

SERVICE LEVEL AGREEMENT

Financial Incentive Scheme for the  
Referral of smokers into Hampshire NHS Stop Smoking,  
Quit4Life

By Community Pharmacies

PILOT

**From xxxx 2016 to xxxxx 2017**

## 1. This agreement is between

**The Commissioner:** Southern Health NHS Foundation Trust  
(Referred to in this document as SHFT)

Address: 7 Sterne road  
Tatchbury Mount  
Calmore  
SO40 2RZ

**And the Provider:**  
(Referred to in this document as the Pharmacy)

Address:

Pharmacy F code:

## 2. Definitions

**The Client** as referred to in this document is the recipient of the Referral as detailed in this document.

**Quit4Life** is the name of the SHFT stop smoking service responsible for managing this contract on behalf of SHFT.

## 3. Period

3.1. This agreement is valid for the **xxxx to xxxxxx**. It may be subject to renewal following review by SHFT, but renewal cannot be guaranteed.

## 4. Obligations

4.1. The Pharmacy will provide the service in accordance with the agreement

4.2. SHFT will manage the service in accordance with the agreement

4.3. This Service Level Agreement comprises General Service Terms and Conditions in respect of the provision of referral services and where *'the provider'* shall comply with the requirements of both in full in order to receive payment.

4.4. The Agreement details SHFT's requirements in the primary care (Community Pharmacy) setting.

4.5. There is no requirement for contractors to have a Standard Operating Procedure (SOP) in place for providing this service; however adherence to the SLA in full is accepted by all parties in signing this agreement

4.6. Quit4life may continue this initiative into **XX / XXX** if successful. Evaluation of outcomes and feedback from stakeholders will inform decisions on any repeat of this initiative.

## 5. Scheme Aim and objectives

➤ Reducing health inequalities through:-

- Improved access to the local NHS Stop Smoking Service for clients with long term conditions.
- Helping service users access specialist stop smoking support.
- Reducing smoking related illnesses by helping people to give up smoking

This initiative supports the implementation of the Health Living Pharmacy programme. Any pharmacies successfully referring reasonable numbers of clients to Quit4life would be favourably considered for a smoking cessation service level agreement, if they don't already have one.

## 6. Payments and Administration

SHFT will pay the following:

### **Direct Referrals:**

1. Quit4life will pay a Hampshire Community Pharmacist / £5 for each direct referral of the contact details of a smoker who is motivated to quit smoking imminently (within next 7 days).
2. Quit4Life will pay the Community Pharmacist £5 for a successful four week quit recorded within 56 days of receipt of referral by the pharmacy
3. Quit4Life will pay the Community Pharmacist £5 for a successful twelve week quit recorded within 112 days of receipt of referral by the pharmacy
4. A maximum of £15 can be claimed for each client directly referred to Quit4Life.
5. Only one payment will be made per each individual smoker to an individual pharmacy within a 6 month period

### **Invoices:**

- 6.1. Delay in submitting data and invoices may result in delays in payment and may result in non-payment of invoices. Delays over 3 months and or those missing the end of quarter or year deadlines will not be paid unless there are highly exceptional circumstances. No payment will be withheld without prior discussion with the Pharmacy concerned.
- 6.2. The pharmacy will be paid monthly through NHS Shared Business Services on the standard invoice (Appendix B).
- 6.3. The invoice supplied by Quit4Life is exclusively for use with the direct referral scheme and not any other SLA for smoking cessation that the pharmacy may hold with Quit4Life.
- 6.4. Invoices should be printed on the template supplied by Quit4Life within the first working week to cover the previous month and then submitted to Quit4life:-

**Quit4Life**  
Aldershot Centre for Health, Hospital Hill, Aldershot, Hampshire, GU11 1AY

Tel: 0845 602 4663    Fax: 01252 335123

[Quit4life@nhs.net](mailto:Quit4life@nhs.net)

## **7. Service Schedule**

- 7.1. The pharmacy staff should ascertain if the client is a smoker and motivated to quit smoking
- 7.2. Only smokers who are motivate to quit smoking should be referred to Quit4Life
- 7.3. Smokers who are not ready to quit can be offered 'very brief advice' on smoking cessation and information on Quit4Life
- 7.4. The pharmacy will submit the referral through Pharma Outcomes to [quit4life@nhs.net](mailto:quit4life@nhs.net) as per the supplied template (Appendix A)
- 7.5. Client consent must be obtained clearly and this recorded as indicated in Pharma Outcomes
- 7.6. The client should be informed that a Quit4Life adviser will contact them within 2 working days. We will send a text message to any mobile number before calling so that they are aware that an 'unknown' number will call
- 7.7. Quit4Life will attempt to call the client at the time period advised as most favourable for the client.

## **8. Standards**

The Pharmacies are responsible for ensuring that there are standardised and agreed posters, leaflets and other promotional materials in all public areas and that they are highly visible.

The pharmacies are responsible for ensuring they understand how Quit4Life supports clients. Please contact Quit4Life for any support that you feel you would benefit from.

## **9. Clinical Governance and training**

Short, online and free 'Very Brief Advice' training is provided by the National College for Smoking Cessation and Training (NCSCT) is recommended that pharmacists and staff complete this training to enhance your referrals and increase likelihood of client engagement. <http://www.ncsct.co.uk/>

Quit4Life can provide training specifically to support this programme on request by the pharmacy.

Training is available through CPPE

## **10. Confidentiality**

- 10.1 Both parties shall adhere to the requirements of the Data Protection Act 1988 and the Freedom of Information Act 2000.
- 10.2 Any approaches by the media for comments or interviews must be referred to SHFT Communications department

## **11. Indemnity**

The Pharmacy shall maintain adequate insurance for public liability and personal indemnity against any claims which may arise out of the terms and conditions of this agreement.

## **12. Complaints Procedure**

Any complaint made by a client in association with the services covered by this agreement will be dealt with in accordance with SHFT's Complaints Procedure (Joint Policy Number: OP/C4), and notified immediately to the designated Pharmacy representative/SHFT signatories for their attention.

## **13. Conciliation and Dispute Resolution**

- 13.1 Disputes between the Provider and Commissioner should be resolved at the lowest possible level and referred to the nominated party detailed in this agreement.
- 13.2 If the matters cannot be resolved by the parties directly involved then the matter should be referred to the responsible director for each party.
- 13.3 Disputes should be determined as quickly as possible. In normal circumstances, both parties are committed to resolution within one month of the formal notification of a dispute to the officers as above.

## **14 Termination**

SHFT reserves the right to amend or withdraw this service with one months' notice.

## **Signatures**

This document constitutes the agreement between the provider and Southern Health NHS Foundation Trust in regards to the Service Level Agreement (SLA) for referrals to Quit4Life

The provider is required to sign and to agree to the terms as set out in this SLA for the referral of smokers for the period **xxxxx to xxxxxx**

## **Service level Agreement for Direct referral pharmacy pilot scheme**

### **Signed for and on behalf of the Pharmacy**

Pharmacy F Code .....

Signature .....

Printed name .....

Designation / Position ..... Date

### **Signed for and on behalf of Southern Health NHS Foundation Trust**

Signature .....

Printed name .....

Designation ..... Quit4Life

Date .....

**Please return** to Quit4Life at [quit4life@nhs.net](mailto:quit4life@nhs.net) or fax 01252 335123 or post to

Quit4Life, Aldershot Centre for Health, Hospital Hill, Aldershot, Hants, GU11 1AY

## **APPENDIX A PHARM OUTCOMES REFERRAL TEMPLATE**