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Evaluation report: North Wales local enhanced community pharmacy smoking cessation services

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To report on a retrospective evaluation of the local enhanced community pharmacy smoking cessation services in five local health board areas* in North Wales from their implementation through to the end of 2007.

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List of abbreviations

AWSSCS	All Wales specialist smoking cessation service
CASPA	Comparative analysis system for prescribing audit
CO	Carbon monoxide
GP	General medical practitioner
HoPMM	Head of pharmacy and medicines management
LHB	Local health board
NHS	National health service
NICE	National Institute for Health and Clinical Excellence
NPHS	National Public Health Service for Wales
NRT	Nicotine replacement therapy
OTC	Over-the-counter
POM	Prescription only medicine
SLA	Service level agreement
WCPPE	Welsh Centre for Postgraduate Pharmacy Education

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- Chris McMahon (Stop Smoking Wales regional co-ordinator for North Wales)
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- Rory Wilkinson (Community pharmacy development manager – Conwy and Denbighshire LHBs)

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1 Key Points

- The enhanced pharmacy service was successful in the numbers of smokers accessing the service.
- All self-reported 4-week quit rates (mean 44.8%) fell within the National Institute of Health and Clinical Excellence expected success rate range.
- Not all carbon monoxide validated 4-week quit rates (mean 36.5%) fell within the National Institute of Health and Clinical Excellence expected success rate range.
- Self-reported 12-month quit rates ranged from 6.3% to 11.4% (mean 9.9%).
- Access to nicotine replacement therapy improved with supply/initiation involving less process steps for clients.
- Phased supply of nicotine replacement therapy appeared to be a cost-effective method of targeting treatment with the potential to reduce medicines wastage.
- The local enhanced pharmacy service was accessed by clients throughout the county boroughs of Anglesey, Conwy, Denbighshire, Gwynedd and Wrexham.
- The choice of approaches to smoking cessation available in Anglesey, Conwy, Denbighshire, Gwynedd and Wrexham county boroughs increased.
- Uptake of Stop Smoking Wales specialist smoking cessation services was not adversely affected.
- The local enhanced pharmacy services were well accepted by participating pharmacists and other local stakeholders as being both valuable and accessible.
- Pharmacists supported local people and the delivery of local objectives through taking a more pro-active role in promoting smoking cessation, encouraging the effective use of nicotine replacement therapy and providing support for behavioural change.

2 Purpose

To report on a retrospective evaluation of the local enhanced community pharmacy smoking cessation services implemented in five local health boards (LHB) areas in North Wales during 2006 and 2007. Throughout this report, the term LHB refers to the local health boards in Wales prior to October 1, 2009. The evaluation was primarily a process evaluation focussing on the development, implementation, uptake and effectiveness of the local enhanced pharmacy services.

Stop Smoking Wales operational procedures were reviewed in December 2007 with implications for the operation of the level 2 element of the pharmacy services. The evaluation period reflects the operation of the local enhanced pharmacy services up to the time when these changes came into effect.

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It is important to note that whilst a formal economic evaluation was not undertaken, some aspects of value for money were included. The evaluation was undertaken by the authors of this report.

3 Background

The prevention and cessation of tobacco smoking is a key public health concern despite reductions in smoking prevalence over the last 20 years. Whilst many of the health risks of tobacco smoking are large and well-established^{1,2}, smoking prevalence in Wales is still high. In the 2007 Welsh health survey 25% of adults (aged 16 years and over) reported that they currently smoke.³ This was higher than the UK average of 22% in 2007.⁴ The five LHB areas collectively serve a population of 555,647 which represents 17.7% of the total population of Wales. Adult smoking prevalence in these five LHBs areas compared to the Wales average in 2005/06 is shown in table 1.

Table 1: Adult smoking prevalence by Local Authority/LHB area 2007

LHB	Anglesey	Conwy	Denbighshire	Gwynedd	Wrexham	Wales average
Adult smokers aged 16 years & over (%)	24%	25%	28%	24%	26%	25%

Source data: Welsh health Survey 2007³

Smokers are at greater risk of developing a number of diseases, including lung cancer, heart disease, and chronic obstructive pulmonary disease.⁵ Tobacco smoking remains the largest single cause of avoidable ill health and early death in Wales.⁵ There is also evidence that smoking damages the health of non-smokers. It is estimated that smoking causes around 6,000 deaths each year in Wales, as well as over 400 deaths each year due to passive (second-hand) smoking in non-smokers⁵.

Tobacco smoking generates high costs in terms of health care for the NHS, and costs for the wider economy, such as those due to absenteeism, loss of productivity and fire hazards. Easily accessible optimal treatment to promote and sustain smoking cessation could have a positive impact on health and economic outcomes. Increasing the support offered to smokers to help them quit is an important element of tobacco control strategies.

Reducing smoking prevalence and tobacco use is already integral to many national and local health strategies in Wales. More recently, the strategy for improving health and the management of chronic conditions in Wales (2007) highlighted the need for effective and accessible health promotion and disease prevention interventions to improve the health of people living with chronic conditions⁶. Smoking cessation is included as one such intervention.

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3.1 Deprivation and health

Social inequalities in smoking make a major contribution to social inequalities in health. Deprivation and health (2004) showed clear associations between small area deprivation and a number of health indicators in Wales. Smoking as a major risk factor affecting health is significantly more prevalent in the most deprived fifth (20%) of electoral wards compared with the most affluent fifth across Wales (rate ratio 1.64)⁷.

It is reasonable to expect that the associations demonstrated between deprivation and adverse health outcomes, and increased exposure to risk factors affecting health at the all Wales level, apply to the five LHB/local authority areas.

3.2 Tobacco control

Tobacco control policy has been strengthened in the last decade to help reduce the public health burden of tobacco smoking. The Welsh Assembly Government has implemented a comprehensive tobacco control programme and introduced legislation on 2nd April 2007 banning smoking in enclosed public places in Wales. A large increase in quit attempts appear to have been made around the run-up to the ban.^{8,9}

The development and implementation of multi-agency strategies and action plans for tobacco control, including smoking cessation, was a key element of the health, social care and wellbeing strategies (2005-2008) for these LHB/Local Authority areas.¹⁰⁻¹⁴

4 Operation of the enhanced pharmacy service

4.1 Role of community pharmacists

The role of community pharmacists and their staff in smoking cessation is not new and they are ideally placed to provide care and support to those who want to stop smoking. Community pharmacists and their staff have been active in this area for many years providing a range of smoking cessation services both through NHS supply of smoking cessation medicines, and through 'over-the-counter' sales to the public¹⁵. Evidence indicates that pharmacists have a useful role to play in smoking cessation and that pharmacy smoking cessation schemes are effective.^{16,17}

On 1st April 2005 a new contractual framework for community pharmacy was implemented across England and Wales. In addition to the traditional roles of the pharmacist, the new contractual framework was designed to enable community pharmacists to offer additional services commissioned as national or local enhanced services.

The contractual framework draws on the skills, expertise and experience of pharmacists and their staff, and the presence of community pharmacies in the heart of communities with a tradition of ready access to all¹⁸. With a network of over 700 community pharmacies that engage with the population of Wales in approximately

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35,000 visits a day for health related advice,¹⁹ the contribution of community pharmacy to improve the health of the population, widen access, increase patient choice and help people with long-term conditions is made clear²⁰:

The provision of smoking cessation services in community pharmacies has been included in recent NICE guidance.²¹ The guidance states that community pharmacies serve local communities and have the potential to reach and treat large numbers of people who use tobacco. They are able to meet the needs of minority ethnic and disadvantaged groups and those who may have difficulty accessing other community services.²¹

4.2 Development and implementation

The model of service provision was informed by evidence-based guidelines²² and National Institute for Health and Clinical Excellence (NICE) guidance^{21,23}. NICE endorses the use of brief interventions delivered by primary care and community professionals as an effective smoking cessation intervention.²¹ They involve opportunistic advice, discussion, negotiation or encouragement and referral to more intensive treatment, where appropriate. The package provided may include one or more of the following:²¹

- Simple opportunistic advice
- An assessment of the individual's commitment to quit
- Pharmacotherapy and/or behavioural support
- Self-help material
- Referral to more intensive support such as the NHS Stop Smoking Service.

The local enhanced pharmacy services were developed by the LHBs in conjunction with the National Public Health Service for Wales (NPHS), including the Stop Smoking Wales specialist smoking cessation service. Stop Smoking Wales, formerly known as the All Wales Specialist Smoking Cessation Service (AWSSCS), provides a programme of behavioural support for smokers who are ready to quit. The service specification was based on the community pharmacy service model developed by Ashton Leigh and Wigan Primary Care Trust (R Wilkinson, personal communication November 29, 2005).

Training was developed and provided to pharmacists and pharmacy technicians by the Stop Smoking Wales Regional co-ordinator for North Wales and the Head of pharmacy and medicines management (HoPMM) or their delegated service lead for each of the LHBs.

The local enhanced pharmacy services were funded entirely by the respective LHBs. The local enhanced pharmacy services became operational in March 2006 (Denbighshire and Conwy), November 2006 (Gwynedd and Wrexham) and November 2007 (Anglesey).

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4.3 Community pharmacy service summary

The service level agreement (SLA) was designed to enable participating community pharmacists to work in partnership with Stop Smoking Wales to deliver level 2 and level 3 pharmacy services. The local enhanced pharmacy service was set up to treat any adult smoker or young person aged 12 years or more who was motivated to stop. Nicotine replacement therapy (NRT) could be supplied to young people aged 12 to 18 years where the marketing authorisations (product licences) included this age group.

The model of service outlined three **levels of support** for smokers motivated to quit. The local enhanced pharmacy service provided two levels (level 2 and 3) of support above the requirements of the essential services element of the community pharmacy contractual framework (level 1):

Level 1: The promotion of healthy lifestyles is included as an essential service in the NHS community pharmacy contractual framework. Community pharmacists, as part of their core health promotion activities are required to encourage smokers to quit, provide advice on quit strategies and signpost clients wishing to quit to appropriate smoking cessation services. This activity may be opportunistic and as part of local/national health promotion campaigns.

Level 2: Pharmacists undertake supply of NRT and a support role for clients who are receiving smoking cessation advice from Stop Smoking Wales.

Level 3: Pharmacists assess motivation and provide one-to-one assessment of client's needs; initiate, supply and monitor the use of appropriate smoking cessation medicines; and provide brief intervention support each time NRT is supplied.

The level 3 element of the pharmacy service requires community pharmacists to provide confidential motivational support and NRT in line with the SLA. This included the supply/initiation of combined NRT (using two types of NRT products) where appropriate. Validation of quit attempts at 4 weeks was undertaken through the use of expired air carbon monoxide (CO) measurements (CO level of less than 10 parts per million).

Community pharmacists were not asked to target smokers from any sub-populations in particular, for example pregnant smokers. The SLA did not include provision of either bupropion or varenicline, the two prescription-only medicines (POMs) licensed for smoking cessation in the UK.

General practitioner (GP) prescribing continued to be an option to help smokers quit following the implementation of the local enhanced pharmacy services. Clients who for example; declined or were unable to access either Stop Smoking Wales or the local enhanced pharmacy services, needed initiation of NRT under medical supervision or sought treatment with a POM, could seek treatment through their GP practices.

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The main **aims** of the local enhanced pharmacy service were:

- To improve access to and choice of smoking cessation services, including access to NRT,
- To assist in the delivery of the health care and well being strategy and the NPHS targets;
- To help service users access additional treatment by offering referral to specialist services where appropriate;
- To optimise the cost-effectiveness of NRT prescribing and obtain data on quit rates.

A full copy of the SLA between the LHBs and their pharmacy contractors has been reproduced by kind permission of Conwy and Denbighshire LHBs in appendix I.

5 Evaluation aim and objectives

The **aims** of the evaluation were:

- To undertake a retrospective evaluation of the local enhanced community pharmacy smoking cessation service in Isle of Anglesey, Conwy, Denbighshire, Gwynedd, Wrexham LHBs from their implementation dates up to December 2007.
- To use the findings to inform the future development of national/local enhanced smoking cessation services in Wales.

The evaluation had the following **objectives**:

- To describe the implementation and delivery of the local enhanced pharmacy smoking cessation service in Isle of Anglesey, Conwy, Denbighshire, Gwynedd, and Wrexham LHB areas.
- To conduct a stakeholder survey
- To consolidate and analyse existing relevant anonymised pharmacy service data and information for the Isle of Anglesey, Conwy, Denbighshire, Gwynedd, Wrexham LHB areas.

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6 Evaluation methods

A multi-method approach to the evaluation was developed and data was collected retrospectively from the following identified local key stakeholders:

- Community pharmacists (NPHS survey, LHB survey led by Conwy and Denbighshire LHBs)
- LHB heads of pharmacy and medicines management
- GP practice staff
- Stop Smoking Wales regional co-ordinator,
- Stop Smoking Wales smoking cessation specialists,
- NPHS local public health teams,

Clients of the level 3 pharmacy services were not included in the stakeholder survey. A client survey with consent for this purpose would have been more pragmatic if included in the original service design.

Data analysis was undertaken by two methods:

- Consolidation of stakeholder views by stakeholder groups and by cross-cutting themes.
- Analysis of anonymised, routine pharmacy service data for the five LHBs and prescribing data for Wales.

7 Summary of key findings

The overall response rate for the stakeholder survey was 30.1%. A summary of individual stakeholder response rate is provided in appendix II.

7.1 Activity profile

Uptake by community pharmacies:

The local enhanced pharmacy service was launched in individual LHB areas following a training programme for accreditation of the participating pharmacists. The five participating LHBs have 125 community pharmacies in total. Prior to taking part in training for the pilot service, HOPMM respondents indicated that pharmacists representing 74.4% of their LHBs community pharmacies expressed an interest in providing local enhanced pharmacy services. Uptake of the SLA following training was high, with 62.4% of community pharmacies in the five LHB areas having been recruited as service providers. The reasons given by pharmacist responders for not participating in the local enhanced pharmacy service following completion of the training were:

- Accredited pharmacist was on maternity leave.
- Pharmacy did not have a private consulting area.

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On implementation of the local enhanced pharmacy service, both the level 2 and level 3 pharmacy services were offered by all participating pharmacists to smokers motivated to quit. During the evaluation period, all recruited pharmacists had continued to offer the local enhanced pharmacy service at both levels.

Level 2 outcome data:

Data from HoPPM respondents representing 3 of the 5 LHBs indicated that the proportion of clients accessing the level 2 pharmacy services during the evaluation period may have ranged from 0% to 46% of the total number of clients accessing the local enhanced pharmacy services. Whilst NRT was supplied through level 2 pharmacy services these individuals were Stop Smoking Wales clients in terms of their behavioural support and monitoring of their quit attempts.

Level 3 outcome data:

Overall, higher demand for the level 3 element of the pharmacy services was reported at the beginning of 2007, during the run up to the implementation of the ban on smoking in public places in Wales April 2007. This pattern of demand was similar to that for Stop Smoking Wales services where large increases in quit attempts were reported following each New Year, particularly in 2007.⁸ A summary of outcome data by LHB is provided in table 2.

Table 2: Level 3 pharmacy services: activity and quit rates by LHB at 4 weeks and 12 months

LHB	Anglesey	Conwy	Denbighshire	Gwynedd	Wrexham	Overall
Start date	Nov 2007	Mar 2006	Mar 2006	Nov 2006	Nov 2006	
Contacts (n)	11	727	1,425	1,409	809	4,381
Quit date set (n)	10	701	1,380	1,391	791	4,273
4-week quit self-reported (n)	6	346	626	641	296	1,915
4-week quit self-reported (%)	60.0%	49.4%	45.4%	46.1%	37.4%	44.8%
4-week quit CO validated (n)	5	288	532	478	255	1,558
4-week quit CO validated (%)	50.0%	41.1%	38.6%	34.4%	32.2%	36.5%
12-month quit self-reported (n)	N/A	76	140	158	50	424
12 month quit self-reported (%)	N/A	10.8%	10.1%	11.4%	6.3%	9.9%

Source data: Stop Smoking Wales (8th March 2006 to 31st December 2007 inclusive)

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- 4,381 contacts were made by smokers to the level 3 services.
- 4,273 (64.2%) clients subsequently set a quit date and took part in the treatment programme.
- 44.8% (1915/4273) of clients who had set a quit date self-reported that they had successfully quit at the 4-week follow up.
- 36.5% (1158/4273) of clients who had set a quit date had carbon monoxide validated successful quits at the 4-week follow-up.

Clients who had quit smoking at 4-weeks (self-reported) were contacted by telephone to confirm their quit status at 12 months. Of those clients, 424 self-reported that they had remained stopped at 12 months. Overall, this represented 9.9% of clients who had set a quit date.

Quit data for the Isle of Anglesey LHB area is limited as the local enhanced pharmacy service became operational towards the end of the evaluation period. Therefore client numbers are low and no 12-month quit data was available.

7.2 Participating pharmacists views on client acceptability

The survey developed by Conwy and Denbighshire LHBs sought the views of the participating pharmacists with regard to the level 3 pharmacy services. The survey was sent in May 2007, to all named pharmacists who were participating in the local enhanced pharmacy services Conwy, Denbighshire, Gwynedd and Wrexham LHB areas.

Respondents reported that feedback from patients was very positive and encouraging and some pharmacists reported having clients who had recommended the local enhanced smoking cessation service to their friends. Other comments included:

“New customers were attracted to the pharmacy and anything which helps bring our services to the fore must be good.”

“Clients were delighted with service provision.”

“Clients had full confidence in the service delivered and valued the time given.”

The aspects of the service that were reported by respondents as having contributed most to successful quits were; regular contact with the pharmacist, appropriate NRT supply, and short waiting times for first appointment with the pharmacist.

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7.3 Level of convenience and accessibility

The LHB survey (see section 7.2) also sought participating pharmacists' views on the convenience and accessibility of the level 3 pharmacy services.

Most participating pharmacist respondents (88%) reported that the majority of clients were seen within 7 days of requesting an appointment with a pharmacist. Whilst the waiting time for an initial assessment ranged from 2 to 10 days, only 8% of pharmacist responders reported having a waiting list for clients wishing to access the level 3 element of the local enhanced pharmacy service.

Most of the pharmacist responders (94.4%) indicated that the introduction of the level 3 pharmacy services had improved access to local smoking cessation advice and support available to smokers motivated to quit. Overall, 55.5% of pharmacist respondents provided additional comments on the accessibility of the enhanced Service. The following views were expressed:

- The provision of the local enhanced pharmacy services offered an improved service to clients as both consultation and supply of NRT occurred in the same place, thus saving time for clients.
- The longer opening hours of pharmacies provided a greater opportunity for the public to access advice as required, with demand seen from the public during lunch breaks, after work and the weekend.
- Some pharmacies operated a walk in system which offered greater flexibility of access for clients compared to the services offered by Stop Smoking Wales and GP surgeries.
- The local enhanced pharmacy services have been a very local service in some areas with clients able to walk to their local pharmacy for support, as opposed to having to access transport to other services.
- The local enhanced pharmacy services were potentially less intimidating than service provision in other settings.
- Motivational support provided by pharmacists appeared to be valued by clients.

In response to the NPHS stakeholder survey, Stop Smoking Wales smoking cessation specialist respondents reported improved access to NRT through the level 2 pharmacy services for clients who accessed behavioral support for the Stop Smoking Wales. For example:

"Accessibility for clients, especially working clients, avoiding delay and waiting 2 to 3 days for prescription".

"Clients able to see pharmacist on a Saturday"

Some concern was however expressed with regard to a number of pharmacies where large numbers of level 3 clients attended. Longer waiting time for an initial assessment was viewed as a potential problem and onward referral to Stop Smoking Wales was suggested as an appropriate means of resolving this.

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7.4 Disadvantaged populations

The local enhanced pharmacy service was not set up to target any sub-populations or particular geographical location within the county borough. The level 3 pharmacy services were accessed by 4,273 clients (setting a quit date) in the five LHB areas over the evaluation period. No analysis was undertaken of access by clients living in areas experiencing high levels of deprivation, as data on clients' area of residence could not be retrieved sufficiently for this purpose. However, it appears that the locations of participating pharmacies were not critical to the success of the service in reaching clients generally.

8 Facilitators to service delivery

A number of factors were identified as having helped with the implementation and operation of the local enhanced pharmacy services:

8.1 Training

Face-to-face training was developed and delivered by the Stop Smoking Wales regional co-ordinator for North Wales and the HoPMM (or their designated service lead) for each of the five LHBs. Pharmacists also needed to successfully complete a distance learning pack available through the Welsh Centre for Pharmacy Professional Education (WCPPE)²⁴. Three pharmacists subsequently shadowed one of the Stop Smoking Wales smoking cessation specialists during sessions with clients. Training was also provided for pharmacy technicians to enable them to undertake follow-up appointments with clients after the initial assessment by a pharmacist. Approximately one third of participants at the face-to-face training were pharmacy technicians.

Evaluation of the face-to-face training indicated that most pharmacist respondents (89%) were satisfied with the focus and the content of the training sessions. A few (11%) pharmacists reported that they had not been provided with adequate support and training to be able to deliver the local enhanced pharmacy service. However, no suggestions were made as to how the training could be improved in future.

Respondents considered that appropriate training was important for all pharmacy staff involved in the provision of the local enhanced pharmacy services. One respondent reported cascading information to their support staff such that they were able to help with provision of questionnaires to clients and advise on the availability of the pharmacist.

Further support and training was provided on a one-to-one basis by the Stop Smoking Wales regional co-ordinator to participating community pharmacists. The level of support that was needed from the regional co-ordinator, particularly during the implementation and first six months of the operation of the local enhanced pharmacy services, was much greater than anticipated. This largely related to problem solving in response to the high level of enquires made by participating pharmacists. Although the impact on the regional co-ordinator's workload during this period, this reduced substantially as the local enhanced pharmacy services became more established.

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8.2 Role appropriateness

Almost all pharmacist respondents to the LHB survey (97%), were of the opinion that, provision of smoking cessation services was an appropriate and important role for community pharmacists to offer, and a valuable use of pharmacists' time. Some of the comments which were made by pharmacist respondents in relation to job satisfaction and relationships with clients were:

"Should have been doing this 20 years ago".

"Best health promotion scheme that we undertake".

"It has empowered us to be more actively involved in a public health role in improving the health of our community".

"Greatest intervention which can be made".

"We can use our knowledge more broadly".

"Job satisfaction as we develop good relationships with clients".

"Very keen it should continue. I would like to receive extra training for handling patients with mental health problems, the CPNs are very keen and more than willing to get involved".

A number of pharmacist responders (39%) expressed the view that the local enhanced pharmacy services enabled stronger professional relationships between participating pharmacists and smoking cessation clients. Additionally, opportunities were available for pharmacists to add value to their services through, for example:

- Checking patient medication records for potential interactions between clients' NRT and other medicines they may be taking concurrently.
- Initiating a medication use review with clients.
- Offer NHS treatment with NRT directly to clients motivated to quit.
- Refer to other healthcare professionals and/or the Stop Smoking Wales service where appropriate.

The enhanced pharmacy service was viewed as being more appropriate than a client *"going via the GP who would just issue a monthly script for NRT and no support"* and *"frees up GP's time"*.

Most pharmacist responders (89%) indicated that public profile of community pharmacy had improved with the introduction of the local enhanced pharmacy services. Further comments suggested that this had been achieved through increased opportunities to demonstrate the range of services available from community pharmacies, the scope and skills of pharmacists and to highlight their role.

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Respondents also indicated that clients tend to return to the same pharmacy for follow-up supplies of NRT and thus have ongoing contact with the pharmacist and their support staff throughout their quit attempt.

With regard to the professional profile of community pharmacists, 64% of pharmacist respondents considered this had been raised as a result of the local enhanced pharmacy services amongst local GPs, GP practice staff and LHB commissioners. Furthermore, 75% of pharmacist respondents also indicated that their professional profile had been raised with Stop Smoking Wales. Further comments included the view that the local enhanced pharmacy services had been well received by GPs, practice nurses and midwives.

In terms of working relationships with other healthcare professionals, 67% of respondents were of the opinion that working relationship between community pharmacists and other healthcare professionals had improved. Additionally, 28% of respondents reported that referrals between the local enhanced pharmacy services, GPs, nurses, midwives and Stop Smoking Wales staff had improved.

Of those who indicated that working relationships had not improved; two stated that it was too early to comment, with an additional two stating that *“nothing had improved nor were there any reverse effects”*. One respondent expressed the view that GPs were sceptical as they provide the service themselves. Another commented that *“it is seen as a way doctors can reduce their budget and all patients get referred”*. One respondent stated that there was *“still a reluctance to acknowledge this as an equitable service particularly in this locality”*.

8.3 Support for participating pharmacists

Within the LHB pharmacy teams some designated support was provided to the enhanced pharmacy services. The Stop Smoking Wales regional co-ordinator for North Wales provided much ongoing support, particularly in the first six months following implementation, to resolve operational problems (see section 8.1). The level of support provided was clearly appreciated by participating pharmacists.

9 Barriers to service delivery

A number of factors were identified as potentially constraining the implementation and delivery of the enhanced pharmacy service:

9.1 Time/staff pressures/competing priorities

Some participating pharmacists (8%) expressed the view the time taken to deliver the level 3 element of the local enhanced pharmacy services was more than had been anticipated. In general, the paperwork required and the fee structure was not viewed positively. It was suggested by one respondent that the fee structure needed to be reviewed in order to provide remuneration which reflects the time and commitment

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required to ensure successful outcomes for clients. Pharmacist respondents' comments included:

"Very gratifying, rewarding service when it works. It is time consuming and not really feasible in a high volume pharmacy".

"Time taken to chase patients up who do not return for follow-up visits".

Some of these concerns were addressed by providing training for pharmacy technicians so that follow-up appointments with clients could be undertaken by this group of staff and thereby ease the time pressure on pharmacists.

9.2 Service continuity

The retention of pharmacists accredited to provide the local enhanced pharmacy service was potentially a cause of concern. If an accredited pharmacist left the area, then the pharmacies in which they worked would have been unable to continue to provide the local enhanced pharmacy service unless an accredited pharmacist could be recruited. However, the risk to service continuity may have been mitigated to some extent as training sessions were repeated as individual LHBs commissioned pharmacy smoking cessation services. This provided an opportunity for more pharmacists to complete the required training.

9.3 Poor understanding of the service offered

There appeared to be some confusion in relation to the detail of the level 3 pharmacy services by clients contacting participating pharmacies. It was suggested that the local enhanced pharmacy service was poorly understood by the public with some people requesting free patches. It was suggested that the local enhanced pharmacy service should be better marketed to increase understanding by the public of what is available.

The local enhanced pharmacy service included the initiation and/or supply of NRT products, but excluded prescription-only smoking cessation medicines. However, some clients indicating a preference for one of the prescription-only smoking cessation medicines presented at community pharmacies. These clients needed to be referred to their GPs and provided with an explanation as to why this was necessary.

9.4 Lack of feedback to clients' GPs

GP respondents reported that they would have valued feedback from community pharmacists regarding individual clients who had accessed the level 3 pharmacy services. The GP response rate was low (16.5%) and it is not known whether this view was representative of GPs generally. Although a process was in place to enable feedback to clients' GPs the reason(s) for the apparently low level of reporting to GPs were not clear. However, it is important to note that the process is dependant on the willingness of clients to consent to this information being shared with their GP. It was

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suggested that community pharmacy contacts and quit rates by LHB area could be presented periodically in Stop Smoking Wales reports.

10 Wider impact of pharmacy services

10.1 Awareness of the enhanced pharmacy service

Awareness of the local enhanced pharmacy service appeared to be very high amongst stakeholders with 91.7% respondents reporting positively. The main way in which stakeholders became aware of the local enhanced pharmacy services were:

- Attendance at LHB meetings (42%)
- Promotional material relating to the service (24%)
- Communication with participating community pharmacies (13%)
- Primary care colleagues (8%)

Stakeholders' responses on whether they referred clients to the level 3 pharmacy services were:

- 38% referred clients or provided information on the service to clients
- 41% did not refer to the service
- 22% did not respond

The majority of clients (68%) became aware of the level 3 pharmacy services from their community pharmacist, 15% through their GP practice and 15% through word of mouth or promotional materials.

10.2 Referral/signposting from and to pharmacies

All community pharmacies in the LHB provide level 1 smoking cessation services as a requirement of the community pharmacy contractual framework. Opportunistic information and advice is provided to smokers and the pharmacies participate in the annual No Smoking Day public health campaign. Information was provided by the LHBs to all their community pharmacies to enable pharmacists and their support staff to signpost smokers to local NHS smoking cessation services. A range of services were available in the LHB areas through pharmacies, GP practices and Stop Smoking Wales thereby providing increased choice for potential quitters.

In addition to activities at level 1, pharmacists participating in level 3 services may refer clients to GP practices or Stop Smoking Wales as appropriate. Examples include instances when clients are:

- Unable to access the community pharmacy service

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- Identified as needing intensive behavioural support
- Identified as having a contra-indication for NRT use
- Seeking treatment with a prescription-only smoking cessation medicine

Arrangements were also in place to enable the transfer of clients from the level 3 pharmacy services to the Stop Smoking Wales service should individual needs change and more intensive behavioural support is required.

Referrals were made by 56.3% of GP respondents directly to the level 3 pharmacy services. GP respondents' views varied with regard to any effect which the enhanced pharmacy service may have had on the time spent by themselves or other practice staff in dealing with requests for NRT and associated appointment time. Effects were difficult to determine particularly in relation to increased demand during the run-up to the ban on smoking in public places in Wales.

Reasons cited by GP respondents for referring clients to the local enhanced pharmacy service were; ease of access, convenience, better continuity for clients, saves GP and associated surgery time. The main reasons for not doing so were; smoking cessation services were being provided at the surgery, referrals were usually made to Stop Smoking Wales and when a client was unable or unwilling to access the local enhanced pharmacy service.

11 Value for money

11.1 Expenditure to December 2007

Information on expenditure for the implementation and operation of the local enhanced pharmacy service was provided by 3 of the 5 HoPMMs. It is therefore important to note that the data presented does not represent the total expenditure incurred for the local enhanced pharmacy services by all 5 LHBs. Some of the expenditure relates to start-up costs which were not likely to be incurred again during the second year of operation. No expenditure details were provided by respondents regarding support for the local enhanced pharmacy services. Whilst it is unlikely that any additional employment costs were incurred, some LHB staff time would have been deployed for this purpose. A summary of the expenditure incurred is provided in table 3.

The data was used to calculate an average cost per quit for the level 3 pharmacy services based on 4-week CO validated quits for those 3 LHBs responding. Due to the difficulties of comparing total costs of different types of smoking cessation services a comparison was not undertaken. However, the cost per quit was calculated using expenditure on NRT plus fees, and then using on fees only.

- Approximate cost per quit: £335 (NRT plus fees), £272 (fees only)

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Table 3: Summary of expenditure from implementation to December 2007

Categories of expenditure*↓		Expenditure (£)
Training (sub-total)		£300
Equipment & promotion (sub-total)		£9,908
Service fees	Level 2	£4,468
	Level 3	£81,923
Service fees (sub-total)		£86,391
NRT products	Level 2	£70,930
	Level 3	£352,668
NRT products (sub-total)		£423,598
LHB service lead (sub-total)		**0
TOTAL		£520,197

* Expenditure data provided by 3 of the 5 HoPPM respondents.

**Zero values due to LHB staff costs specific to the local enhanced service not available.

11.2 Analysis of prescribing data

Data on the prescribing of smoking cessation medicines by GPs was analysed from March 2006 to December 2007 for the 5 LHBs. The number of GP prescribed items of NRT per 1,000 (GP registered) population appeared to be reducing for each of the 5 LHBs although increases were apparent during the run-up to the smoking ban in Wales. During the last quarter of 2006/07 the increase accelerated, peaked and then returned to a downward trend.

Notably, the number of GP prescribed items of varenicline per 1,000 of registered population increased steadily for all 5 LHBs from December 2006, when varenicline first became available in the UK. NICE subsequently issued guidance on varenicline for smoking cessation in July 2007²⁵. The LHBs was required to make funding available to enable the implementation of NICE guidance²⁶.

11.3 Phased supply of NRT

No restrictions were placed on access to GP prescribing of NRT in the LHBs following the implementation of the local enhanced pharmacy service. GP prescribing continued to be an option for smokers who for example; declined or were unable to access specialist smoking cessation services or the local enhanced pharmacy services, needed initiation of NRT under medical supervision or sought treatment with a prescription-only smoking cessation medicine.

Clients' using the local enhanced pharmacy service received a phased supply of NRT. This involved returning to the pharmacy at set intervals for regular reviews of quit status, motivation and NRT needs. Clients continuing with their quit attempt were provided with a maximum of 2 weeks supply of NRT at a time. NRT supply became

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more targeted to individual client need in terms of dose, form, quantity and motivation to continue quit attempts. This approach removes much of the potential for waste.

The SLA between the LHBs and participating pharmacies, together with guidance on the prescribing and supply of NRT, provided a protocol-driven model of NRT supply through the local enhanced pharmacy services. Delivery of this service model is pragmatic in the community pharmacy setting but less so in GP practices.

Comparable local enhanced pharmacy services introduced in other LHBs in Wales, such as Swansea and Merthyr Tydfil LHBs, appear to indicate that the model of service with phased supply of NRT is cost-effective (S Harries, personal communication February 17, 2009).²⁷ Additionally, analysis of expenditure variation for GP prescribed NRT show decreases in the main where local enhanced pharmacy services were implemented in 2006, when compared to the Wales average. (See appendix VI). These analyses may be indicative of the impact of the local enhanced pharmacy services NRT total expenditure over the short to medium-term.

The potential for some shift from over-the-counter (OTC) purchase of NRT by the public to NHS supply through the local enhanced pharmacy services was recognised. There was no general consensus amongst pharmacist respondents on whether sales of NRT had changed in participating pharmacies over the evaluation period. However, it was difficult to assess the true impact of the local enhanced pharmacy service on OTC sales of NRT due to lack of comparative sales data and the wide availability of NRT from many retailers (including discount stores and supermarkets).

12 Discussion

It is important to note that although the overall response rate to the stakeholders' survey was 30.1%, some gaps occurred in the data collected due to non-response by a number of key stakeholders, despite several attempts at follow-up. There appeared to be a lack of buy-in to the evaluation process in these instances. Additionally, evaluation was not possible for all of the aims of the enhanced pharmacy service. Some aims were strategic and achievable only through multi-agency strategies over the long-term. Together these issues highlight the need for evaluation to be part of the service design process rather than a process which begins after the service has been operating for some time.

Outcomes

Overall, the implementation and operation of the local enhanced community pharmacy smoking cessation service has been a success in the numbers of smokers accessing the service and the mean 4-week quit rates achieved for the level 3 pharmacy services. The mean self-reported 4-week quit rate of 44.8% (range 37.4% to 60.0%) and mean CO verified 4-week quit rate of 36.5% (range 32.2% to 50%), fall within the NICE expected success rate range of 35% to 70%²¹.

However it is important to note that quit rates achieved for individual LHB areas varied and some were less or close to the NICE expected minimum of 35%. NICE

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recommends that audits should be carried out on exceptional results, 4-week quit rates lower than 35% or above 70%, to determine the reasons for unusual performance, and to help identify best practice and ensure it is being followed.²¹

The 12-month self-reported quit rate ranged from 6.3% to 11.4% (mean 9.9%). There is a lack of published data on relapse rates by time among treated smokers²⁸. However, a community pharmacy based smoking cessation study involving provision of NRT, advice and support demonstrated a statistically significant difference in self-reported quit rates at 12 months compared to a control receiving usual pharmacy support: 14.3% versus 2.7% ($p < 0.001$).

Some evidence is also available on the effects of smoking cessation interventions on abstinence for six months or longer.²² Intensive behavioural support plus NRT was reported to result in a 13-19% abstinence rate compared to control/placebo reported in the studies, although separate results for 12 months of abstinence or longer were not presented.²² The target population for this finding was moderate to heavy smokers seeking help from a smokers' clinic rather than community pharmacies.

The findings of these studies may help to indicate 12-month quit rates for the local enhanced pharmacy services although an expected success rate has not been clearly defined to date.

Although following-up of clients over long periods of time can become very resource-intensive continuing to monitor 12-month quit rates could provide a further check on the efficacy of the local enhanced pharmacy services.

Access and choice of smoking cessation service

The local enhanced pharmacy service fulfilled the *Designed for Life* requirement for smokers motivated to quit being able to access an NHS smoking cessation service within one month of referral²⁹.

Whilst the service was not designed to target specific sub-population groups, it has been accessed by a large number of clients over the evaluation period. The awareness raising activities both with the public and local health professionals, and access to town centre shopping may have been important factors in attracting clients.

Smokers form a very diverse population, and their individual needs for support in smoking cessation differ. In the five LHB areas smokers now have access to; one-to-one or group behavioural support through the Stop Smoking Wales Service, one-to-one motivational support and NRT supply through the level 3 pharmacy service and brief interventions and/or prescribing services from GP's and practice nurses.

The model of service was designed to enable clients to access the most appropriate service according to their needs, including the transfer of clients between services if those needs changed. Stop Smoking Wales provided support to participating pharmacists, helping to enable closer working relationships between the specialist smoking cessation service and the local enhanced pharmacy service.

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The choice of approaches to smoking cessation available in the county boroughs of Anglesey, Conwy, Denbighshire, Gwynedd and Wrexham have increased since the local enhanced pharmacy services were implemented. This was achieved without adversely affecting the uptake of the Stop Smoking Wales specialist smoking cessation service with the number of contacts made to Stop Smoking Wales consistent between the financial years 2006/07 and 2007/08⁸

NRT cost-effectiveness

Phased supply of NRT in both the level 2 and level 3 pharmacy services appears to be a cost-effective model as NRT supply was much more targeted to individual client needs. This approach ensures that motivation to continue quit attempts is regularly assessed. Medicines wastage is reduced as further NRT supplies are only provided to clients who continue to be motivated to quit.

The cost per quit calculated using expenditure on NRT plus fees, and then using on fees only provided the following approximate costs per quit:

- £335 (NRT plus fees), £272 (fees only)

The cost per quit is not high, particularly as supply of combination NRT where appropriate was included within the SLA. Higher costs per quit due to higher NRT costs would be expected where clients receive combination NRT.

NRT access

Overall, the implementation of the local enhanced pharmacy service improved ease of local access to NRT for clients. This was achieved through the introduction of an additional means of supply/initiation of NRT by participating pharmacists. This involved less process steps for clients who no longer needed to request prescriptions for NRT from their GPs.

A review of Stop Smoking Wales operational procedures in December 2007 resulted in changes which affected the operation of the level 2 pharmacy services in Wales. All community pharmacy contractors in Wales were advised by their negotiating body to consider their continued participation in level 2 pharmacy services. It was envisaged that the changes to Stop Smoking Wales operational procedures would result in an increase in pharmacy staff time associated with the level 2 services not commensurate with remuneration levels.

The level 2 pharmacy services were suspended in all 5 participating LHBs in North Wales in late December 2007 although the level 3 pharmacy services continued to operate. Clients accessing the level 3 pharmacy services were unaffected but those wishing to receive behavioural support from Stop Smoking Wales returned to requesting prescriptions for NRT from their GPs.

Acceptability

The local enhanced pharmacy service was well accepted by pharmacists and other local stakeholders as being both valuable and accessible. Although clients were not included in the stakeholder survey, the large number of clients accessing the local enhanced pharmacy service, the quit rates and stakeholder views indicate positive

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outcomes for clients. The views of clients need to be obtained more directly; inclusion of client surveys in the routine monitoring of these services could help to achieve this.

Service continuity

The introduction of all Wales competency and training frameworks to support the delivery of local/national enhanced community pharmacy services provides an opportunity to overcome some of the issues around maintaining service continuity. A framework for level 3 smoking cessation services was introduced in September 2008³⁰. This will enable accredited pharmacists to deliver these services in all LHBs in Wales. The LHBs have the opportunity to work with partners to ensure that the opportunities presented by this new agreement are maximised.

The local enhanced community pharmacy smoking cessation service needs to be successfully integrated into local service planning to ensure longer-term sustainability. However, it is difficult for the LHBs as the commissioners to make long-term plans for the delivery of local enhanced services through the community pharmacy contractual framework. No specific funding allocation for enhanced services is included in the NHS community pharmacy funding from the Welsh Assembly Government.

Since the introduction of the contractual framework in 2005, short-term funding of enhanced services has been possible in some instances for example, underspend of the funding allocation for community pharmacy essential services and advanced services, or savings on prescribing expenditure. The funding of essential services in this manner is precarious and may result in small amounts of non-recurring funding which does not become available until late in the financial year.

Changes in the structure of NHS Wales with LHBs and Trusts being replaced with new combined organisations, may lead to further uncertainty over the future of community pharmacy enhanced services. There is a need to negotiate longer-term funding in order for these services to become well enough established to cope with complex changes in NHS Wales. One of the benefits of stability may be to allow the routine collection of 12-month quit data. This would help to indicate the longer-term effectiveness of pharmacy smoking cessation services, although the practicality of collecting long-term data is unclear at present.

Enhanced community pharmacy smoking cessation services

The community pharmacy contractual framework provides a mechanism for community pharmacists to offer services which utilise their skills and contribution to improving the health and well-being of the population of the communities they serve.

The local enhanced community pharmacy smoking cessation services in North Wales are an example of how community pharmacists can provide effective, valuable, highly accessible local services through the contractual framework, that support local people and the delivery of local objectives.

Local pharmacists have been enabled to make an enhanced contribution through taking a more pro-active role in promoting smoking cessation, encouraging the effective use of NRT and providing support for behavioural change.

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The role of pharmacists in delivering smoking cessation services is continuing to develop and in future could include the prescribing or supply through patient group directions, of prescription-only smoking cessation medicines. Further development of local/national enhanced pharmacy services has the potential to improve access to these medicines and reduce GP surgery time associated with prescribing and appointments.

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- (30) Welsh Committee for the Professional Development of Pharmacy. *Community Pharmacy National Enhanced Services Competency and Training Framework. Stop smoking service (level 3)* [online]. Available at: <http://www.wcppe.org.uk/images/PDF/whag%20smoking%20cessation%20final%20version%20.pdf> [Accessed 20th Jan 2009]

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Appendix I

Service level agreement



Bwrdd Iechyd Lleol
Local Health Board

North Wales Local Health Boards.

Community Pharmacy Enhanced Service

Smoking Cessation

Updated September 2006

North Wales Local Health Boards.

Enhanced Service – Smoking Cessation

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A) **Service description**

The Smoking Cessation service is one which integrates pharmacies into the National Public Health Service (NPHS) All Wales Smoking Cessation Service (AWSCS). Pharmacies can offer three levels of service

- **Level 1:** Essential service 'Promotion of healthy lifestyles (Public Health)' (ES4). Opportunistically and as part of campaigns to encourage smokers to quit, provide advice on quit strategies and to signpost clients wishing to quit to appropriate services.
- **Level 2:** Undertake a supply and support role for clients who are receiving smoking cessation advice from AWSCS or from General Practice.
- **Level 3:** Provide one to one assessment of client's needs, initiate, supply and monitor the use of appropriate smoking cessation therapy, and provide brief intervention support each time NRT is supplied

Pharmacies working at any level can access additional support from the AWSCS specialist service if necessary.

B) **Aims and intended service outcomes**

- To improve access to and choice of smoking cessation services, including access to nicotine replacement therapy.
- To assist in the delivery of the Health Care and Well Being Strategy, Designed for Life and the NPHS targets.
- To reduce smoking related morbidity and mortality by helping people to give up smoking.
- To improve the health of the population by reducing exposure to passive smoke.
- To help service users access additional treatment by offering referral to specialist services where appropriate.
- To optimise the cost effectiveness of NRT prescribing and obtain data on quit rates.
- To reduce the work load in general practice.

C) **Service outline**

C.1. **General**

- The section of the pharmacy used for the provision of the service should provide a sufficient level of privacy and safety.
- The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service.
- The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service are aware of and act in accordance with local protocols (Appendix 1) and NICE guidance.
- The pharmacy contractor must nominate a "responsible pharmacist" accountable for the management of the service.

C.2. **Level 1: Smoking cessation advice and signposting as an essential service**

This service should be provided by every pharmacy as one of the 6 essential services public health campaigns. Pharmacies should provide

- Appropriate smoking cessation leaflets
- Ad hoc opportunistic advice to smokers to quit
- Information on how to access the AWSCS and the pharmacy scheme.
- Advice on other support for quitting, including GPs and the national Quitline number
- Sale of NRT

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C.3. **Level 2: Supply of nicotine replacement therapy to clients of AWSCS**

This is the provision of NRT in response to a referral for supply by the AWSCS. This arrangement does not include the supply of Bupropion.

- **The supplying pharmacist is responsible for ensuring that all supplies are within the product licence.**
- If considered appropriate, the pharmacist should supply NRT as requested by the AWSCS specialist on the clients hand held record and advise the client on its use.
- If the supply is considered to be inappropriate the patient must be referred to their GP for a prescription.
- The supply must be made by the pharmacist and recorded on the client's "record of supply of NRT" form SC2.
- The client's patient medication record number should be recorded on the SC2.
- The packs must be labelled in line with regulations and be marked indelibly "NHS" to reduce the potential for fraud.
- Subsequent supplies should be made in a similar manner at the request of the AWSCS.

Provided that the nominated pharmacist has established systems supplies may be made by any pharmacist including locums.

Clients do not need to complete a consent form at the pharmacy as this will have been done by the AWSCS.

Supplies may be made to the client's representative.

C.4. **Level 3: Provision of support and product directly to pharmacy clients**

This is pharmacy led provision of both the motivational support for quitting, and NRT.

Eligibility for the service

- Clients can either be referred to the service or self refer.
- Clients must wait at least 90 days (unless exceptional circumstances contributed to the failed attempt) after a failed quit attempt before re-entering the service.
- Clients must be treated in their own LHB (resident or registered to a GP in the LHB).
- Clients must consent to their information being shared with the All Wales Smoking Cessation Service and follow up calls being made to assess their smoking status.
- The pharmacy is responsible for confirming the eligibility of the client to access the service.

Service provision

During the initial contact with the client the pharmacy should:

- Give an explanation of how the service operates
- Make an assessment of the client's eligibility and readiness to quit, this may include using CO monitoring as a motivational tool.
- Clients can be accepted into the service at the pharmacists professional discretion if:
 - The GP has started treatment and would like the pharmacy to continue it.
 - The client has already quit and is seeking further help
- Check that NRT is not contra-indicated: Clients with severe cardiovascular disease (including severe arrhythmia or immediately post myocardial infarction period) or a recent cerebrovascular events (stroke or TIA) or with serious kidney or liver problems should be referred to their GP. Clients with these conditions may be accepted into the service at the pharmacists' discretion provided that the clients GP makes a written referral that accepts the risks.

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- Following advice from the MHRA, clients who are; pregnant, breastfeeding, have diabetes and young people aged 12- 17 years may now access the scheme. Clients in these categories are to be given the MHRA leaflet and a discussion on the advice that is specific to them.
- Clients who are aged between 12 and 16 years must be “Fraser competent” (Appendix 7) to be included in the scheme
- Make an initial assessment of the client’s motivation. Clients who are not sufficiently motivated (e.g. introduce problems) or who need extra support (e.g. have made several previous quit attempts or feel compelled to smoke) should be signposted to the All Wales Smoking Cessation Service.
- Provide the client with appropriate smoking cessation literature (Appendix 2) and the “Client Questionnaire and consent form SC1” (Appendix 3).
- The client should be asked to take the SC1 form home to read and, where possible complete it, returning to the pharmacy when they are ready to set a quit date.
- The initial consultation must be made for the next few days or at the client’s convenience. Clients should not be kept on a waiting list but signposted to another service provider if for some reason an appointment cannot be made in a reasonable time.

Initial consultation

- **This consultation must be carried out by a level 3 trained pharmacist.**
- The client returns with the completed questionnaire and consent form, transcribe the relevant personal data onto the record of supply of NRT (Form SC3) (appendix 4).
- Record the Patients Medication Record (PMR) number on form SC3.
- Apply behavioural support strategies to help the person quit
- Describe the effects of passive smoking on children and adults and an explanation of the benefits of quitting smoking;
- Describe the main features of tobacco withdrawal symptoms and the common barriers to quitting;
- Explain the treatment programme, its aims, length, how it works and its benefits;
- Agree a quit date with the client and record this on the SC3 form.
- Complete the protocol section of the SC3 form taking a baseline CO reading to confirm the client’s smoking status. It is possible that client may have already quit and have a negative CO reading, these clients are eligible for the scheme at the pharmacist’s professional discretion.
- If the client is eligible for the scheme discuss the options for Nicotine Replacement Therapy (NRT). **All products are allowed within their product licence**, but it is anticipated that patches will be the main therapy, other than for breastfeeding women.
- Any relevant information should be recorded in the comments section of the SC3.
- Supply the client with appropriate support material.

Follow up consultations, at the start of weeks 2, 3 and at the end of week 4

Follow up consultations may be by any trained member of staff authorised by the responsible pharmacist. Ideally the first three supplies should be made by the same individual.

Each consultation should include:

- Smoking status validated using a CO test.
- Additional motivational support as appropriate. If the client has quit a further supply of NRT can be made by the pharmacist at these consultations.

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- The supply and the client's CO reading should be recorded on their "Record of supply of NRT" form SC3 and "Record of attendance and Carbon Monoxide verification card".
- The next follow up consultation date or date range should be agreed and entered on the client's "Record of Attendance and Carbon Monoxide verification card".
- The smoking status of the clients at 4-weeks, preferably with CO test validation, should be established and recorded on the SC3 form. (a patient who has quit smoking would be expected to have a CO reading of less than 5ppm)

Follow up consultations, at the start of weeks 5, 7, 9 and 11 and at the end of week 12.

- If the client needs further appropriate support and NRT the pharmacy may continue to supply this under the enhanced service in fortnightly instalment up to a total treatment length of 12 weeks.
- All supplies and the client's CO reading should be recorded on the client's "Record of supply of NRT form SC3" and "Record of attendance and Carbon Monoxide verification card".
- The next follow up consultation date or date range should be agreed and entered on the client's "Record of attendance and Carbon Monoxide verification card".
- The smoking status of the client at 12-weeks, preferably with CO test validation, should be established and recorded on the SC3 form.
- If relevant or requested a GP feedback form should be completed and sent to the clients practice.

Treatment failure

- If at one of these consultations the client's CO test shows no reduction, they should be advised that the AWSCS is available for additional support and be issued with a one week supply of appropriate smoking cessation therapy. A review date should then be set for the next week.
- If there is no reduction in CO readings on 2 consecutive occasions the person should be removed from the scheme. This should be recorded on the SC3 form.
- Clients not wishing to initially engage or those who choose not to complete the programme may be offered appropriate health literature or referral to an alternative stop smoking service.
- Clients who drop out of the service may not re-enter for a period of at least 90 days
- Use the comments section of the SC3 to assist the AWSCS in any follow up calls.

Training

Level 1: All pharmacies should be able to provide this service as an essential service in the new pharmacy contract.

Level 2: Pharmacies must have a nominated pharmacist lead that has attended part 1 of the smoking cessation service training and completed distance learning pack "The A-Z of Smoking Cessation". The nominated pharmacist would be expected to cascade the training to any support staff involved in delivering this service.

Level 3: Pharmacists providing a level 3 service must have attended parts 1 and 2 of the smoking cessation service training and completed distance learning pack "The A-Z of Smoking Cessation". Technicians who have attended parts 1 and 2 of the smoking cessation service training may carryout follow up consultations with patients assessing the level 3 service.

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Record keeping

- All supplies of NRT and other significant interventions must be recorded on the pharmacies PMR system.
- When clients leave the scheme the SC2 & 3 forms and the client's completed questionnaire and consent form SC1 should be sent to the All Wales Smoking Cessation Service c/o: Julie Rogers, Regional Smoking Cessation Co-ordinator for North Wales, NPHS, Clwydian House, Wrexham Technology Park, Wrexham, LL13 7YP.
- The AWSCS will retain the SC1, 2 & 3 forms for a minimum of 2 years as a clinical record.
- For level 2 clients: Each month or when a client leaves the scheme the relevant information from completed SC2 forms should be transferred to the LHB Audit and Claim form SC4 (Appendix 6), if the client is still active a part claim is allowed provided this is clearly recorded on the SC2 to prevent duplicate claims.
- For level 3 clients: When a client leaves the scheme, or is lost to follow up, the relevant information from completed SC3 forms should be transferred to the LHB Audit and Claim form SC4 (Appendix 6). Part claims are not permitted for level 3.
- The SC4 form should be signed by the responsible pharmacist and sent to the LHB at the end of each month

Follow up

- The community pharmacy is expected to verify the 4 week quit status of all level 3 clients. In the event of a client has not attended for the 4 week consultation, the pharmacy will be expected make at least 1 attempt to contact the client by telephone to establish their quit status.
- The AWSCS will make telephone follow up calls to all level 3 clients that have no recorded 4 or 12 week quit status. The comments section of the SC3 should be completed by the pharmacist with any relevant details that will assist the AWSCS in this task.
- The AWSCS will make telephone follow up calls to all level 3 clients at 12 months.
- The AWSCS will provide the LHB with quit rate statistics.

D) Suggested quality indicators

- The pharmacy has appropriate LHB provided health promotion material available for the user group and promotes its uptake.
- The pharmacy reviews its standard operating procedures and the referral pathways for the service on an annual basis.
- The pharmacy can demonstrate that pharmacists and staff involved in the provision of the service have undertaken CPD relevant to this service.
- The four week quit rate meets the LHBs target.
- The pharmacy co-operates with any locally agreed LHB-led assessment of service user experience

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Background information

NICE/RPSGB/Pharmacy Health Link:


Helping smokers to stop: advice for pharmacists in England, August 2005,
<http://www.publichealth.nice.org.uk/page.aspx?o=517943>

NHS smoking cessation services: service and monitoring guidance
www.dh.gov.uk/assetRoot/04/07/81/16/04078116.pdf

[New advice on use of nicotine replacement therapy \(NRT\): wider access in at-risk populations](#) .Professor Gordon Duff MHRA 29.12.05

Acknowledgements

This scheme is based upon the award winning scheme devised by

Ashton, Leigh and Wigan 
 Primary Care Trust

Appendices

Appendix 1

Smoking cessation care pathway for pharmacy.

Appendix 2

Welsh Assembly Government Tobacco Publications Order Form.

Appendix 3

Client Questionnaire and Consent (Form SC1).

Appendix 4

Record of Supply of Nicotine Replacement Therapy level 2 (Form SC2).

Appendix 5

Record of Supply of Nicotine Replacement Therapy level 3 (Form SC3).

Appendix 6

Pharmacy Smoking Cessation Service- Local Health Board Audit and Claim Form (Form SC4).

Appendix 7

Fraser guidelines

Appendix 8

Smoking cessation service providers chart

Appendix 9

Smoking paperwork flow chart

Appendix 10

GP feedback form

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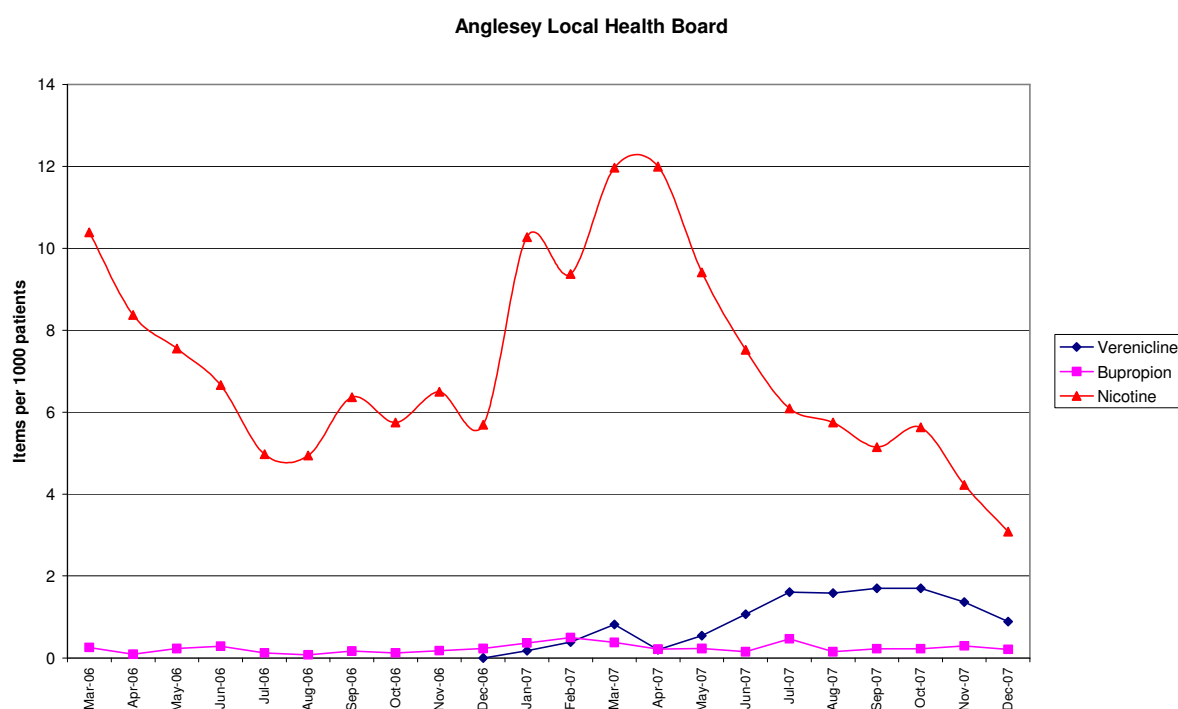
Appendix II Stakeholder survey response rate

		Surveys issued (n)	Responses received (n)	Response rate (%)
Community pharmacists	NPHS survey	125	34	27.2%
	LHB survey	97	36	37.1%
GPs		97	16	16.5%
Stop Smoking Wales smoking cessation specialists		9	7	77.8%
Stop Smoking Wales regional co-ordinator		1	1	100.0%
LHB Heads of pharmacy and medicines management		5	3	60.0%
NPHS local directors of public health		5	5	100.0%
Overall		339	102	30.1%

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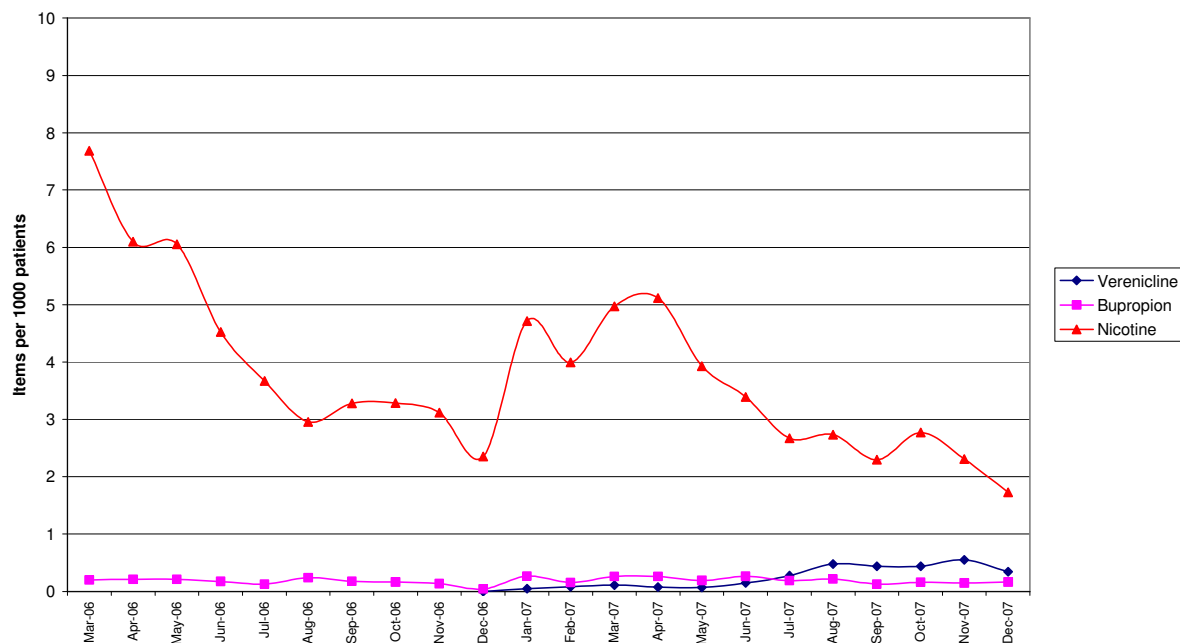
Appendix III Prescribed smoking cessation medicines Mar 2006 to Dec 2007

Smoking cessation medicines: GP prescribed per 1,000 population Anglesey LHB March 2006 to December 2007 (Data source: Comparative analysis system for prescribing audit (CASPA) database)



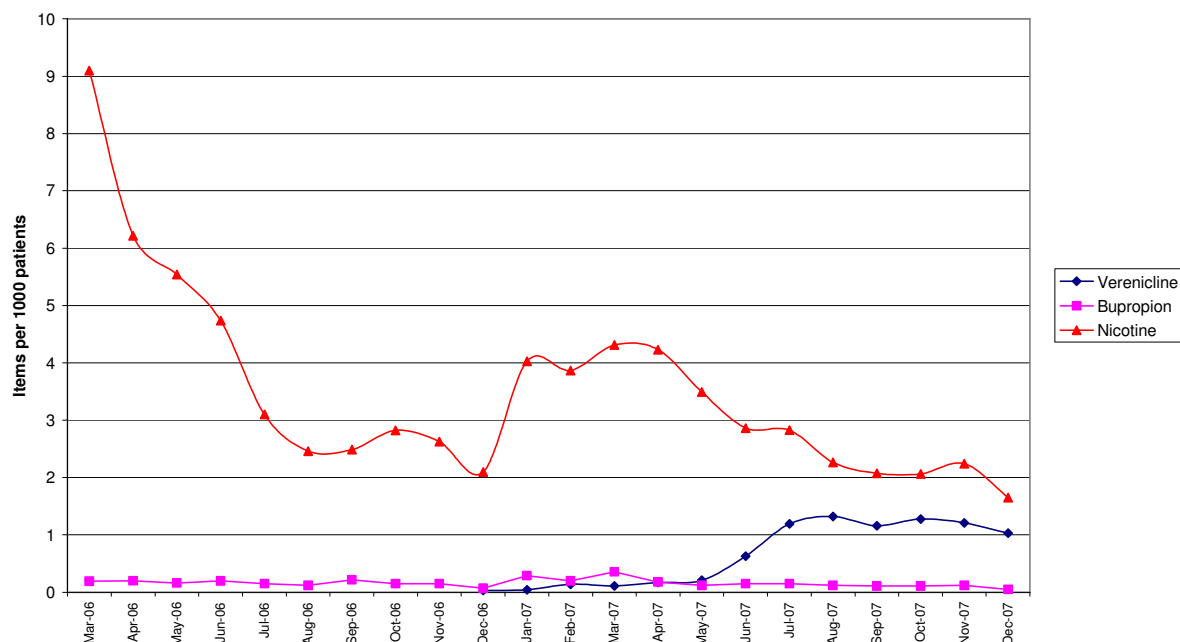
Smoking cessation medicines: GP prescribed per 1,000 population Conwy LHB March 2006 to December 2007 (Data source: CASPA)

Conwy Local Health Board



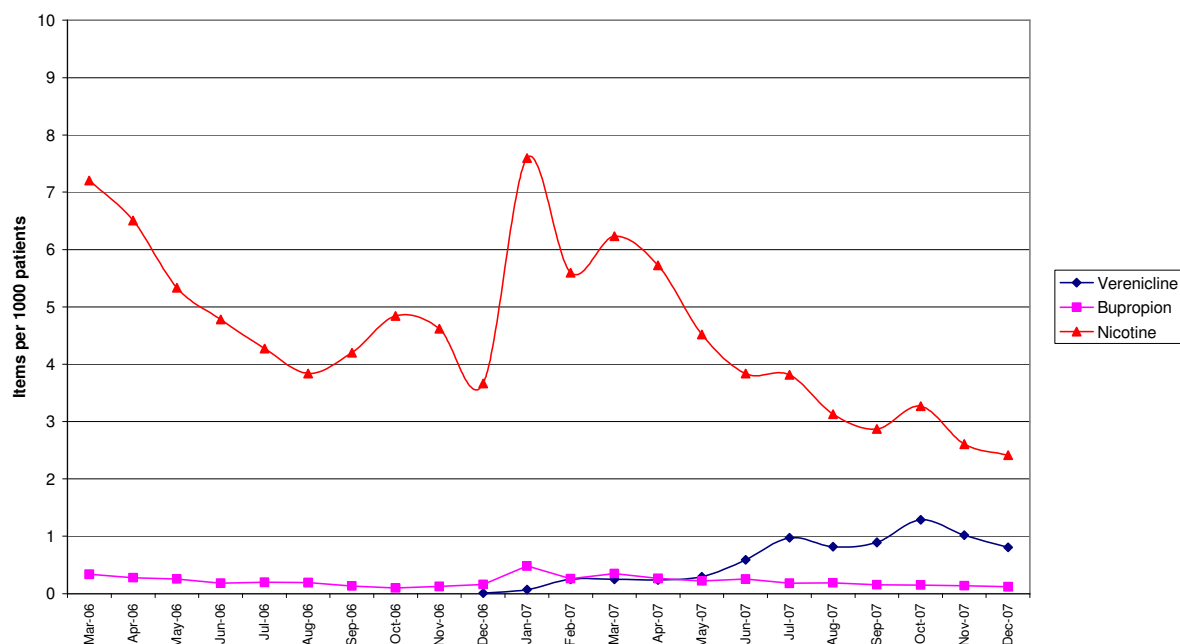
Smoking cessation medicines: GP prescribed per 1,000 population Denbighshire LHB March 2006 to December 2007 (Data source CASPA)

Denbighshire Local Health Board



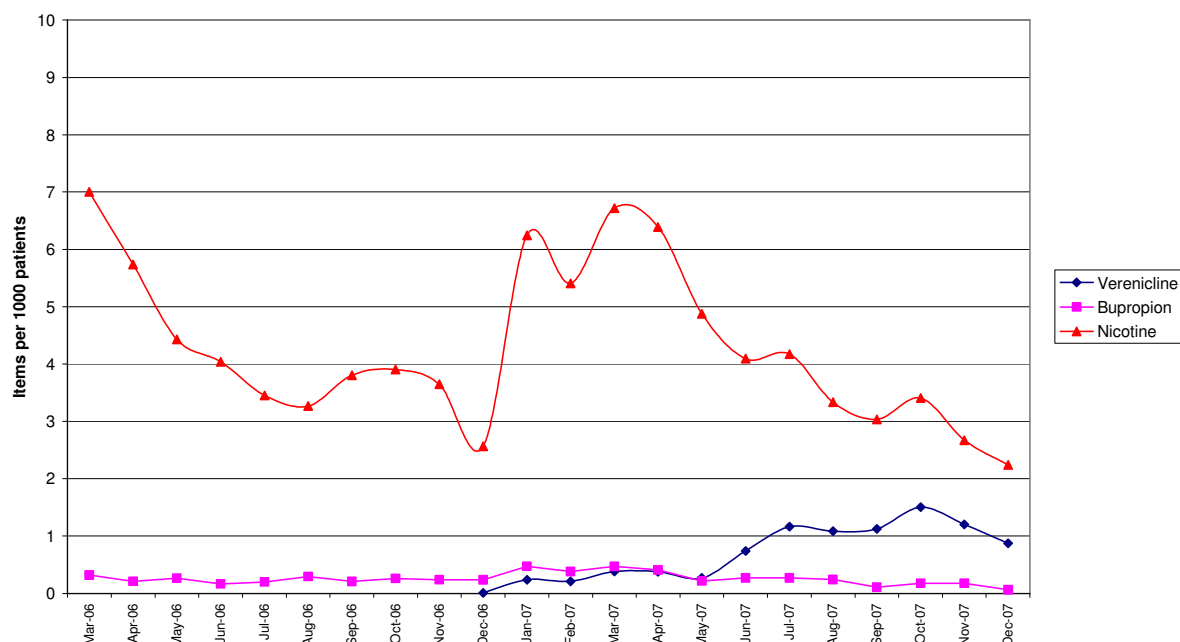
Smoking cessation medicines: GP prescribed per 1,000 population Gwynedd LHB March 2006 to December 2007 (Data source: CASPA)

Gwynedd Local Health Board



Smoking cessation medicines: GP prescribed per 1,000 population Wrexham LHB March 2006 to December 2007 (Data source: CASPA)

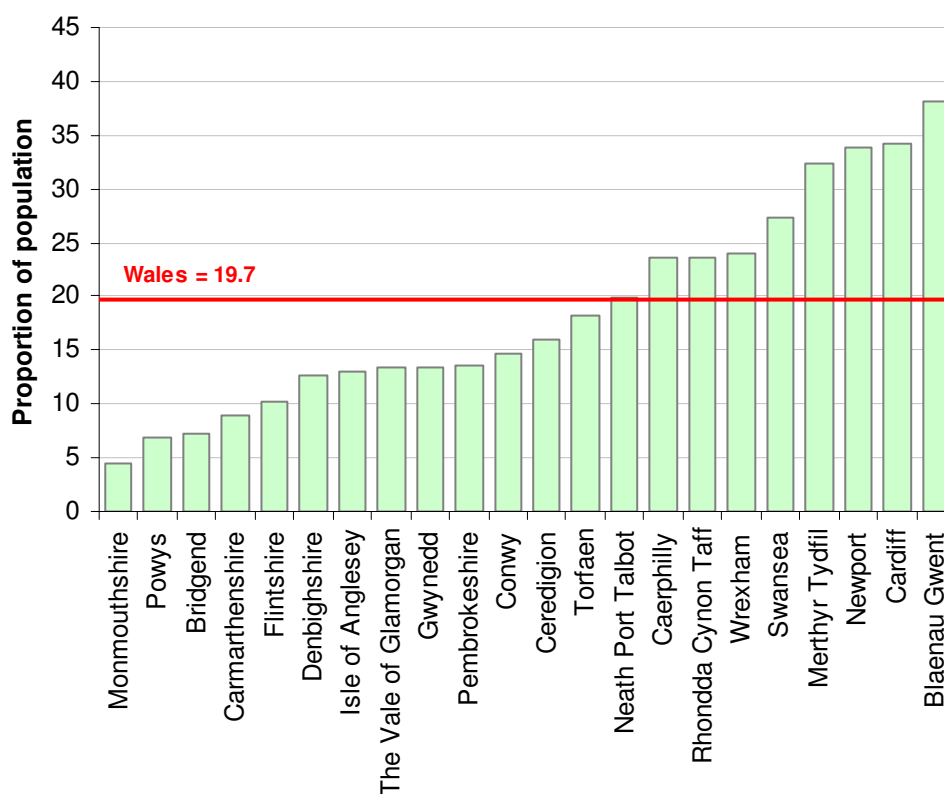
Wrexham Local Health Board



Appendix IV Proportion of population living in the Wales' most deprived areas

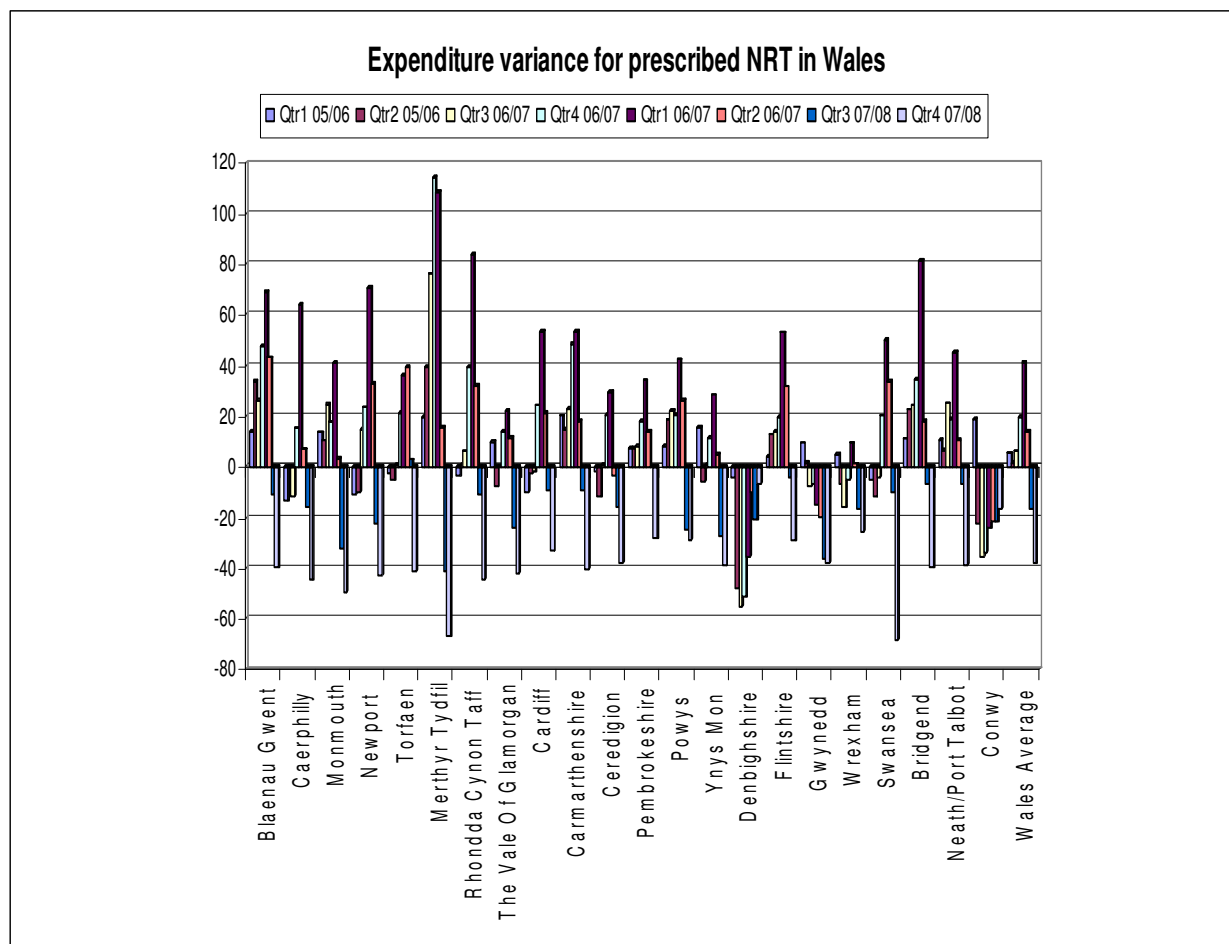
Proportion (%) of population living in most deprived fifth of Lower Super Output Areas in Wales, ranked Local Authorities, 2006

Source: ONS (MYEs); ONS / WCFH (Townsend Scores)



Appendix V NRT prescribing expenditure variance

**Expenditure variance for prescribed NRT in Wales by quarter year comparing
2005/06 with 2006/07 and 2006/07 with 2007/08 (Data source: CASPA)**



Data source: CASPA 2005/06 to 2007/08 inclusive

Local enhanced community pharmacy smoking cessation services implementation dates:

March 2006:	Conwy, Denbighshire
November 2006:	Gwynedd, Wrexham
November 2007:	Isle of Anglesey/Ynys Môn

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