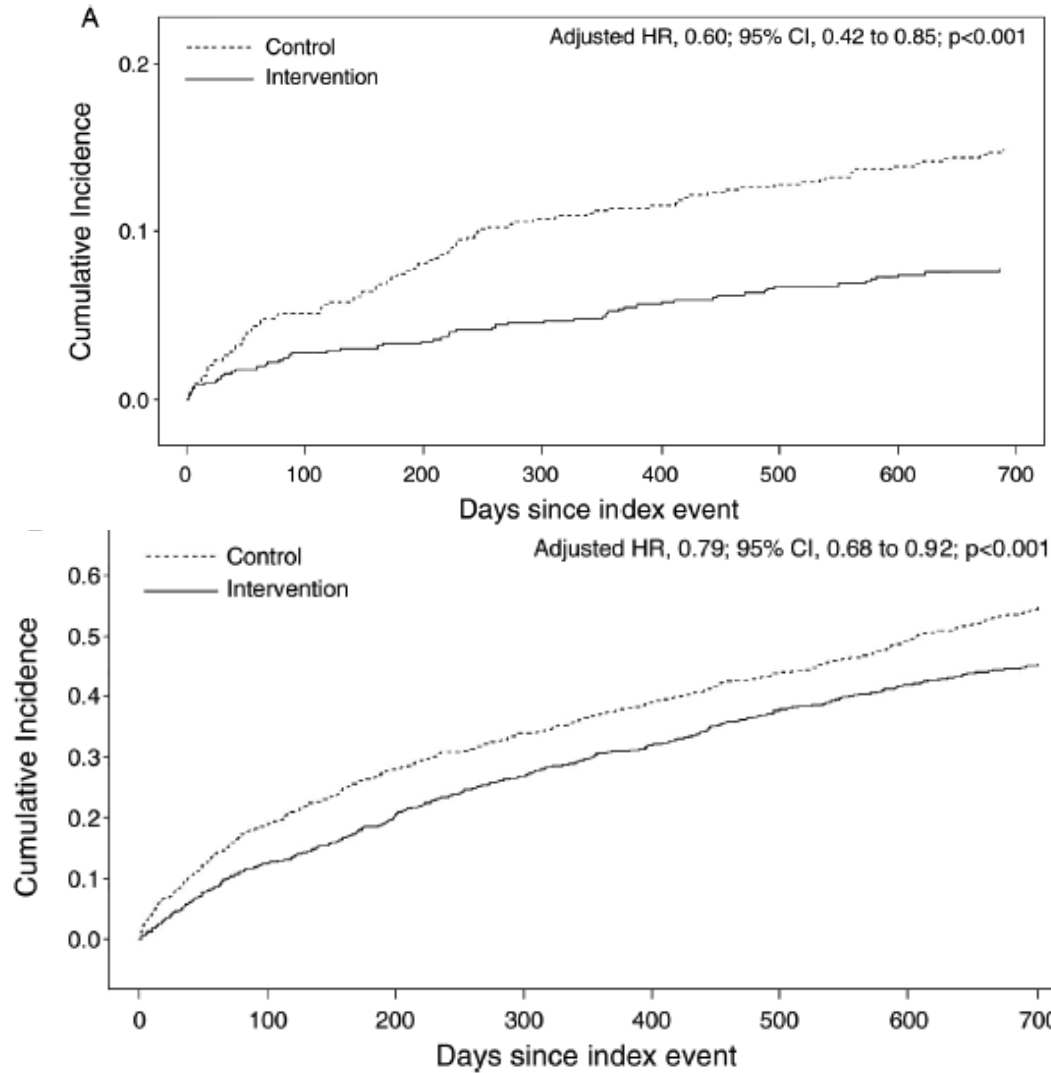
Ottawa study

- Opt-out, in-hospital smoking cessation with built in community support



However most Trusts operate an opt-in post-discharge model/signposting)

Ottawa model



Mortality halved by **1 year**
11.4% vs 5.4%; p<0.001

Re-admission halved
by **30 days**
13.3% vs 7.1%;
p<0.001



Liverpool
City Council

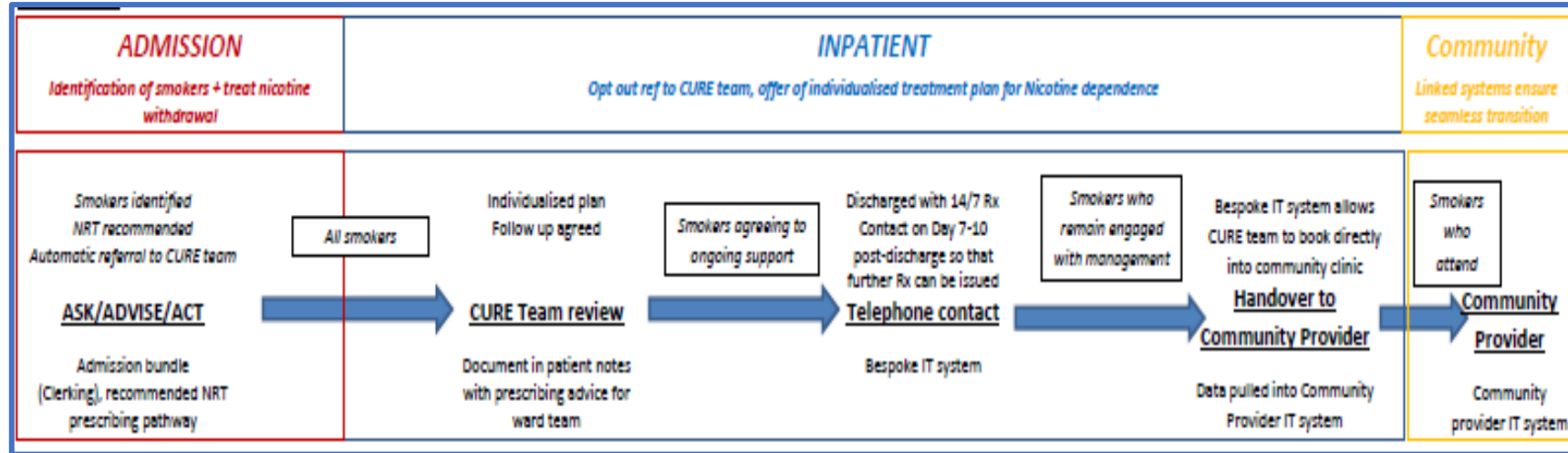


Aims

- Reliably identify smokers admitted to the RLUH
- Medicalise nicotine addiction
- Enable all HCPs to offer VBA & treatment
- Prompt access to NRT at effective doses
- Provide expert advice and support when sick smokers are highly motivated
- Improve poor transition between secondary care and community cessation services



CURE process



Clinical CURE

[PatientDetails](#) | [PENS Notes](#) | [Clinic Letters](#) | [Discharge Summaries](#) | [Results](#) | [e-Xchange](#) | [PACS](#) | [Sepsis Pathway](#) | [DNACPR](#) | [Appointments](#)

Admitted Date: 11/08/2020 17:56:00
Current Clinician: Metcalfe, Holly
Current Location: RLH Ward 6Y [View Ward](#)
Location History: [View History](#)

EDS VTE Smoking Dementia AKI VP Clerking
Senior Review TTOs

Gender	NEWS	Admission	Clinician	Handover	Covid-19	Acute Resp Infection	Clerking	Oxygen	TTOs	VTE	EDS	Smoking	Dementia
Male	0	12/08/2020	Aziz, A	Add	Green	Grey	Red X	Red X	Grey	Red X	Red X	Yellow Check	Red X
Female	3	29/07/2020	Aziz, A	Add	Green	Grey	Red X	Red X	Grey	Green Check	Red X	Yellow Check	Green Check
Male	1	01/08/2020	Aziz, A	Add	Green	Grey	Red X	Red X	Grey	Green Check	Red X	Yellow Check	Green Check
Male	3	06/08/2020	Aziz, A	Add	Green	Grey	Red X	Red X	Grey	Green Check	Red X	Yellow Check	Grey
Male	1	27/07/2020	Aziz, A	Add	Green	Grey	Red X	Red X	Grey	Green Check	Red X	Green Check	Green Check

Smoking Status ✕

Smoking

ASK: Is the patient a?

Smoker Ex-Smoker Never Smoker

i Smoker = smoked in last 28days

ADVISE:

i The best way of stopping smoking is with a combination of medication and specialist support both of which will be offered to you while you are in hospital.

ACT: Cigarettes per day? 10 or more ▼

i Please prescribe BOTH a regular long-acting form of NRT (21mg patch over 24hrs) and quick acting NRT (Nicotine Inhalator 15mg, not exceeding 6 cartridges daily)



Developing a collaborative inpatient smoking service based upon Conversation **Understanding Replacement Expertise**

Anthony Duffy, Dr Gareth Jones & Kate Maitland- CURE Team, LUFT [kate.maitland@liverpoolft.nhs.uk]

In 2017/18, 800 referrals for smoking cessation were made via Royal Liverpool & Broadgreen’s Integrated Clinical Environment (ICE) system to the local specialist service, Smokefree Liverpool (SFL). Of these, only 31% (n=250) referrals were actually received, 2.9% (n=23) successfully contacted and 1.5% (n=12) helped to quit smoking. Based on estimates from RLH’s admission demographics, we would expect the referrals made per year to be nearer 5,000.

Aims & Objectives

Significantly increase number of RLH inpatients successfully supported to quit smoking

- Maximise the opportunities offered by hospitalisation, a significant “Teachable Moment”¹
- Fully implement **CURE** model of inpatient smoking cessation based on data from Ottawa²

Methods

- Successfully bid for funding from Cheshire & Merseyside Cancer Alliance & Liverpool CCG to implement **CURE**
- Adopted Plan, Do, Study Act (PDSA) model of improvement³
- Recruit clinical team of 1x Clinical Nurse Specialist, 4x smoking cessation Advisors and x1 Team Administrator to run new pilot service at RLH
- Implement simplified process to record smoking status on all admissions to RLH
- Offer prompt prescription of medication to prevent Nicotine withdrawal
- Automated referral to specialist team for expert advice and support
- Individualised care plan based on a comprehensive smoking history and current motivators.
- Post discharge telephonic support
- Seamless transition to community provider to complete 12wk cessation programme

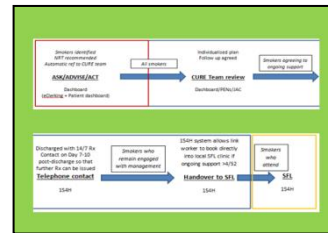
References:

¹Lawson PJ & Flocke SA, Teachable moments for health behavior change: a concept analysis; Patient Educ Couns. 2009 Jul; 76(1): 25–30
² Mullen et al. Effectiveness of a hospital-initiated smoking cessation programme: 2-year health and healthcare outcomes. Tobacco Control 2016;0:1–7. doi:10.1136/tobaccocontrol-2015-052728
³ NHS Improvement, Plan, Do, Study, Act and the Model for Improvement, January 2018 <https://improvement.nhs.uk/resources/pdsa-cycles/>

The TEAM



The Process



Smoking Status

Smoking

ASK: Is the patient a?

Smoker Ex-Smoker Never Smoker

Smoker = smoked in last 28 days

ADVISE

The best way of stopping smoking is with a combination of medication and specialist support both of which will be offered to you while you are in hospital.

ACT: Cigarettes per day? Please specify

0-10 or more

Please prescribe BOTH a long acting form of NRT (21mg Patch over 24hrs) + a quick acting PRN form of nicotine replacement (e.g. Quickmist 1-2 sprays as required up to 4sprays/hr)

Results*

Site Level:

11,523 screened for smoking status –

- 23.56% active smokers
- 54.9% active & ex-smokers
- 2,715 smokers (100%) offered Very Brief Advice treatment for nicotine withdrawal
- >70% of identified smokers prescribed a licensed smoking cessation medication

CURE Team:

- assessed 83.5% of available smokers ** - most often within a day of being admitted (median 3 days)
- Almost a third of patients seen by CURE set a quit date 19.3% handed over to SFL for on-going support with 61.9% continuing a quit attempt

*data collection period Nov 2019-mid July 2020

**running a Mon-Fri 8-4pm service

CURE Intervention resulted in 181 successful quits = 1 successful quit for almost every 15 smokers identified

Conclusion

A dedicated clinical inpatient specialist smoking cessation service successfully achieved a quit rate which equates to twice as many quits *per month* as there were the year prior to the CURE pilot

Contact details

- Email- cureteam@liverpoolft.nhs.uk
- Main Office- RLH 0151 706 2205

- Kate Maitland- kate.maitland@liverpoolft.nhs.uk
- 07825 542337



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Advanced Smoking Cessation Service PharmOutcomes

Presenters

Adam Irvine: Community Pharmacy Cheshire & Wirral

Louise Gatley & Helen Murphy: Community Pharmacy Halton, St Helens & Knowsley

Matt Harvey: Community Pharmacy Liverpool

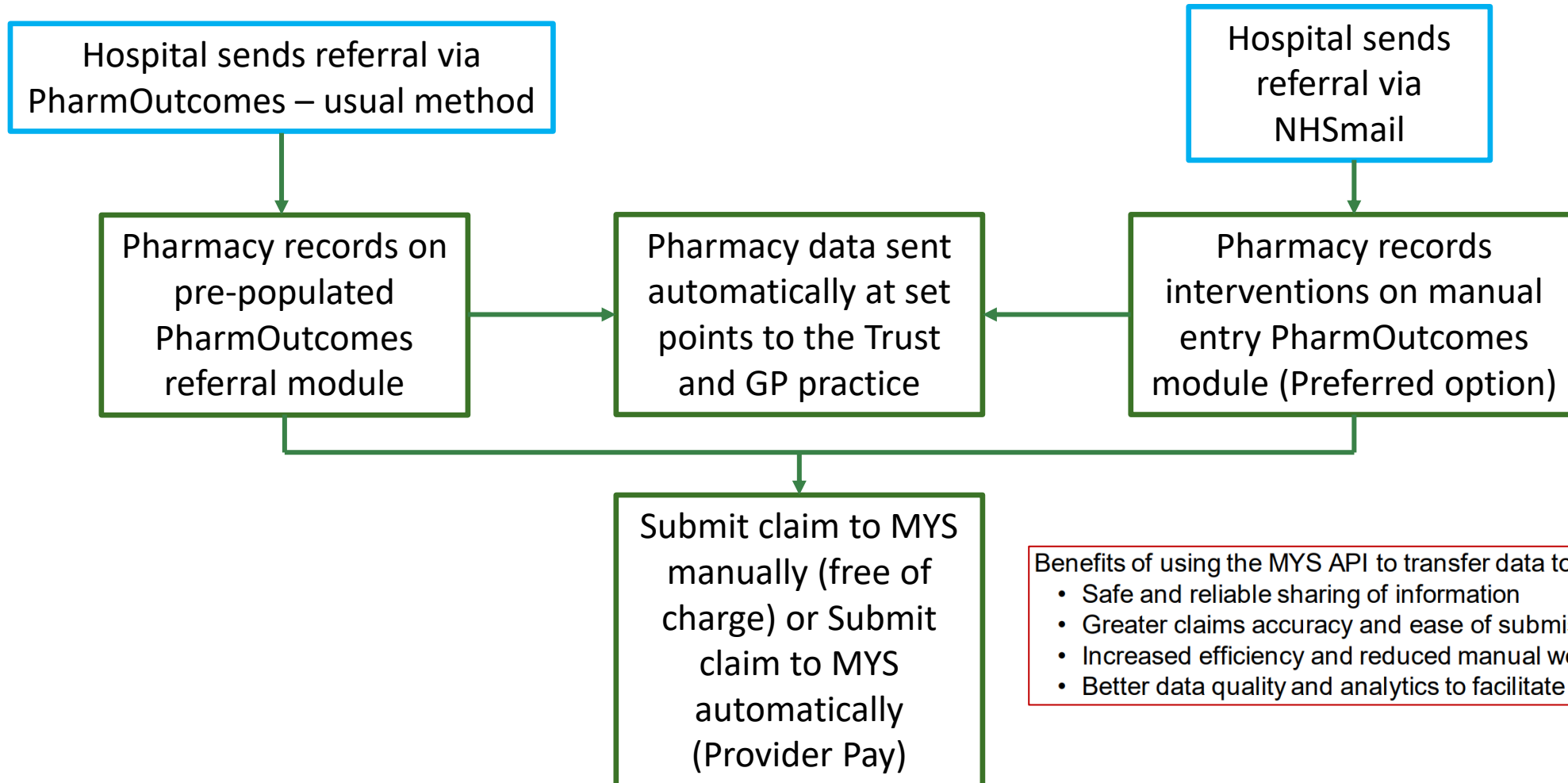
Lisa Manning: Community Pharmacy Sefton



PharmOutcomes Referral

- The service **always starts** with a referral from hospital to community pharmacy
- The PharmOutcomes solutions support the hospital team to record patient demographics, quit date and details of NRT supplied
- On hospital discharge, this information can be referred to the patient's chosen community pharmacy for ongoing support

IT Pathway



- Benefits of using the MYS API to transfer data to NHSBSA:
- Safe and reliable sharing of information
 - Greater claims accuracy and ease of submission for contractors
 - Increased efficiency and reduced manual workload
 - Better data quality and analytics to facilitate service improvement

Pharmacy Data Recording via PharmOutcomes



- The PharmOutcomes National Smoking Cessation templates will be available to all pharmacies that have signed up to deliver the service from the beginning of August 2022
- Pharmacies can use a set of linked templates to record a patient's progress through their behavioural change support, these include:
 1. An initial intervention template following receipt of referral. This is directly linked to the referral received
 2. An interim appointment template to record weekly visits for support
 3. A 4 and 12 week quit template to record the patient outcomes
 4. An onward referral mechanism to send information on to another community pharmacy (supports onward referral as either PharmOutcomes to PharmOutcomes or via nhs.net where the onward referral pharmacy may not use the PharmOutcomes solution)
 5. A mechanism to record referrals received by the pharmacy via email (manual entry)

Cost of PharmOutcomes Templates



- Initial use of the template will be free of charge until the Pinnacle provider pays service management tool “PharmOutcomes Direct” is in place
- The cost of the Service templates will eventually fall into the “provider pays” Pinnacle service portfolio for those pharmacies who want to continue with the MYS integration
- The cost of PharmOutcomes to contractors will mirror arrangements currently in place for CPCS and pharmacies will have the option to pay for support via our Affinity group partners

Completion of SCS service follow-ups without claim management	Community Pharmacy	Free of Charge
Completion SCS service follow ups with claim management	Community Pharmacy	Transactional charging

When charges will apply



- Pharmacies will be given notice before the move to provider pays takes place
- Pharmacies can continue with claim management functionality or revert to the free option
- PharmOutcomes are working to implement claims functionality as soon as possible
- When this work is complete, saving the record in PharmOutcomes will auto populate the MYS claim, eliminating the need for double data entry into the MYS portal (if sign up to Provider Pays completed)

Resources



- Video guides for both new services will be available from the end of July 2022



Questions & Answers

Please use the Q&A facility at the end.