



SERVICE SPECIFICATION FOR THE PROVISION OF:

Stop Smoking Services delivered in Community Pharmacies
April 2023 - March 2024

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1. Introduction

This Service Specification forms a separate agreement for Public Health Services between Hertfordshire County Council (the Council) and community pharmacies (the Provider).

The Public Health Outcomes Framework, 2016-2019¹ and the NHS Five Year Forward View² clearly define the Government's continued commitment to prevention. Many lifestyle diseases are preventable through changes to lifestyle, particularly by stopping smoking. The Department of Health's ambitions, documented in 'Towards a Smokefree Generation: A Tobacco Control Plan for England'³ are to reduce smoking prevalence in young people and in adults. This is strongly supported by Hertfordshire's commitment to deliver its multi-agency Health and Wellbeing Strategy 2016-2020⁴ which includes reducing the harm from tobacco and Hertfordshire's Tobacco Control Strategic Plan 2019-2022.⁵

As well as reducing prevalence among adults and young people, stop smoking services need to meet the needs of high prevalence smoking groups such as routine and manual workers, black, Asian and minority ethnic groups, and the needs of smokers with long term conditions.

Based on revised Adult Population Survey data, Hertfordshire has a population of 100,155 adult smokers (2019 data). Details of local tobacco profiles are available at: <http://www.tobaccoprofiles.info/>.

Community pharmacies are strongly encouraged to work with their local communities, GPs, Primary Care Networks (PCNs), community navigators, family support services, health visitors, other local health and care providers and with Hertfordshire Health Improvement Service (HHIS) to ensure service users are identified and referred to the appropriate organisation to support the local population in reducing the harm from tobacco.

Pharmacies are to inform mental health and/or pregnant clients of the relevant ICS Tobacco Dependency Treatment service pathway and inform the client the hospital will support their stop smoking pathway, resulting in a referral to HHIS for continued support upon discharge. Pharmacies are not to offer a Stop Smoking service to all mental health and pregnant smokers. This client group along with any complex clients such as repeated relapse clients are to be referred to HHIS for their Stop Smoking appointments. *The ICS pathway is a growing process with updates to be given to providers as the protocols develop. HHIS Stop Smoking service is available upon discharge for both the pregnant client and a significant other of the client. Mental Health clients are to be solely referred to HHIS until the mental health ICS stop smoking pathway is finalised. Updates will be provided by HHIS when available.

Community pharmacies unable to provide their own in-house stop smoking service, either temporarily or longer term, should provide smokers with information and advice on all the services and treatments available, including the potential benefits of electronic cigarettes. These smokers should be referred to HHIS at the earliest opportunity (see Appendix i and ii). The Public Health commissioner should be informed of any changes to service provision.

In line with the Community Pharmacy Contractual Framework for 2019/20 to 2023/24⁶, community pharmacies should support the delivery of the NHS Long Term Plan, including actions to prevent avoidable disability and disease.⁷ Pharmacies should give brief intervention advice to all smokers and consider other lifestyle behaviours which impact on health. Making Every Contact Count' (MECC) is a

¹ The Public Health Outcomes Framework at a glance:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/520457/At_a_glance.pdf

² The NHS Five Year Forward View: <https://www.england.nhs.uk/five-year-forward-view/>

³ Department of Health (2017) Towards a Smokefree Generation. A Tobacco Control Plan for England. Available at: [Towards a smoke-free generation: tobacco control plan for England - GOV.UK tobacco-control-delivery-plan-2017-to-2022.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/520457/Towards_a_smoke-free_generation_tobacco_control_plan_for_England_-_GOV.UK_tobacco-control-delivery-plan-2017-to-2022.pdf) ([publishing.service.gov.uk](https://www.publishing.service.gov.uk))

⁴ Hertfordshire Health and Wellbeing Strategy 2016-2020: <https://www.hertshealthevidence.org/documents/key-resources/hertfordshire-health-and-wellbeing-strategy-2016-2020.pdf>

⁵ Hertfordshire's Tobacco Control Strategic Plan 2019-2023: www.hertfordshire.gov.uk/stopsmoking

⁶ The Community Pharmacy Contractual Framework for 2019/20 to 2023/24:

<https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024>

⁷ The NHS Long Term Plan: <https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/>

national ambition for all front-line health and social care staff to provide brief advice on the range of lifestyle behaviours such as smoking, alcohol, physical activity, healthy eating and weight management.⁸

As a minimum requirement, community pharmacy providers signed up to this specification, should ensure all frontline healthcare professionals, including all healthy living pharmacy staff, should be delivering MECC across Hertfordshire. HHIS provide MECC training to which Pharmacies are encouraged to book their staff on to. Staff should contact HHIS for further details and to register their place. *Training dates and packages available to be distributed in the near future.

2. Duration

This agreement is valid from 1st April 2023 to 31st March 2024 or until the service is terminated according to the conditions in B.32 of the main contract.

3. Eligibility and Accreditation

The Pharmacy is to provide one or more Stop Smoking Advisors who has been trained to Level 2 standards and registered with HHIS. The Pharmacy is to register staff on the Level 2 training by contacting HHIS. HHIS will provide the NCSCT training link for completion, register attendance for staff on their chosen Level 2 training session and distribute certificates and training materials to attendees post session.

Level 2 training comprises:

- a. National Centre for Smoking Cessation and Training (NCSCT)⁹ online practitioner training, PLUS attendance (either in person or online) at HHIS level 2 training (6 hours) with a mandatory update in subsequent years (NCSCT certificates **MUST BE** submitted to HHIS at least one week prior to level 2 training)¹⁰
- b. Completion of online MECC training - <http://www.keelevp.com/mecclifestyle>
- c. Advisors who are certified by the NCSCT as a stop smoking practitioner and have worked in other counties can offer the service in Hertfordshire *subject to validation of their training and attendance at an update in Hertfordshire*.
- d. Pharmacists, that have received training and accreditation to supply varenicline under the PGD HCC 20112 (or its updates) for the supply of varenicline by registered community pharmacies for stopping smoking in Hertfordshire (or its updates), may do so in conjunction with this service specification with the permission of the Responsible Person.
- e. Pharmacists supplying varenicline under PGD201812 must inform the patient's GP of the first supply of varenicline using the template letter (Appendix i).
- f. The Pharmacy Responsible Person is responsible for determining the suitability of advisors to provide a stop smoking service.

4. Requirements

1. Each provider must adhere to their own infection prevention and control policies and appropriate Personal Protective Equipment (PPE) will need to be used in line with the pharmacy's own standing operating procedures.
2. Each provider must use the PharmOutcomes database to register and record every intervention with smokers attending for stop smoking support.

⁸ MECC: <https://www.makeeverycontactcount.co.uk/>

⁹ NCSCT online training: <https://www.ncsct.co.uk/>

¹⁰ MECC online training available at: <https://hertfordshire.learningpool.com/login/index.php>

3. Each provider must achieve a **minimum of 3 quits** each and every year of providing this service
4. Ensure that the service user's medical history is reviewed for any contra-indications or cautions to pharmacotherapy including an assessment of medication that may need dose adjusting during a quit attempt or special circumstances such as post myocardial infarction or diabetes (this is not an exhaustive list, but an indication of conditions that may require additional advice and support).
5. Provide 1:1 or group interventions following the Local Stop Smoking Services: Service and Delivery Guidance 2014¹¹.
6. Service users who are pregnant or have a serious mental health condition should be referred to HHIS for more intensive behavioural support and medication.
7. Service users must be able to provide feedback on the service. All service users will have the opportunity to provide feedback by completing an electronic survey conducted by HHIS.
8. Ensure that the service is effectively marketed and promoted with all pharmacy staff and local organisations to raise awareness of the in-house service, ensuring that robust referral pathways are in place. Marketing activity may include communication activity such as 'bag stuffers', Facebook, promoting with GPs and local community groups and PCN networks and actively participating in campaigns such as Stoptober/New Year's Day/World Tobacco Day.
9. HHIS may refer clients to attend a Stop Smoking clinic at their local Pharmacy. The Pharmacy agrees to the responsibility of monitoring and actioning referrals generated by HHIS through PharmOutcomes on a daily basis using the 'accept' or 'reject' pathway. Pharmacies must make contact with the accepted clients within the first week of receiving the referral, with an appointment being delivered within the first two weeks. If the Pharmacy rejects a client referral or the client does not hear from the Pharmacy during these timeframes, HHIS will begin the delivery of the stop smoking pathway to the client. Clients will be given a PharmOutcomes code to provide to the Pharmacy at the time of first contact. HHIS will monitor individual Pharmacy referrals and performance to ensure contractual arrangements and client pathways are being followed. HHIS will contact the Pharmacy to offer support and investigate if discrepancies are found. *The pathway for HHIS and Pharmacy referrals will be distributed once finalised.
10. Ensure that there is sufficient clinic time to manage service users' expectations of an appointment whilst motivated to quit. Service users should wait a maximum of 2 weeks for a first appointment. If the pharmacy is unable to offer an appointment within this time, then service users should be referred to HHIS. As a guideline, a total of 3 hours of clinic time should be allocated to achieve 1 quit. *The referral pathway on PharmOutcomes between HHIS and Pharmacies is currently being created. This will be distributed ready for launch from the 1st April 2023.
11. All pharmacy front line staff must be trained to deliver MECC, including brief intervention advice to smokers. MECC training packages are provided by HHIS with additional modules available to complete such as the Hertfordshire County Council ILearn module available here: <https://hertfordshire.learningpool.com/login/index.php> and the interactive online MECC training tool available here: <https://www.keelevp.com/virtual-patient/mecclifestyle> *The link to our Professionals in Herts page is currently being edited with a link to the website to be relaunched once finalised.
12. All pharmacy staff must be aware of the in-house Stop Smoking Service and promote and offer the service to customers.
13. Stop Smoking materials should be provided for each service user, giving consideration to any cultural, age, language, literacy, disability or medical requirements. These can be freely accessed from: [Campaigns | Campaign Resource Centre \(phe.gov.uk\)](#)

¹¹ NCSCT Service and Delivery Guidance 2014:

https://www.ncsct.co.uk/publication_service_and_delivery_guidance_2014.php

14. Bespoke materials for Hertfordshire can be ordered by email from HHIS: HealthImprovementService@hertfordshire.gov.uk or online at: www.hertfordshire.gov.uk/stopsmoking
15. Expectations of the service should be agreed with the service user at the start. For optimum success a commitment by both the provider and service user is required which includes:
- Weekly clinic appointments and/or telephone support
 - A minimum of 90 minutes contact time over a period of at least 6 weeks.
 - Service users requiring telephone support should have an initial face to face appointment if possible, to build rapport and again at 4 weeks post quit date to verify smoking status by carbon monoxide (CO) monitoring (once Covid-19 restrictions are lifted on CO monitoring).
16. All smokers should be given the optimum chance of success in any given quit attempt. There is no minimum time period between quit attempts - the smoker's motivation and previous history of quit attempts should be the guiding principle.
17. Smokers who have previously failed to quit twice with a level 2 service, or have a complex smoking history, should be referred to HHIS (see Appendix i for referral form).
18. All service users must give verbal CONSENT for their data to be accessed by HHIS and be informed that all data will be anonymised for reporting purposes. They should also be informed that they may be contacted by HHIS during the first year following attendance at the stop smoking service and that information may be shared with their GP. This must be documented on the Public Health database, PharmOutcomes. Service users should be informed that their GP may be informed of their attendance at the stop smoking service. Routes to contact service users should be agreed on the PharmOutcomes database and verbal consent documented (tick boxes).
19. All smokers **must set a quit date** at the first appointment, and this **MUST** be recorded on the PharmOutcomes database. Smokers who do not want to set a quit date but want support for reduction of tobacco use over time or support for temporary abstinence should be referred to HHIS, and Hertfordshire's Tobacco Harm Reduction Guidance should be followed¹². Smokers not planning to quit with support should be advised to self-fund nicotine replacement therapy (NRT) or electronic cigarettes.
20. Smokers who are attending a service prior to elective surgery must have their details entered on the PharmOutcomes database at the time of their first appointment. These smokers **MUST** be advised to book an **appointment with HHIS for 8 weeks after their planned quit date** for verification of their non-smoking status by a CO breath test and to collect a certificate of abstinence. This is to enable them to proceed with their planned surgery. During the Covid-19 pandemic, no CO breath testing is to take place until advised by Hertfordshire Health Improvement Service that it is safe to do so. This initiative is on pause until Covid-19 restrictions on CO monitoring are lifted.
21. All smokers should be offered weekly CO breath tests to verify smoking status and to promote abstinence. CO monitors will be loaned by Hertfordshire County Council for the duration of service provision and disposable items will need to be purchased by the Provider. A separate loan agreement will need to be signed by the Provider. The Provider must adhere to the usage of the CO monitor in line with the loan agreement and comply with infection prevention and control policies for its use. Appropriate PPE will need to be used in line with the pharmacies own standing operating procedures. *Loan agreements are currently being adapted. To be distributed when finalised.
22. NRT (patches) varenicline (Champix) and bupropion (Zyban) are all available as first line treatments (where clinically appropriate) and recommended by NICE¹³. They should only be supplied as part of a planned quit attempt, for a maximum of 2 weeks at a time and for a maximum of 12 weeks duration. Although combination NRT is more effective than a second product, only a single product is funded by Hertfordshire Public Health Service.* Service users, unless the individual is pregnant or

¹² Hertfordshire's Tobacco Harm Reduction Guidance: www.hertfordshire.gov.uk/stopsmoking

¹³ NICE Guideline 92: stop smoking interventions and services: [Smoking and tobacco | Topic | NICE](#)

has a recognised mental health condition should be advised to self-fund a second NRT product or be advised on the use of e-cigarettes. Pharmacotherapy should be provided with intensive behavioural support for optimum success and must not be given without this support. Please see Hertfordshire Guidance: stop smoking medication 2019-21 (or its updates) for further information. This will be available on the PharmOutcomes database and here: www.hertfordshire.gov.uk/stopsmoking. **
 *There may be the recommendations for Dual NRT following pilot. Details will be distributed when outcomes finalised. **Both PharmOutcomes database and HHIS's stop smoking website will be updated once document is finalised. HHIS will distribute to all providers once finalised. ***Zyban (bupropion) and varenicline (Champix) are currently unavailable until further notice. Various nicotine replacement therapies are available. Updates on Zyban and Champix will be released when available as part of ongoing HHIS service support to Pharmacies.

23. NRT may be offered to all smokers over the age of 12 years in conjunction with NICE¹⁴. (Please refer to Hertfordshire Guidance: Stop Smoking Medication 2019 or its updates or the Summary of Product Characteristics on the electronic Medicines Compendium for more information and guidance on dealing with any potential adverse effects).
24. Smokers may prefer to use electronic cigarettes to quit smoking or to use them in combination with patches and this should not be discouraged. Smokers who want to use e-cigarettes should be offered the same level of support as other smokers.
25. There are currently no e-cigarettes licensed by the Medicines and Healthcare Products Regulatory Authority (MHRA). Voke, a licenced nicotine-containing inhalator is not an e-cigarette. This is not recommended by Hertfordshire Medicines Management Committee (HMMC) or by Public Health. Should this position change, Hertfordshire County Council will review any products with HMMC and issue recommendations for practice. Information on e-cigarettes is provided at HHIS Stop Smoking training and on the NCSC website. *This information may also be available on the PharmOutcomes database and here: www.hertfordshire.gov.uk/stopsmoking in the future. HHIS will update Providers if this change occurs.
26. Smokers who quit (or relapse) and are taking certain medication (see point 4 above) may need to have the dose of existing medication adjusted. This is important, as tobacco use or abstinence decreases or increases the effects of some medication.¹⁵ People with diabetes should closely monitor their blood sugars during quit attempts¹⁶.
27. All smokers must be routinely followed up. At least 3 attempts should be made to contact them to verify their smoking status and to encourage them back into the service if they have not quit or relapsed. CO monitoring of a successful quit should always be attempted (see annex ii for Service Specification Algorithm). Outcomes for each client must be recorded correctly and within a timely manner to support client pathways and reporting analysis. Pharmacies are able to contact HHIS for support on this process.
28. All Services should comply with their duties in relation to The Equality Act 2010. An interpreter should be considered for patients whose first language is not English¹⁷.
29. Services should ensure all staff have access to and follow the Hertfordshire Safeguarding Adults and Children Board from Abuse Procedures. These are accessible to staff here: [hertfordshire.gov.uk/Safeguarding adults from abuse - information for professionals](http://hertfordshire.gov.uk/Safeguarding_adults_from_abuse_-_information_for_professionals) and <http://hertsscb.proceduresonline.com/index.htm>

¹⁴ NICE (2011) PH10 Smoking Cessation Services. Available at: [Overview | Tobacco: preventing uptake, promoting quitting and treating dependence | Guidance | NICE](http://www.nice.org.uk/guidance/PH10)

¹⁵ Access NICE Medicines Information at: <http://www.evidence.nhs.uk/nhs-evidence-content/medicines-information> for details of medicines which may need dose adjusting Search: 'NeLM + smoking + medicines'

¹⁶ Access NICE Medicines Information at: <http://www.evidence.nhs.uk/nhs-evidence-content/medicines-information>

¹⁷ Equality Act 2010: <https://www.gov.uk/guidance/equality-act-2010-guidance>

30. The Provider may offer and provide stop smoking services at work places providing they follow the above standards of practice. If providers do decide to offer this service, they must register their interest in delivering work place stop smoking sessions with HHIS
31. The GP Practice must support Hertfordshire's Tobacco Control Alliance.

Provision of NRT

Community pharmacies providing an in-house Stop Smoking Service can recommend NRT and any other licensed product as described in Hertfordshire Guidance: Stop Smoking Medication 2019 or its updates. Unless the service user has a severe reaction to NRT patches, only NRT patches will be funded by Public Health. The member of staff providing the service can supply NRT directly without the need for an accredited pharmacist.

Service users should be encouraged to purchase short-acting products such as gum, lozenges, mouth spray or nicotine containing electronic cigarettes to increase their chances of successfully quitting. Any exemptions to prescription charges should be noted on PharmOutcomes.

Community pharmacies providing an in-house Stop Smoking Service will supply NRT and any other licensed products as described in Hertfordshire's Guidance: stop smoking medication, 2019 or its updates by generating an NRT Voucher Code. The relevant templates are available by logging on to PharmOutcomes: <https://pharmoutcomes.org/pharmoutcomes/> The service user presents to any pharmacy participating in the NRT voucher scheme. *An available list of participating pharmacies will be available on the Health In Herts professional page – link to be inserted once update to website is finalised. Any concerns during this time please contact HHIS for guidance.

All NRT and varenicline supplied by you as a Provider, or following receipt of an NRT Voucher Code by a client who has attended a stop smoking service elsewhere in Hertfordshire, will be reimbursed to you at the current drug tariff rate, plus a supply fee of £2.00 per item, deducting any prescription charges made. When a client presents at the pharmacy with an NRT voucher code you must log on to PharmOutcomes and use the NRT voucher processing template to process the voucher.

Service users who pay prescription charges should be advised of the potential cost savings to be made by purchasing an NHS pre-payment prescription certificate. Online templates and instructions can be found on the Herts LPC website: <http://www.hertslpc.org.uk/>

Prescription Only Medication* (currently nationally unavailable)

Bupropion (Zyban) and varenicline (Champix) are first line treatments available to help smokers quit but are currently out of stock at this time with no given restart date. *HHIS will update GP Practices with the latest national guidance on Bupropion as it is released.

*If bupropion and varenicline were to be available and were the prescription-only medication most appropriate for a service user, a request to supply bupropion or varenicline should be generated through PharmOutcomes and sent via secure email to the service user's GP practice. This is usually an automated email from PharmOutcomes. There does not need to be an accredited pharmacist available to do this, as the service user's GP will check patients' medical records and generate the prescription if appropriate. Typically the service user should be issued with a 'Letter of Recommendation' (LoR) for their GP Practice to supply bupropion or varenicline, which outlines the assessment of the suitability of the service user to receive these medicines. This is presented to the service user's GP.

Direct supply of varenicline* (currently nationally unavailable)

If varenicline were to be available, community pharmacies that are delivering stop smoking services may also supply varenicline under the varenicline PGD 202012 (or its updates) if they have a registered pharmacist on site who has been accredited to do so and has approval from the registered pharmacist. If the pharmacy is supplying Champix under the PGD, the request needs to be sent separately via secure email. PharmOutcomes has almost 100% of GPs listed with a secure and verified email address, but as practice mergers and changes occur, there may be a requirement for the CP to manually save the

request and send via a known secure email address. This process is very clear on PharmOutcomes* This process on PharmOutcomes will be updated by HHIS if Champix were to be restocked. HHIS will notify providers of updates when applicable.

5. Quality

Services are expected to meet the minimum quality standards that define best practice locally:

1. All Providers must achieve at least 3 quits in any 12-month period of delivering a service
2. All smokers must set a quit date at the first appointment.
3. A minimum quit rate (success rate) of 50%.
4. At least 85% of quits to be CO validated
5. At least 45% of quits to be achieved in Routine and Manual occupational groups.
6. Lost to follow up rate to be less than 15% of smokers who set a quit date.
7. All mandatory client details must be recorded, including service user's GP, consent to receive the service, gender, ethnicity, DoB, occupational code and whether the service user is exempt from prescription charges.
8. All smokers who attend the Community Pharmacy to be given brief intervention advice on alcohol (alcohol IBA) and those with higher risk or possible dependency to be offered a referral the local drug and alcohol service.
9. Smokers who have previously failed to quit on two or more occasions at the pharmacy's own service or who have complex needs (such as a severe mental health condition) should be referred to HHIS for more intensive support.
10. All services to offer NRT*, varenicline or bupropion as first-line treatment (if clinically appropriate) and in line with Hertfordshire Guidance: Stop Smoking Medication 2017-19 (or its updates).
*Zyban and Champix are currently unavailable with no given restart date. Updates on alternative medications will be provided by HHIS to GP Practices as changes occur.
11. All service users are to be given an opportunity to evaluate the service that they have received. HHIS will send service users the evaluation link for this purpose.
12. E-cigarettes should not be discouraged, and users must be offered the same level of support as other smokers and their use must be recorded on the PharmOutcomes database.
13. All Providers should facilitate as a minimum, an annual quality assurance visit from a member of the HHIS team

6. Contract Monitoring

Hertfordshire Health Improvement Service (HHIS) will provide a monthly report on progress and quality by community pharmacy, pharmacy multiple and locality to the LPC. The LPC will cascade these reports to each community pharmacy. These reports will form part of Public Health Contract reviews for those providers who provide this service.

Hertfordshire Health Improvement Service will monitor performance and prescribing activity by Pharmacies to ensure that it is limited to smokers setting a quit date and receiving behavioural stop smoking support.

Providers who fail to reach the minimum quality standards and required number of quits for the year will be reviewed at the end of each quarter and additional support will be offered by HHIS to ensure that quality improvements are evident by the end of the following quarter. Providers will be required to submit an action plan with remedial actions to be taken. If Providers do not reach the required number of quits, or do not meet the quality requirements, the contract for the delivery of a stop smoking service may be terminated and the Provider given 3 months' notice as per Clause 15.6 and Clause 41.

7. Financial Arrangements

In financial year 2023/24 each Pharmacy contracted to provide this service will receive:

- **£75** for each patient who sets a quit date and quits smoking for at least four weeks*

- No payments will be made for non-quits, patients lost to follow up, patients without a set quit date or for incomplete data.

Providers will be paid quarterly on completion of quit status on the PharmOutcomes database. All data must be completed on PharmOutcomes between 25 and 42 days following a set quit date. Providers who do not complete data within 42 days may not be paid.

Reimbursement for varenicline* or NRT will be at drug tariff prices and a supply fee of £2.00 will be paid for each transaction as part of the pharmacies own stop smoking service or on receipt of an NRT voucher code and the supply of the required NRT. Payments will be made based on data inputted into PharmOutcomes. *Varenicline currently out of stock. HHIS will update providers with updates as they occur.

See schedule 5 for payment dates and where to call if there are any queries.

Payments for will be made by BACS quarterly. Payment will be generated by quit data from Pharmoutcomes database. If you haven't already done so, or if there are any changes, please inform Hertfordshire County Council of your bank details. Please use practice headed paper and include the words 'public health' in the subject line and send to: **supplier.manager@hertfordshire.gov.uk**

Payments for the supply of NRT and varenicline supplied through the varenicline PGD are through the PharmOutcomes database by generating an NRT or varenicline* voucher code. *Varenicline currently out of stock. HHIS will update providers with updates as they occur.

All smoking cessation medication that is provided as part of a quit attempt must also be recorded on the PharmOutcomes database.

Providers must only prescribe stop smoking medication for patients who are receiving behavioural support as part of a planned quit attempt, have set a quit date and are recorded on PharmOutcomes.

*It is recognised that patients frequently struggle during the first few days following a quit attempt; however, there should be no tobacco smoked whatsoever during the final 14 days of the 28 days following a set quit date.

8. Appendices

- i. HHIS Stop Smoking Service Referral Form
- ii. Service Specification Algorithm

*All appendices will be available on the Hertfordshire LPC website www.hertsipc.org.uk/ and on the PharmOutcomes database once the reviews have been finalised.

Appendix i: HHIS Stop Smoking Service Referral Form



Hertfordshire Health Improvement Service Stop Smoking - Referral Form

CLIENT INFORMATION - Please write clearly

Name: Phone number:
 Date of birth: GP practice:
 Address: Can a text message be sent: Yes ☐ No ☐
 Postcode: Can a voicemail message be left: Yes ☐ No ☐
 E-mail:
 Interpreter required: Yes ☐ No ☐ Language:

The client:

Has a long term condition (e.g. heart disease, COPD, cancer, diabetes) Yes: ☐ No: ☐
 Has a mental health condition Yes: ☐ No: ☐
 Has made 2 or more previous quit attempts Yes: ☐ No: ☐
 Is awaiting surgery Yes: ☐ No: ☐
 Has a disability Yes: ☐ No: ☐
 Is currently using nicotine products or vaping Yes: ☐ No: ☐
 Is being referred upon discharge from hospital Yes: ☐ No: ☐ Discharge Date:
 Has had a baby in the last 12 months Yes: ☐ No: ☐ DOB:
 Is pregnant Yes: ☐ No: ☐ EDD:
 Or the partner of a pregnant person Yes: ☐ No: ☐

FURTHER INFORMATION:

Please give details of any conditions or disabilities

CO Reading: ppm (if taken)

CONSENT: Please confirm the client has given consent for their information to be shared as per the privacy notice below Yes: ☐ No: ☐

REFERRER INFORMATION – Please write clearly and avoid abbreviations

Referrer's name:
 Job title: Department:
 Organisation: Referrer's contact number:

Please send to:

Email: HealthImprovementService@hertfordshire.gov.uk

OR

Freephone: 0800 389 3998 Telephone: 01442 453071

V2 - Updated 16/11/2022

For Review 2024

Privacy Notice – Key information as part of full privacy policy which can be found [here](#)

Why we need your information

The data on this form is being gathered for the purpose of **identifying individual to make contact responding to interest of attending to one of our services**. Hertfordshire County Council will use this information to **make contact with you to offer support**.

As a Local Authority, Hertfordshire County Council has a responsibility to **ensure that all service provision is promoted and referrals are made to service under the provisions of public interest. Health & Social Care Act 2012** The information you have provided will be used to allow us to fulfil this duty / responsibility.

What we will do with your information

The information you give us will be held by the **Hertfordshire Health Improvement Service** team of Hertfordshire County Council and will only be used to **identify and make contact with you to offer support**.

We will only / We may also share information with third parties if we are legally obliged to do so, for example if it necessary to safeguard or protect a child.

We may also share information with the police or other agencies if it is necessary for the following purposes:

- a) the prevention or detection of crime
- b) the apprehension or prosecution of offenders
- c) the assessment or collection of any tax or duty or any imposition of a similar nature

How long we will keep your information

The information that you supply to us will be kept on file for **7 years**.

What are your rights?

Hertfordshire County Council will be the Data Controller for this information.

You have a **number of rights** over the data we collect and hold about you.

- You have the right to be informed about what information we hold about you and how we use it.
- You have the right to request copies of any information the Council holds about you by making a subject access request.
- If information we hold about you is factually inaccurate you have the right to have it corrected.
- You have the right to object to the way we are using your data.
- You have the right to request that your data is deleted. However we may be unable to delete your data if there is a need for us to keep it. In this case you will receive an explanation of why we need to keep the data.
- You can also request that we stop using your data while we consider a request to have it corrected or deleted. There may be some circumstances in which we are unable to do this however we will provide an explanation if this is the case.
- In certain circumstances you may also request data we hold about you in a format that allows it to be transferred to another organisation.
- In the event that decisions are taken using automated processes you have the right to request that these decisions are reviewed by a member of staff and to challenge these decisions.

If you would like to request copies of your data, request that your data is deleted or have any other queries in relation to data which the Council holds about you please contact the Data Protection Team.

Data Protection Team
Hertfordshire County Council
County Hall
Pegs Lane
Hertford
SG13 8DQ
Tel: 01992 588099
Email: data.protection@hertfordshire.co.uk

You can also contact our Data Protection Officer at dataprotection.officer@hertfordshire.gov.uk or in writing to the address above.

If you are unhappy with the way that Hertfordshire County Council has used your data or with the way we have responded to a request you also have the right to contact the Information Commissioner's Office www.ico.org.uk

V2 - Updated 16/11/2022

For Review 2024

Appendix ii: Service Specification Algorithm (2020)

