1. Population Needs

1.1 National/local context and evidence base
All advice and activities will be based on, or contribute to, evidence based research and will be compliant with relevant guidelines, as well as standards for practice as set out in:

National Policy Drivers:
• Smoking Kills - DOH 1998
• Brief interventions and referral for smoking cessation in primary care and other settings - NICE 2006
• Smoking cessation services in primary care, pharmacies, local authorities and workplaces, particularly for manual working groups, pregnant women and hard to reach communities – NICE 2008
• How to stop smoking in pregnancy and following childbirth – NICE 2010
• A smoke free future: A comprehensive tobacco control strategy for England – DOH 2010
• Tobacco Control Plan for England – DH 2011
• Smoking cessation in secondary care: acute, maternity and mental health services – NICE 2013
• 2010-2015 government policy: smoking - DOH 2011

Local Policy Drivers:
• IW Health and Wellbeing plan
• IW Prevention strategy
• JSNA

2. Scope

2.1 Service description/care pathway
• To supply the pre-specified Nicotine Replacement Therapy (NRT) to clients referred by Public Health Wellbeing Service (Wellbeing advisors) who present with valid identification and information matching that as supplied by the Wellbeing advisor via Pharmoutcomes.
• To record the administration of the supply of the pre-specified NRT on the Pharmoutcomes system.
• To liaise with the Wellbeing Service regarding issues arising from the dispensing of the NRT.

2.3 Confidentiality
• All patients attending the service will be guaranteed their right to confidentiality is respected and maintained in accordance with Trust policy
• Informed consent is understood in the terms of a patients ability to understand the choice and consequences, including the nature, purpose and possible risk of any treatment (or non-treatment). In assessing capacity to consent the provider needs to refer to the Department of Health (DOH) Reference Guide to consent for examination or treatment (2001)
• Patients will be treated with dignity and respect taking into account diversity and cultural differences.
• Services will be provided to the highest possible clinical quality and accessibility
### 1. Services will be delivered in line with local safeguarding policies and guidelines with joint working arrangements in place to respond to concerns.

### 2. The service will continuously review provision, ensuring that there is emphasis on the needs of the vulnerable and disadvantaged groups and those areas under-provision are identified and addressed.

### 3. The service will have in place arrangements for managing pressures associated with vacancies and staff absence to ensure that service safety, quality and consistency are not compromised, including early communication/warning to commissioners in the event of potential difficulties that may arise in order that the situation can be effectively managed.

### 4. The service will have effective risk management in place.

### 5. There will be clear protocols in place for safe and effective practice and arrangements for clinical governance.

### 6. The service will undertake audits to ensure that services are clinically effective and meet quality criteria and publish results to commissioners.

It is the Wellbeing advisors responsibility to document and maintain records on all patients attending the service, in accordance with locally agreed record keeping policy. Patient notes will also include records on the advice, counselling and treatment received by patients.

### 2.4 Population covered

The service will be available to all smokers referred by the Wellbeing Service only and must be living on the Isle of Wight. The service will be available Monday – Friday 9am -5pm. (Sat and Sun dependant on pharmacy opening hours)

### 2.5 Any acceptance and exclusion criteria

Exclusion of under 18’s

### 3. Applicable Service Standards

| N/A |

### 4. Key Service Outcomes

- All 100% of people sent from the wellbeing service to the pharmacy are supplied with provision they have requested.
- Ensure referrals are responded to within 3 working days.
- Ensure communication channels between wellbeing service and pharmacists

### 5. Location of Provider Premises

Wellbeing workers are transient. Contact information for them can be found on Pharmoutcomes.

Pharmacists are at 31 premises Island wide.

### 6. Individual Service User Placement
## 7. Payment Schedule

Payment will be made monthly, in arrears based on activity.

Payment will consist of:

- Reimbursement for the specified product at the shown cost on the DMD database plus 5% VAT
- Payment of £4 for the first contact.
- Payment of £2 for the two following contacts.

In order for the transaction to be valid, the requisite information **must** be recorded on Pharmoutcomes. Transactions completed that are not recorded on Pharmoutcomes **will not** be paid.

## 8. Individual Pharmacy sign up

In order to qualify for payment, pharmacies must complete the ‘self-declaration’ on Pharmoutcomes confirming that they are providing the service.

The self-declaration form can be found in Pharmoutcomes by following Services > Stop Smoking > pharmacy declaration.

Once this has been completed the pharmacy can be added to the provider list within Pharmoutcomes and be registered for payment.

Without the declaration being completed no payments can be made.
APPROVED PROVIDER LIST FOR THE PROVISION OF NICOTINE REPLACEMENT THERAPY
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