



PSNE Ltd

North Tyneside Stop Smoking Service

Valid from 1st October 2024



North Tyneside Stop Smoking Service

1. INTRODUCTION

1.1 Introduction

This Service Specification sets out both the requirements of the Provider to provide a Public Health Stop Smoking Service.

The focus of the Stop Smoking Service is to offer accessible support and advice to people who want to give up smoking and to supply pharmacological stop smoking aids where appropriate in a choice of venues across the borough.

Participation by Community Pharmacies in this Service is voluntary and guided by identified local need.

1.2 National Context

Smoking is the single largest cause of preventable mortality in England. This is recognised in the Government's Public Health White Paper 'Healthy lives, healthy people', which states that 'reducing smoking rates represents a huge opportunity for public health.'

Locally, smoking is one of the most significant factors that affect health inequalities and ill health, particularly cancer, coronary heart disease and respiratory disease. Reducing smoking prevalence therefore remains a key public health priority and a national focus.

Smoking and its associated harms continue to fall hardest on some of the poorest and most vulnerable people in our society. The difference in life expectancy between the poorest and the richest can be as much as nine years and smoking accounts for approximately half of this difference.

The support provided by local stop-smoking services continues to offer some of the best opportunities for people to quit smoking. It is therefore important that evidence-based, high-quality stop smoking support, configured to meet the needs of the local population and delivered by qualified and well-trained Service Providers, is available to those who require it.

The National Institute for Health and Care Excellence (NICE) guidance clearly identifies a number of effective stop smoking interventions for everyone involved in, or responsible for stop smoking services, including brief intervention, individual behavioural counselling, group behaviour therapy, pharmacotherapy, self-help materials, telephone counselling and quit lines.

Stop Smoking Services that are underpinned by NICE guidance are highly effective in both cost and clinical terms.

The Provider must work with the Commissioner, PSNE Ltd, to deliver Services in line with all National Standards including:

- Khan Review: Making Smoking Obsolete 2022
- Stopping the Start: Our New Plan to Create a Smoke Free Generation (Oct 2023)
- “Towards a Smokefree Generation - A Tobacco Control Plan” (July 2017)
- DoH Excellence in Tobacco Control – 10 High Impact Changes to Achieve Tobacco Control National Centre for Smoking Cessation and Training Local Stop Smoking Services: Services and delivery guidance (2014)
- Healthy lives, healthy people: Improving outcomes and supporting transparency – Public Health Outcomes Framework (January 2012)
- Tobacco: preventing uptake, promoting quitting, and treating dependence – NICE guideline 209, 2021
- NCSCT Electronic cigarettes: A briefing for stop smoking services http://www.ncsct.co.uk/publication_electronic_cigarette_briefing.php

Applicable national standards e.g. NICE

- NICE PH6: Behavioural Change.
- NICE PH15: Identifying and supporting people most at risk of dying prematurely.
- NICE quality standard QS207 Tobacco: Treating dependence.
- NICE quality standard QS82 Smoking: reducing and preventing tobacco use.
- NICE guideline 209: Tobacco: preventing uptake, promoting quitting, and treating dependence.
- The Provider and the Active Intervention Advisor are expected to maintain National Centre for Smoking Cessation and Training standards and competencies, including “Local Stop Smoking Services Service and Delivery Guidance (2014)”. The evidence base for telephone interventions is set out in the following link (www.cochrane.org/reviews/en/ab002850.htm).

1.3 Local Context

1.3.1 Geography

North Tyneside is one of five metropolitan districts within the Tyne and Wear conurbation, with an area of 82 square kilometres. It has the North Sea to the east, the River Tyne to the south, and Newcastle City to the west. Northumberland County forms the northern boundary. The borough is bisected east/west by the A19 and north/south by the A1058 Coast Road. The Coast Road provides a direct route through to Newcastle city centre, whilst the A19 goes north to join with the A1 in Northumberland and south through the Tyne Tunnel to provide a route through the North East region to North Yorkshire.

1.3.2 Population Profile

The last official estimate of North Tyneside’s population was produced by the ONS for mid-2022 and showed that North Tyneside had a population of 210,487.

Table 1: Mid-2022 population estimate, North Tyneside Population

	Percentages of Total				
	Female	Male	Combined	Female	Male
North Tyneside	108,184	102,303	210,487	51%	49%

North East	1,368,898	1,314,142	2,683,040	51%	49%
England	29,123,108	27,983,290	57,106,398	51%	49%

The population of North Tyneside is growing and by 2032 the number of residents will have increased by 4.5% this is in line with the national proportion. Life expectancy has been increasing at all ages and especially in older people in the population. There are estimated to be a total of 95,794 residents aged 50 years or older in North Tyneside by 2032. The borough also has higher rates of premature mortality than England. The all cause male mortality rate under 75 years in North Tyneside was 477 per 100,000 population in 2020-22, compared to 438 per 100,000 for England. A woman can expect to live 57.2 years in good health at birth (compared to 63.9 years in England) compared to 61.6 years for a man (63.1 years in England) in North Tyneside.

1.3.3 Ethnicity

Culture and ethnicity may influence health beliefs and behaviours and may therefore impact on health and wellbeing. Based upon the 2021 Census, Black and Minority Ethnic (BME) groups account for 5.2% of North Tyneside's population (when mixed/multiple white ethnic minority groups are included). This population represented 4.6% of the population in the 2011 Census and 2.7% of the 2001 Census. This compares to 7% in the North East and 19% in England. The largest minority ethnic group in North Tyneside is the Asian/Asian British group, constituting 2.6% of the resident population.

1.3.4 Deprivation

The link between social and economic deprivation and poor health has long been recognised. People living in areas with higher levels of deprivation tend to have poorer health than those living in more affluent areas. Areas that experience higher levels of deprivation also experience higher levels of crime, unemployment and other adverse social-economic factors.

Although the borough of North Tyneside is now one of the least deprived in the North East, stark inequalities persist within the borough.

1.3.5 Our North Tyneside Plan

The vision for North Tyneside is set out in the Authority's 'Our North Tyneside Plan'. **Appendix A** provides a brief description of the Plan.

1.3.6 Equally Well Strategy

North Tyneside's Equally Well Strategy sets out the high-level plan to tackle health inequalities in North Tyneside between 2021 and 2025. **Appendix B** provides a brief description of the Strategy.

1.3.7 Joint Strategic Needs Assessment

The Joint Strategic Needs Assessment (JSNA) shows the health and wellbeing needs of local people which is used to provide and develop health, wellbeing and social care



services. The Provider should be aware of North Tyneside's JSNA, please see below for link to document.

[Joint Strategic Needs Assessment \(JSNA\) | North Tyneside Council](#)

2. KEY STOP SMOKING SERVICE OUTCOMES

2.1 Service Outcomes

The Stop Smoking Service will contribute to the reduction in:

- a. smoking prevalence amongst adult smokers in North Tyneside.
- b. mortality rates in smoking related conditions such as cardiovascular disease, Chronic Obstructive Pulmonary Disease (COPD) and cancer.
- c. health inequalities.

3. SCOPE

3.1 Service Aims

The aim of the Stop Smoking Service is to enable Community Pharmacies in North Tyneside to provide accessible Stop Smoking Support which:

1. Provides comprehensive individual support for people to successfully quit smoking.
2. Offers a choice of the most effective evidence-based treatments available.
3. Achieves high levels of client satisfaction.

3.2 Service Description

The Provider will ensure that the Stop Smoking Service is delivered by trained Advisors and Pharmacists and that all pharmacy staff are able to provide brief advice. All pharmacy staff should have an empathic approach to their clients. The Provider must make the service available to any smoker living or working in North Tyneside who wishes to stop smoking.

The Service will be provided for a period of up to 12 weeks and support will be offered at weekly intervals for the first four weeks and at intervals of 2 weeks thereafter. Quitting will be measured at 4 weeks and 12 weeks.

Initial appointments should last for at least 30 minutes followed by appointment times of at least 10 minutes thereafter to ensure continued monitoring, client compliance and on-going access to medication.

Clients should, where possible, remain with the same pharmacy throughout the duration of their behavioural support programme to ensure continuity of care and client safety.

The Service will:

1. Assess readiness to make a quit attempt, the appropriateness of pharmacological treatments for the individual and their willingness to use appropriate treatments.
2. Provide an outline of treatment options that have proven effectiveness.
3. Provide a description of what a typical treatment programme might look like, its aims, length, how it works and its benefits.
4. Provide appropriate behavioural support strategies to help the person quit.



5. Reach an agreement with the individual on the chosen treatment pathway, ensuring that they understand the on-going support and monitoring arrangements.
6. Provide information on the benefits of quitting smoking.
7. Provide information on the main features of the tobacco withdrawal syndrome and the common barriers to quitting.
8. Set and record a quit date.

The Stop Smoking Service will include the following elements (each element must be available from the Pharmacy):

- Stop Smoking Behavioural Support.
- Pharmacological Support
 - The supply of NRT
 - The supply of prescription medication agreed in North Tyneside as new medications come to the market must be administered under a Patient Group Direction (PGD).
 - E-cigarettes/vaping. Providers will take part in a national scheme to offer vapes to local residents which North Tyneside Council has signed up to.

Stop Smoking Behavioural support

The delivery of behavioural support must include the following:

- Weekly support for a period of 4 weeks from a quit attempt to prevent relapse.
- On-going support between the 4 week and 12 week quit attempt, at least once every two weeks.
- The use of a Carbon Monoxide (CO) monitor to validate quit attempts. Advisors are expected to achieve a minimum 85% CO validation rate of clients self-reporting at 4 weeks.
- Missed appointments should be followed up (3 attempts) by telephone, letter or email as appropriate.
- A 4 week and 12 week follow-up after setting a quit date of all clients regardless of quit status should be completed in person, by telephone or text contact or email.
- A minimum of 3 attempts made to contact a client (where telephone contact is not feasible a letter or email should be sent) should be carried out.
- Where it has not been possible to contact a client after 3 attempts, they should be recorded as 'lost to follow-up' and this recorded on the client record.
- If a client tries to re-engage with the service after being classified as lost to follow-up, the provider will re-engage the client as soon as reasonably practicable and begin a new treatment programme.

Pharmacological Support

The list of products available under the terms of this Service are listed in **Appendix C**. The Stop Smoking Advisor will not offer any other pharmacological treatments.

Pharmacological support is only available through this Stop Smoking Service contracted by the commissioner and is only available to clients who are motivated to stop smoking and who are receiving behavioural support from a trained Advisor.



Where patients are eligible and assessed as suitable to receive NRT, the Advisor will supply a course of medication for a 2-week period. The Advisor takes full responsibility for any recommendation that they make. If clients indicate a choice to use prescribed medication (that has been agreed for North Tyneside), the Advisor will pass the client to the accredited pharmacist to assess suitability for the medication via the PGD. If there is a clinical caution, the pharmacist will send a request to the client's GP for a Patient Specific Direction (PSD) if the GP decides this is clinically appropriate.

If the client has a planned holiday or an absence from home, four weeks of medication may be supplied.

The Pharmacy will provide advice about NRT/prescribed medication (which has been approved in North Tyneside) to the client in line with the Summary of Product Characteristics. For further information please refer to the summary of product characteristics (SPC) available at <http://emc.medicines.org.uk>.

The Pharmacy should provide the full course of treatment to ensure continuity of care and should not refer the client to another Pharmacy except in unavoidable circumstances e.g. sickness.

External stop smoking advisers, such as health advisers, will issue vouchers to clients for pharmacological support. The Pharmacist must check that the voucher is valid (presented within 14 days of issue) and that all relevant details have been completed by the Advisor. If varenicline or cytisine has been requested and the Pharmacist believes this is not clinically appropriate or if a voucher has been completed incorrectly/incompletely, the client should be redirected to the Advisor that issued the voucher.

The voucher will be recorded on the PharmOutcomes database.

Nicotine Replacement Therapy

Only two NRT products can be supplied from the approved product list (in **Appendix C**).

Supply of NRT products is free to all patients.

If NRT is used during pregnancy, intermittent therapy is preferable, i.e. the 16-hour patch should be recommended instead of the 24-hour patch. Liquorice flavoured NRT products should be avoided during pregnancy.

If NRT is withdrawn at any stage, the pharmacy must redirect the client to their Advisor so that an alternative treatment may be offered.

The pharmacy must supply NRT in an appropriately labelled pack.

Prescribed Medication

Medication can only be supplied by a PGD accredited Pharmacist offering the Service contracted by the commissioner.



All prescribed medication must be agreed between the Provider and the commissioner and appropriate PGDs put in place when agreed. A list of agreed medication will be maintained and shared with the pharmacy.

If the accredited Pharmacist is absent from the pharmacy, the Advisor must contact another pharmacy that provides a Stop Smoking Service to ensure that a PGD trained Pharmacist is available to dispense the medication.

Stop Smoking prescribed medication that has been agreed between the commissioner and the provider is free to all patients (this will be reviewed on an ongoing basis).

The Pharmacist must supply medication in an appropriately labelled pack.

E-Cigarettes

E-cigarettes/vapes are now the most popular way to stop smoking. There will be an option for the Provider to supply vapes. Providers will take part in a national scheme to offer vapes to local residents which North Tyneside Council has signed up to.

The North Tyneside Stop Smoking Service is “vape friendly”. This means that the Service supports those wishing to use a vape device as part of their quit attempt. Further, Advisors may suggest that heavily nicotine dependent users consider vaping in addition to using other licensed NRT products. They cannot advise on the use of particular vape devices.

The Service should be available to people who wish to use e-cigarettes especially in those who have tried and failed to stop smoking using licensed stop smoking medicines and follows guidance set out in accordance with the NCSCT Recommendations for Practice (2016):

http://www.ncsct.co.uk/usr/pub/Electronic_cigarettes._A_briefing_for_stop_smoking_services.pdf

However, the Service will provide advice on stopping smoking using e-cigarettes if part of the Swap to Stop pilot that includes:

- a) E-cigarettes provide nicotine in a form that is much safer than smoking.
- b) Some people find e-cigarettes helpful for quitting, cutting down their nicotine intake and/or managing temporary absence.
- c) There are a wide range of e-cigarettes and people may need to try various types, flavours and nicotine dosages before they find a product that they like.
- d) E-cigarette use is not like smoking and people may need to experiment and learn to use them effectively (e.g. longer ‘drags’ may be required and a number of short puffs may be needed initially to activate the vaporiser and improve nicotine delivery). They may also need to recognise when atomisers need replacing.
- e) People previously using e-cigarettes while smoking (e.g. to reduce the number of cigarettes that they smoke) may need to consider changing devices and/or nicotine concentrations when making a quit attempt.
- f) Although these products are not licensed medicines, they are regulated by the Tobacco and Related Products Regulations 2016.

- g) Many people have found them helpful to quit smoking cigarettes
- h) People using e-cigarettes should stop smoking tobacco completely because any smoking is harmful.
- i) The evidence suggests that e-cigarettes are substantially less harmful to health than smoking but are not risk free.
- j) The evidence in this area is still developing, including evidence on the long-term health impact.

The Provider will ensure that:

- All pharmacists providing the Stop smoking service on their premises have signed the current copy of the relevant PGD.
- All pharmacotherapy is supplied strictly in accordance with the product licence and in the case of prescribed medication in accordance with the requirements set out in the PGD. The PGD is supplied to the pharmacy via a PharmOutcomes message.
- Pharmacists supplying prescribed medication are qualified pharmacists, premises are approved, and they are authorised to do so by the Authority under the PGD.

3.3 Service Access, Location and Opening Times

The Provider will ensure that the Service is:

- provided for people who are dependent upon smoking tobacco and still smoking at the time they present.
- available to people who are aged 12 and over, either a resident in North Tyneside or working in North Tyneside or are registered with a North Tyneside GP Practice and are motivated to stop smoking.
- available through the normal working hours of participating pharmacies and that the part of the pharmacy used for the Service provision provides a sufficient level of privacy for the client.
- The Service can be provided on a one-to-one basis. The Provider must ensure that dedicated time is available for Stop Smoking Advisors to deliver the Service, including the availability of specific appointment times.
- If a Service User cannot be offered an initial contact within 48 hours and an appointment within 3 days then they must be referred / signposted to another nearby Stop Smoking Service provider or back to the North Tyneside stop smoking service.
- The Stop Smoking Advisor is required to facilitate Service User access to individualised support to stop smoking medicines and aids for a maximum of up to 12 weeks.
- The Council will provide a single point of contact to receive and respond to residents queries regarding the Stop Smoking Service. The Council will also make arrangements to receive referrals from third parties, including Foundation Trusts and other stop smoking services and will signpost those eligible to their local service provider.

3.4 Referral Sources and Criteria

The Pharmacy will accept self-referrals and those who are signposted from a range of community and health professionals.

3.5 Materials, tools and equipment

The Pharmacy must ensure that all equipment used is in line with manufacturer's guidance.

Equipment e.g. CO Monitors supplied by the Authority, remain the property of the Authority and must be returned when no longer in use. The Authority will replace and revalidate as and when requested by the Pharmacy. In the event of CO monitors developing a fault, the commissioner will ensure that a replacement is provided to the pharmacy and ensure faulty devices are returned to the Authority.

All medical equipment used by Pharmacies must comply with Medicines and Healthcare Products Regulatory Agency (MHRA) regulations. Any adverse incidents involving medical equipment should be reported to the manufacturer as well as the MHRA and managed according to the Pharmacy's governance arrangements.

4. SERVICE STANDARDS, GOVERNANCE AND WORKFORCE

4.1 Applicable National Standards

National Guidance

The Pharmacy will deliver the Service in line with national guidance as follows:

1. NHS (Pharmaceutical Services) Regulations 2013 and any other relevant professional standards.
2. NICE guidelines relevant to the Service.
3. Best practice in health care and to comply at all times in all respect with the standards and recommendations contained in:
 - National Service Frameworks and National Strategies
 - National Patient Safety Agency alerts and guidance
 - Human Medicines Regulations 2012
 - other quality standards agreed in writing between the commissioner and the Authority.

The Pharmacy will comply at all times with the most recent guidance on medicines from the MHRA.

4.2 Quality Standards

The Pharmacy will ensure that:

- They have in place a Standard Operating Procedure (SOP) for the delivery of the Service.
- Are aware of the requirement to allow access by the nominated auditors to all or any records relating to the contract for the purposes of audit. The pharmacy must fully co-operate to carry out service evaluation audits as required.
- Co-operate and participate in any audits of the Service as directed by the Authority.
- Demonstrate that pharmacists and staff involved in the provision of the Service have undertaken CPD relevant to this Service.



- Fully comply with North Tyneside Safeguarding Children's Partnership and North Tyneside and Northumberland Safeguarding Adults Board.
- Co-operate with any national or local assessment of service user experience.
- Stock and maintain appropriate health promotion material available for the client group and promote its uptake and can discuss the contents of the material with the client group, where appropriate.
- Ensure Advisors complete annual refresher training sessions.

4.3 Clinical Governance

The Pharmacy must be able to demonstrate to the commissioner that clinical governance plans and structure, clinical decision making, and accountability processes are in place and in line with guidance. Any clinical governance breaches in relation to this Service will be notified to Wendy Burke, North Tyneside Council's Director of Public Health, wendy.burke@northtyneside.gov.uk and copied to the commissioner at helpdesk@psne.co.uk

The Pharmacy will:

- Have clinical governance guidelines in place which are in line with Department of Health guidance and National PGD Guidance (relevant NICE Guidance).
- Report any clinical governance breaches, including serious clinical incidents in relation to this service.
- Maintain appropriate pharmacy records on each client treated to ensure effective ongoing service delivery, clinical audit and reporting of activity and invoicing for payment.
- Record the number of consultations completed and number of supplies of medication made.
- Report patient safety incidents manage them in line with relevant national patient safety systems.
- Is aware of the requirement to allow access by the nominated auditors to all or any records relating to the contract for the purposes of audit. The pharmacy must fully co-operate to carry out service evaluation audits as required.

The Pharmacy will also ensure that a list of named, registered health professionals authorised to practise under the PGD used within the service is clearly recorded, stored securely and archived in line with GDPR requirements.

4.4 Risk Management / Incident Reporting

The Pharmacy will have robust risk management process in place, including:

- Incident reporting and investigation processes
- Complaints processes.

The Pharmacy will have a process in place to record incidents and a mechanism in place that facilitates learning from incidents. When an incident occurs, associated with the Service, the Pharmacy should submit a copy of their incident form to the commissioner and provide details of recommendations and remedial actions taken as a result.



The Pharmacy will ensure that if appropriate, Stop Smoking Advisors in participating pharmacies complete a Yellow Card if an adverse reaction to medication is reported (<http://yellowcard.mhra.gov.uk>).

4.5 Business Continuity

The Pharmacy will have adequate contingency planning in place to ensure continuity of service if disruption occurs such as annual leave, sickness and unexpected absence. In the event that a suitably trained Pharmacist is not present, the client should be directed to another pharmacy that delivers the Service.

4.6 Data Confidentiality and Access Issues

The Pharmacy must ensure that all staff involved with the delivery of the Stop Smoking Service are fully aware of confidentiality requirements and are fully compliant with the Data Protection Act and all regulations made thereunder from time to time (or any amending enactments and regulations) and Calicott Guardian.

The Pharmacy will be assured that there are policies and procedures in place to ensure that access to electronically held Service User data is restricted to authorised users only.

4.7 Workplace / Competency

The Pharmacy undertaking the provision of the Stop Smoking Service will:

- Complete a biennial declaration confirming current GPhC registration, that the required training has been completed and that they have signed the current PGD.
- Maintain an acceptable level of staffing at all times, and provide suitably accredited, skilled and trained staff to provide the Service. The commissioner may require evidence of this.
- Manage all interventions efficiently ensuring sufficient administrative support for general organisation, client contact processes and data handling outlined in the Specification.

The local authority will be employing three new posts to support the wider work around stop smoking as well as provide additional support to pharmacies within North Tyneside. These roles will provide guidance to pharmacies on the operational delivery of the Service which includes Advisor competencies, advertising materials, how to access resources, retention of clients and the use of PharmOutcomes. The Pharmacy will work with the local authority stop smoking posts to support the pharmacy to deliver Behavioural Support, by a Stop Smoking Advisor in line with this Service Specification.

The Pharmacy will ensure that anyone wishing to become an Advisor completes the Stop Smoking Advisor training provided by the NCSCCT, meet all update requirements and complete an annual refresher session.

All staff involved in the delivery of the Service must attend any additional training as directed by the commissioner.



Details of how to contact the Authority's support around stop smoking will be provided on PharmOutcomes.

4.8 PharmOutcomes

The Pharmacy will:

- Use PharmOutcomes as the means of record keeping and claiming for all service fees and Advisers will enter data contemporaneously into PharmOutcomes.
- Gain consent from the client to record and share information in accordance with information governance guidelines.
- Complete in full all mandatory fields on PharmOutcomes in order to trigger payment.
- Ensure that for all clients the quit status is recorded at 4 weeks and 12 weeks after the quit date. The quit outcome must specify whether the client has quit, not quit or is lost to follow up. If this information is not supplied, then a payment will not be generated.

The commissioner will, in the event of an Advisor being inactive on PharmOutcomes that:

- After 3 months they will be contacted by the commissioner to review their status.
- If they have been inactive for 6 months, then an update session or a visit by the Authority's stop smoking support may be required.
- If they have been inactive for a period of 12 months, they will be required to repeat the Stop Smoking Advisor Training, in order to re-activate their Advisor status.

4.9 Records to be kept

The Pharmacy will:

- Maintain appropriate and accurate records to ensure effective on-going service delivery and audit. This includes records covered under the prescribed medication PGD and the voucher scheme.
- Record all consultations in full on PharmOutcomes.
- Record patient participation in the Service and supply of NRT or prescribed medication on the pharmacy Patient Medication Record and PharmOutcomes. If a voucher of recommendation is presented from an external stop smoking adviser, it must be retained by the Pharmacy for audit purposes.
- Maintain and store client records in line with national policy and guidance.

4.10 Health Promotion and Health Improvement

The Pharmacy will consider each client contact to be a health improvement contact which emphasises the benefits of stopping smoking and smoke free environments, using nationally branded and listed materials.

The Pharmacy and the Stop Smoking Advisor should promote local and national events such as No Smoking Day and Stoptober (and any other relevant stop smoking campaigns). The promotional materials for these events will be provided through the Council's Public Health Team and/or Public Health England and/or NHSE.



Localised promotional materials will be available from the Council's Public Health Team and possibly others for display by the Pharmacy.

5. CONTRACT MONITORING AND PERFORMANCE MONITORING

Stop Smoking Services are monitored on a quarterly basis by Office of Health Improvement and Disparities (OHID) and Fresh and it is the Authority's responsibility to report required data to NHS Digital on a quarterly basis.

To fulfil the Authority's responsibility the Pharmacy will ensure all client consultations are recorded contemporaneously on PharmOutcomes or by the 6th day of the following month at the latest.

Performance Indicators

The Service is expected to achieve a level of success which is consistently within national limits.

The Services should have an ambition of achieving the following:

- A success rate of people setting a quit date converting to 4 week quitters between 35% to 70% and 12-week quit date (there are no national targets in relation to 12-week quit dates).
- Smoking Status at four weeks from quit date verified by CO monitors in a minimum of 85% of cases.
- A reduction in the number of under 18-year-olds who smoke.
- A reduction in smoking prevalence among adults (from baseline to be agreed)
- A reduction in the inequality gap in smoking prevalence, between those in routine and manual occupations and the general population (from baseline to be agreed).

6. REVIEW OF SERVICE SPECIFICATION

It is recognised within this Specification that the Service may be subject to change due to a range of national and local policy initiatives, for example, government guidance and legislation, industry professional standards, NICE Guidance, OHID or North Tyneside Council policy.

The Service Specification will be reviewed annually as a minimum and updated to reflect changes in legislation. Adequate notice will be given to the Pharmacy of any significant changes which may impact on the service provided and will ensure sufficient transition arrangements are secured to ensure service continuity.

7. FINANCIAL INFORMATION

The Pharmacy will receive a monthly payment in arrears which will be generated from data input to PharmOutcomes. This will include payments as follows:

- £17.50 for each new client accessing the Service and setting a quit date. This is payable regardless of whether the person has quit smoking or not.
- £41.00 for every person who has quit smoking at 4 weeks.
- £41.00 for every person who has quit smoking at 12 weeks.



- £2.00 will be made for each supply of NRT up to a maximum of 6 supplies per person (total 12 weeks supply).
- £3.00 for an initial supply of a vape starter kit. An additional £2.00 will be made for each subsequent e-liquid supply (max 2) (total 12 weeks supply).
- £13.00 for each initial consultation for prescribed medication. An additional £4.00 for a first review and £2.00 for each subsequent supply (max 4) (total 12 weeks supply) will be payable. Subject to any regional agreement superseding this.

The relevant drug cost is also payable.

The commissioner will invoice the Authority on a monthly basis for the costs set out above.

Annual training fee for each pharmacy of £200 to cover costs for releasing staff to undertake training as required in line with the specification.

APPENDIX A – OUR NORTH TYNESIDE PLAN 2021-25

The Our North Tyneside Plan sets out our bold ambitions for making North Tyneside an even greater place to live, work and visit by 2025. The plan outlines a vision of building a better North Tyneside, looking to the future and listening to and working better for residents.

It focuses on five key themes that reflect your priorities and will help create a North Tyneside that is thriving, family-friendly, caring, secure and green.

The plan builds on the work of the council over the last eight years and addresses the key challenges we all now face as a result of the COVID-19 pandemic.

It is a plan to build a better North Tyneside and to restore hope and confidence in the future where we tackle inequalities and discrimination and ensure no-one is left behind.

Each key theme has specific areas of work and clear priorities.

- **A thriving North Tyneside**
- **A secure North Tyneside**
- **A family-friendly North Tyneside**
- **A caring North Tyneside**
- **A green North Tyneside**

This is our plan for North Tyneside, but we know the Council cannot deliver it on its own. We work in partnership with our residents, our businesses, our community and voluntary sector and the other key organisations like the NHS, the police, fire and rescue services.



ONT Plan
2021-25.pdf

APPENDIX B – EQUALLY WELL STRATEGY

The Equally Well strategy aims to reduce health inequalities by breaking the link between people’s circumstances and their opportunities for a healthy, thriving and fulfilled life. This high-level plan outlines the approach to tackle health inequalities in North Tyneside from 2021 to 2025. It builds upon existing work and sets the direction for improving the health and well-being of the population. The strategy emphasises that addressing health inequalities is everyone’s responsibility and focuses on creating a fairer future for all residents.



Health and Wellbeing
Strategy 2021-2025 si



APPENDIX C – PHARMACOLOGICAL PRODUCTS INCLUDED IN THE SERVICE

Prescribed Medication

A list of prescribed medication will be reviewed regularly between the Public Health Team and the commissioner. All agreed prescription medication can only be supplied via a PGD accredited Pharmacist. Work is being undertaken at the North East and North Cumbria ICB to produce PGDs.

Nicotine Replacement Therapy

- a) Nicotinell Patches (24 hour), 21mg, 14mg and 7mg, pack size 7(all strengths)
- b) Nicorette Invisi Patches (16 hour), 25mg, 15mg, 10mg, pack size 7 (all strengths)
- c) Niquitin Minis Lozenges, 2 mg and 4mg pack sizes 60 and 100
- d) Nicorette Sugar-free Gum, 4mg and 2mg, pack sizes 30, 105, 210

Vapes

Appropriate vapes will be available to order via the Dinner Lady website.