

PUBLIC HEALTH SERVICE SPECIFICATION FOR PHARMACY
SUPPORT TO STOP SMOKING 1 APRIL 2025 to 31 MARCH 2029

Item number	<u>Description</u>
1.1	<p><u>CONTRACT MANAGEMENT:</u></p> <p>B&NES Council Representative: Cathy McMahon, Public Health Development and Commissioning Manager</p> <p>Provider's Representative:</p> <p><u>Notices</u></p> <p>Any notices given under this Contract shall be in writing and may be sent by email to the Provider Representative and the Commissioner Representative at the email address provided for this purpose</p> <p>Any notice shall be deemed to have been received at the time of transmission or if this time falls outside business hours in the place of receipt, when business hours resume</p> <p>Either Party may change its Representative or address for service by serving a notice in accordance with this clause</p> <p>Any notice given pursuant to this Agreement by post shall be deemed, unless the contrary is proved, to have been received two (2) days from the date of posting if from and to an address in the United Kingdom and five (5) days from the date of posting if from and/or to an address elsewhere</p>
1.2	<p><u>AIM OF THE SERVICE:</u></p> <p>The aim of the service is to reduce health inequalities in B&NES by providing targeted and intensive support to individuals to increase their chances of quitting smoking for good, reducing the harm from smoking tobacco to themselves and their families.</p> <p>This service specifically supports B&NES residents to live free from the harms of tobacco. It will improve the health of the population of B&NES by providing help and support to smokers who want to stop smoking or reduce the harm associated with smoking tobacco through the direct provision of behavioural support services and access to stop smoking aids.</p>

	<p>The service contributes to the Be Well B&NES vision:</p> <p><i>Bath and North East Somerset: Where children and adults are enabled to live healthy lives.</i></p> <p>Be Well B&NES¹ is a ten-year programme of change which works toward the vision of Bath and North East Somerset being a place where children and adults are enabled to live healthy lives. The Be Well B&NES Framework adopts a whole systems approach, recognising and working on the complex commercial, social, economic, environmental, and individual factors that influence our health behaviours.</p> <p>Be Well B&NES provides a mechanism for whole system, integrated working across a range of health improvement areas including:</p> <ul style="list-style-type: none"> • Good food for all • Living free from harms of tobacco, drug and alcohol • Achievable active lifestyles • Good emotional wellbeing for all
1.3	<p><u>Context</u></p> <p>Smoking is still the single biggest cause of premature death and disease nationally and locally. Life expectancy in B&NES differs significantly by area with women in our most deprived area dying up to 10 years earlier than women who live in our least deprived areas. The difference is 5 years for men. Smoking accounts for approximately half this difference in life expectancy.</p> <p>Adult smoking prevalence in B&NES is currently 11%, is on a decreasing trend, and benchmarks similar to our nearest statistical neighboursⁱ. Smoking prevalence is much higher amongst routine and manual workers in B&NES at 28.4% and amongst those in drug and alcohol treatment, with mental health conditions and amongst ethnic minority groups including gypsy, Roma, traveller and boater communities.</p> <p>In 2017 the government set an objective for England to be smokefree by 2030, meaning only 5% of the population would smoke by then. The aim by the end of 2022 was to reduce smoking prevalence in adults from 15.5% to 12% and to reduce smoking in pregnancy from 10.7% to 6%. This was to be achieved by supporting people not to start smoking, helping people to quit, ensuring those with mental health conditions had equal priority to those with physical health conditions and backing innovative technology to support safe quitting.</p> <p>The Khan Review; Making Smoking Obsolete (2022) highlighted that England is unlikely to achieve the target of being smoke free by 2030 without significant additional commitment from Government. Alongside recommendations for increased investment, legislation and prevention activity within the NHS the review also recommended accelerating the path to vaping. This has informed the Government's announcement in 2023 of a number of initiatives including the Swap to Stop scheme enabling 1 million smokers to access free vaping kits over a 2-year period through local authority and NHS trust partners.</p> <p>In October 2023, the Government published Stopping the start: our new plan to create a smokefree generation¹. This included a programme of funding to support current smokers to quit smoking, with £70 million additional funding per year for local stop smoking</p>

	<p>services and support. LA public health teams have been allocated additional public health grant to support delivery of ambitious targets to increase smoking support and the number of people setting a quit date. B&NES ambitions are to increase the number of people setting a quit date by 2,800 over the course of five years from 24/25.</p> <p>The NHS will also be making a significant contribution to achieving a smoke-free society, by supporting people in contact with NHS services to quit. The NHS Long term plan commitment is for all people admitted to hospital who smoke to be offered NHS-funded tobacco treatment services.</p> <p>During 2023 NHS England also announced that it would be offering Lung Health Check Screening for all 'ever smokers' aged 55 – 74 by 2029. A successful pilot of this programme ran in 2022 in the Somerset, Wiltshire, Avon and Gloucester area and resulted in earlier identification of lung cancer in patients and significantly increased the numbers of people accessing stop smoking support following contact with the programme.</p> <p>The B&NES, Swindon and Wiltshire Partnership Inequalities Strategy (2021 – 2024) prioritises a whole system approach and making inequalities everyone's business. It aims to provide a framework for system activity on health inequalities. The Strategy has 3 phases, initially raising awareness and then moving on to focus on the NHS Core 20 plus 5 priorities. These include a focus on the 20% most deprived populations, the 5 clinical areas CVD, cancer, respiratory health, maternity and mental health. The plus groups are defined at place and for B&NES include socially excluded and vulnerable groups including looked after children and migrants.</p> <p>For adults, the plus groups in B&NES are people from ethnic minority backgrounds, people experiencing homelessness and people living with severe mental illness.</p>
1.4	<p>Evidence Base</p> <p>Smoking cessation interventions</p> <ul style="list-style-type: none"> NICE has produced guidelines on the effectiveness of different smoking cessation interventions. The evidence is clear that behavioural support makes stopping smoking, and staying stopped much more likely. The evidence is also clear that stop smoking aids have a positive impact and help people quit for good. More information can be found at https://www.nice.org.uk/guidance/ng209 The National Centre for Smoking Cessation Training provides evidence and effectiveness of stop smoking interventions and guidance on service delivery and monitoring. This can be found at: https://www.ncsct.co.uk/publications/topCategory/briefings-practice-guidance <p>Stop smoking aids</p> <p>Stop smoking aids include Nicotine Replacement Therapy (NRT), stop smoking medications (bupropion, cytisine and varenicline) and nicotine containing e-cigarettes (vapes). Stop smoking aids can be categorised as first choice and second choice based on how effective they are.</p> <p>First choice stop smoking aids are the most effective:</p>

- Combination NRT (use of a nicotine patch plus a faster-acting NRT product)
- Nicotine containing e-cigarettes (vapes)
- Nicotine analogue medications (varenicline and cytisine)

Second choice stop smoking aids include:

- Single-form NRT
- Bupropion

Information and guidance on the use and prescribing of stop smoking aids across B&NES, Swindon and Wiltshire (BSW) is found here;

<https://bswformulary.nhs.uk/>

Harm Reduction

- Whilst there are health harms associated with all tobacco use, smoking tobacco is by far the most hazardous to health. If people are unable to quit nicotine altogether they can reduce harm by stopping smoking to get nicotine, and use a safe pharmaceutical nicotine product instead.²
- NICE guidance on treating tobacco dependency, whilst recognising that quitting smoking is always the best option for smokers, supports the use of licensed nicotine containing products (NCPs) to help smokers not currently able to quit to cut down, and as a substitute for smoking, where necessary indefinitely.
- Currently around a third of smokers attempt to quit in any given year. It is crucial that those who want to stop are encouraged and supported to do so, cutting down or abstaining in the short-term offers a way forward for those who do not feel ready.
- There is evidence that if the large numbers of smokers who are not ready to quit, but are interested in cutting down, are encouraged to do so in a systematic way, by substituting Nicotine Replacement Therapy (NRT) for the cigarettes they cut out, it leads to a significant percentage of them moving on to quit. Even those that don't go on to stop smoking are more motivated to make a quit attempt in future.

Nicotine containing e-cigarettes

- E-cigarettes are the most popular quitting tool in the country at present. Whilst not completely risk free, e-cigarettes are significantly less harmful than smoking. Using e-cigarettes is significantly safer than smoking and the vapour released from e-cigarettes poses no measurable risk to bystanders.

A recent Cochrane reviewⁱⁱ of the use of e-cigarettes to quit smoking found that people are more likely to stop smoking for at least six months using nicotine e-cigarettes than using nicotine replacement therapy or e-cigarettes without nicotine.

Local policy and guidance on vaping products is available here;

<https://www.bathnes.gov.uk/sites/default/files/Vaping%20Guidance%20Update%202023.pdf>

² Royal College of Physicians (2007) Harm reduction in nicotine addiction: Helping people who can't quit

1.5	<p><u>DESCRIPTION OF SERVICES:</u></p> <ul style="list-style-type: none"> • The provision of behavioural support to people who want to stop smoking or reduce harm from smoking through one-to-one support and advice, access to stop smoking aids and onward referral to specialist services where appropriate. • The supply of NRT, via the B&NES NRT Voucher scheme, to clients who are receiving support from a specialist stop smoking practitioner either from B&NES Wellness Service, or other community-based stop smoking services. • The provision of very brief advice, a free vape kit voucher and follow up to smokers wanting to try vaping to support their quit attempt, as part of the B&NES Swap to Stop programme. <p>Service Requirements</p> <p>Pharmacy staff are expected to make every contact count with all smokers through delivery of very brief advice and referral to an in-house stop smoking practitioner or the B&NES Wellness service as appropriate.</p> <ul style="list-style-type: none"> • Pharmacy providers are expected to have at least one trained stop smoking practitioner in the pharmacy. • Pharmacies are expected to deliver evidence-based stop smoking behavioural support and access to stop smoking aids in line with the NCSCT Standard Treatment Programme to maximise clients' chances of quitting. <p>A description of the Standard Treatment Programme is here; https://www.ncsct.co.uk/publications/ncsct-standard-treatment-programme</p> <ul style="list-style-type: none"> • The pharmacy will advertise stop smoking services in the pharmacy premises and promote the service with people who are attending the premises. • The pharmacy staff will offer clients stop smoking appointments in a confidential space in the pharmacy with a trained member of staff. • The pharmacy will offer up to 6 weekly support sessions to clients as needed. • The pharmacy will support people with relapse prevention to maintain a sustained quit attempt. • The pharmacy will offer information to partners and families on maintaining a smoke free home to support a quit attempt, acknowledging the role of interpersonal relationships and situational issues that are connected to cigarette use. • Perform a Carbon Monoxide (CO) validation test at every face-to-face session to maintain motivation and to confirm a client has stopped smoking 28 days (-3 days/+14 days) after their quit date. Training will be provided by B&NES Wellness Service. • Ongoing support will be provided for patients that have been successful at reaching four weeks post-quit for up to 12 weeks from their quit date, including the provision of NRT as required.
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- Ensure staff involved in the provision of the service are aware of and act in accordance with NICE guidance on Smoking Cessation and Harm Reduction and local guidance on Nicotine Replacement Therapy and e-cigarettes.
- The stop smoking practitioner will agree with the client and provide access to, stop smoking aids to support their quit attempt in line with BSW Community Stop Smoking Guidance³. Where varenicline or other medication is recommended the practitioner can make a recommendation for prescription via the clients GP (Forms will be supplied).
- Where clients are not ready to undertake an abrupt quit and set a quit date but wish to cut down their tobacco consumption, they should be offered harm reduction advice in line with NICE guidance or referred to the Wellness service for additional support if necessary. These clients may also benefit from access to the Swap to Stop Programme (see below) if they are 18+ and have not tried vaping before.

Supporting smokers who want to quit using e-cigarettes

Where clients are using e-cigarettes or wanting to use e-cigarettes to support them to cut down or quit smoking pharmacy staff should provide advice and support in line with NCSCT guidance.

Smokers who have tried other methods of quitting without success can be encouraged to try e-cigarettes to stop smoking. Free vape starter kits are available via the Swap to Stop Programme (see below).

Whilst licensed NRT products are the recommended option for pregnant women and people, if they choose to use an electronic cigarette to stay smoke free, they should not be discouraged from doing so.

We encourage professionals to offer clear and accurate information on the relative harm of nicotine, e-cigarettes and smoked tobacco and to offer behavioural support to smokers who want to quit using e-cigarettes.

The NCSCT have produced a useful guide for stop smoking practitioners to enable an 'e-cigarette friendly' conversation with clients.

https://www.ncsct.co.uk/publications/Vaping_briefing

The B&NES Wellness Service actively encourages smokers using e-cigarettes to access specialist support in their attempt to cut down, quit completely or to prevent relapse to smoking.

E-cigarettes can be used safely in conjunction with NRT, such as patches for example, similar to the use of other oral nicotine products such as gum, lozenges or inhalators.

People wanting more information about using e-cigarettes to cut down or quit can be directed to the Better Health website for comprehensive evidence-based information.

<https://www.nhs.uk/better-health/quit-smoking/ready-to-quit-smoking/vaping-to-quit-smoking/>

Swap to Stop programme

B&NES is currently taking part in the Government Swap to Stop programme which enables us to offer free vape kits to smokers over 18 who are interested in switching to vaping to support their quit attempt.

The Swap to Stop programme is aimed at adult smokers who are not yet ready to formally set a quit date or commit to a structured stop smoking attempt, however they are motivated to try vaping and have not tried it before.

It is a less intensive standalone intervention which offers smokers a free 4-week vaping starter kit and only involves the smoker committing to 2 light touch follow up points (between 2-3 weeks and at 28 days) to record how they are getting on.

The Swap to Stop intervention can be delivered by anyone in the pharmacy who has completed the B&NES Swap to Stop training (1hr online).

If at the 28 day follow up (or before) the person would like support to continue their quit attempt they can then be supported by a stop smoking practitioner via the Standard Treatment Programme.

To offer this service to clients, pharmacy staff need to attend the Swap to Stop VBA+ training provided by the Wellness Service or B&NES Council and to deliver the following;

- A 5–10-minute (Very Brief Advice +) intervention with the client
- Discuss the key principles of smoking cessation and coping mechanisms.
- Explain how vapes work, and their relative harm compared to smoking.
- Issue a vape starter kit (or voucher) and encourage client to start using immediately
- Measure outcomes for clients receiving this level of support with 2 light touch follow ups e.g. text or email (at 2-3 weeks and 28 days)
- Learn how to record data and complete the Swap to Stop monitoring form.
- Where clients request additional support make a referral into pharmacy-based stop smoking practitioner or the Wellness service if the smoker is interested in that option, or signpost to online quitting resources.

The Swap to Stop programme is a time limited offer and pharmacies will be notified if the offer is likely to reduce or change once DHSC have notified Local Authorities of their intentions.

B&NES NRT Voucher Scheme

Clients receiving support from the Wellness Service, or other community-based stop smoking services will be issued with a voucher for the supply of NRT. This voucher is then presented to a community pharmacy to supply the NRT.

- Each supply form allows supply of NRT for up to 2 weeks. For each supply form, the pharmacist should collect the prescription fee or require the client to tick and sign that they are eligible for free prescriptions. All clients should then sign the form. This will act as the pharmacy's evidence to claim cost of NRT.
- The pharmacist must explain the risks and benefits of using NRT to all clients and in particular, to young people aged from 12 to 17, pregnant or breastfeeding

women, and people who have unstable cardiovascular disorders. They should agree the product with the client as most suitable, in line with BSW Community Stop Smoking Guidance⁴.

- NRT should only be supplied via the B&NES Voucher Scheme if a client has set a quit date with the Wellness Service practitioners or other community-based providers for support.

USER GROUP:

Smokers who live, work or are registered with a GP in B&NES.

Eligibility criteria

Anyone who smokes or uses any other form of tobacco aged 12 years and above.
Anyone 18+ years using e-cigarettes to cut down or quit smoking.

The service is available to people who meet any of the following criteria:

Over 12 yrs of age and either:

- Living in the B&NES area
- Working in the B&NES area
- Registered with a B&NES GP

Referral process

Everyone who smokes should be offered a very brief intervention, information on their smoking cessation support options and access to a pharmacy-based practitioner for support.

Where clients are likely to have to wait more than 2 weeks for an appointment with the pharmacy-based stop smoking practitioner they should be referred to the B&NES Wellness Service.

The pharmacy will ensure that people are referred to appropriate specialist support via the B&NES Wellness Service should the needs of the client not be met by the pharmacy-based practitioner, for example those with;

A mental health diagnosis.

Pregnant women and people

A long-term condition exacerbated by smoking.

Clients with a drug/alcohol concern.

Any client with additional support needs e.g. regular relapse

Safeguarding

The parties acknowledge that the Pharmacy is a Regulated Activity Provider with ultimate responsibility for the management and control of the Regulated Activity provided under this Contract and for the purposes of the Safeguarding Vulnerable Groups Act 2006 and the Protection of Freedoms Act 2012.

The Pharmacy shall:

- Ensure that all individuals engaged in Regulated Activity are subject to a valid enhanced disclosure check for regulated activity undertaken through the Disclosure and Barring Service (DBS);
- Monitor the level and validity of the checks for each member of staff; and
- Not employ or use the services of any person who is barred from, or whose previous conduct or records indicate that he or she would not be suitable to carry out Regulated Activity or who may otherwise present a risk to service users.

The Pharmacy warrants that at all times for the purposes of this service it has no reason to believe that any person who is or will be employed or engaged by the Pharmacy in the provision of the Services is barred from the activity in accordance with the provisions of the Safeguarding Vulnerable Groups Act 2006 and the Protection of Freedoms Act 2012 and any regulations made thereunder, as amended from time to time.

The Pharmacy shall comply with all statutory / national guidance related to safeguarding children and adults, including but not limited to:

- Children Act 1989 and 2004
- Children and Social Work Act 2017
- Working Together to Safeguard Children 2015 (amended 2018)
- Care Quality Commission Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2010
- Care Act 2014
- Equality Act 2010
- Human Rights Act 1998
- Mental Capacity Act 2005
- Safeguarding Vulnerable Groups 2006 (as amended by the Protection of Freedoms Act 2012)

The Pharmacy shall designate a lead member of staff with responsibility for safeguarding in respect of the Services as set out in the Safeguarding Requirements.

The Pharmacy shall ensure that it has established its own safeguarding policies in accordance with the Law, the Safeguarding Requirements and local multi-agency policies and shall meet the requirements of the Council in terms of safeguarding audits and monitoring. Where remedial actions are identified by the Council's Authorised Representative, the Pharmacy shall develop and agree an action plan to deliver these.

DAYS/HOURS OF OPERATION:

The service will be offered within the normal pharmacy opening hours.

EQUIPMENT/FACILITIES:

- The pharmacy will ensure that the area in which the service is offered is appropriate for privacy and confidentiality
- CO monitors, consumables and training in their use will be provided to Stop Smoking practitioners by the Wellness Service.

Training and Quality assurance

As practitioners will be working one to one with young people and vulnerable adults, all stop smoking practitioners are required to have an enhanced DBS check. The responsibility for ensuring staff are DBS checked lies with the pharmacy contractor.

Training for staff

- The pharmacy will ensure at least one member of staff is fully trained as an NCSCT Certified Stop Smoking Practitioner <https://elearning.ncsct.co.uk/england>
- NCSCT provide high quality free e-learning practitioner training. Once complete participants complete an online assessment to achieve certification and entry to the NCSCT training register.
- Local skills-based training is also provided by the B&NES Wellness Service. This additional training (one full day) supports application of learning, skills development and helps practitioners to fully understand the local support offer, share experience and good practice and learn from highly skilled experts in smoking cessation.
- If a member of staff is already trained as a Stop Smoking Practitioner, this Service Specification does not require that they re-train. However, they are expected to keep their practice up to date and to attend an annual local refresher session (2-3 hours per year) delivered by the B&NES Wellness Service.

Quality indicators

- The pharmacy will aim to achieve at least a 50% quit rate for the service.
- The pharmacy will aim to achieve at least 50% of 4-week quitters to be CO validated
- The pharmacy will co-operate with audit requests and quality assurance visits as required.

Insurance

The Pharmacy shall at its own cost effect and maintain with a reputable insurance company a policy or policies of insurance providing the following levels of cover:

(a) Public Liability Insurance with a limit of indemnity of not less than £5 million in relation to any one claim or series of claims:

(b) Employer's Liability Insurance with a limit of indemnity of not less than £10 million;

(c) Professional Indemnity Insurance with a limit of indemnity of not less than £1 million in relation to any one claim or series of claims and shall ensure that all professional consultants and sub-contractors involved in the provision of the Services hold and maintain appropriate cover;

If, for whatever reason, the Pharmacy fails to give effect to and maintain the Required Insurances, the Commissioner may make alternative arrangements to protect its interests and may recover the costs of such arrangements from the Pharmacy

Audit and Inspection

The Pharmacy must comply with all reasonable written requests made by CQC, the National Audit Office, the General Pharmaceutical Council, the Commissioner and the authorised representative of the Local HealthWatch for entry to the Pharmacy's Premises for the purposes of auditing, viewing, observing or inspecting such premises and/or the provision of the Services, and for information relating to the provision of the Services. The Pharmacy may refuse such request to enter the Pharmacy's Premises where it would adversely affect the provision of the Services or, the privacy or dignity of a Service User.

The Commissioner shall use its reasonable endeavours to ensure that the conduct of any audit does not unreasonably disrupt the Pharmacy or delay the provision of the Services

SUPPORT FOR PHARMACIES:

Wellness Service

- The Public Health and Prevention team within B&NES Council commission the B&NES Wellness Service to provide support, training and data collection services to pharmacies that are providing stop smoking services. The service also provides specialist stop smoking support for clients with more complex support needs and will receive referrals direct from pharmacy for stop smoking support.
- The wellness service also provides equipment, advice and guidance to pharmacy-based practitioners on Carbon Monoxide monitoring to support motivation to quit and quit verification.
- The wellness service will provide regular best practice forums for trained smoking cessation practitioners in pharmacy to maintain competence and keep up to date with service developments.
- Local training, support and advice is available from the B&NES Wellness Service.
- On-line training to update on specific areas of cessation practice e.g. working with pregnant women and people, smoking and mental health, vaping etc is available free from National Centre for Smoking Cessation and Training www.ncsct.co.uk
- The Wellness Service will provide a named liaison person for each area who will support the pharmacy in delivery of this service.
- CO Monitors, consumables and training in how to use and maintain them will be provided by the B&NES Wellness Service
- Promotional material, leaflets and resources to support communication with the public and colleagues are available free from the B&NES Wellness Service.
- Additional campaign material to support national campaigns is available via the DHSC Campaign Resource Centre <https://campaignresources.dhsc.gov.uk/>

Data recording

The pharmacy will contribute towards the annual B&NES Set a Quit Date (SQD) and 4-week quitter targets.

The pharmacy will ensure all activity for stop smoking support, the Swap to Stop programme and the NRT voucher scheme is recorded on the web-based reporting system Pharm Outcomes.

Activity must be recorded within 3 months of delivery to qualify for payment.

In addition to the above pharmacies will record aggregated data for the swap to stop programme on a quarterly basis to include;

- Total number of clients receiving vape starter kits, level of support received and outcome at 28 days. This data to be shared quarterly with B&NES Wellness Service.

Incident reporting

The Pharmacy shall have clear and comprehensive incident reporting procedures in place to ensure timely identification, reporting, and resolution of any incidents that may occur during service delivery. These procedures must be communicated to all staff members and regularly reviewed and updated as necessary to maintain effectiveness. Incidents include but are not limited to:

- - Adverse Events: Any unexpected or serious events occurring during the provision of the Services that may result in harm to the Service Users or others must be reported immediately
 - Safety Incidents: Incidents involving the safety or welfare of Service Users, staff, or visitors within the premises used to provide the Services must be reported promptly
 - Equipment Malfunctions: Any malfunction or failure of equipment used in the provision of the Services that may affect service delivery or Service User safety must be reported and addressed promptly
 - Medication Errors: Incidents involving medication errors, such as incorrect dosage, administration, or prescription, must be reported and investigated to prevent recurrence
 - Complaints and Feedback: Any complaints or feedback received from Service Users, their families, or other stakeholders regarding the quality or delivery of the Services must be documented and addressed according to the Pharmacy's complaints handling procedure
 - Data Breaches: Any breaches of confidentiality or data security related to Service User information must be reported in accordance with the provisions of Clause 9
 - Staff Incidents: Incidents involving staff misconduct, negligence, or breaches of professional conduct that may impact the delivery of the Services must be reported and investigated according to the Pharmacy's disciplinary procedure
 - Critical Incidents: Critical incidents, such as natural disasters, accidents, or emergencies, occurring within or affecting the Pharmacy's premises or operations, must be reported and managed promptly to ensure the safety and well-being of all involved
 - Non-Compliance: Instances of non-compliance with contractual obligations, regulatory requirements, or quality standards related to the provision of the Services must be reported and addressed to mitigate risks and ensure compliance
 - Any Other Significant Events: Any other significant events or occurrences that may impact the delivery, quality, or safety of the provision of the Services must be reported and managed according to the Pharmacy's incident reporting procedure.

Payment and claims

NRT and Dispensing Payments

1. For each individual client complete the B&NES NRT Registration and NRT Transaction templates on Pharm Outcomes.
2. Invoices will automatically be generated by Pharm Outcomes and paid on a monthly basis.

Stop Smoking and Swap to Stop Payments

- Payments will be made for all activity recorded on Pharm Outcomes
- A successful quitter is defined by not smoking for 28 days (-3days/+14 days) after their quit date.
- If a person is lost to follow up, then the pharmacist must confirm on Pharm Outcomes that there have been attempts to contact the patient on at least 3 occasions via 2 different forms of communication. For example, telephone call, text and follow up letter.
- Pharm Outcomes will automatically generate monthly invoices for all recorded activity. Payment will be made within 30 days of receipt of invoices.

1.6

Payment schedule and claims

B&NES Council will pay pharmacy for the following activity;

Swap to Stop

Activity	Payment
VBA + consultation with issue of a voucher code or vape kit and 2 light touch follow ups (2-3 weeks and 28 days)	£20.00

4 week Quit attempt

Activity	Payment
Initial consultation with a patient	£30.00
Follow up telephone appointment (up to a max of 4)	£2.50 each (Max payment - £10)
Follow up face to face appointment (one per patient)	£10.00
Quit - Self verification or	£35.00
Quit - CO verification	£40.00

Therefore, the maximum claim per patient for 4 week quit activity is:

Maximum payment per patient for CO verified quitter	£90.00
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	Maximum payment per patient for Self-verified quitter	£85.00
	Maximum payment per patient* for a Not quit/lost to follow up	£40.00
	<p><u>NRT Supply</u></p> <p>£2.00 will be paid for the dispensing of each NRT product via the B&NES Voucher scheme.</p> <p>The cost of NRT supplied via the Voucher Scheme will be reimbursed.</p>	
1.7	<p>Dispute resolution</p> <p>During any dispute, including a dispute as to the validity of the Contract, it is mutually agreed that the Pharmacy shall continue its performance of the provisions of the Contract (unless the Council requests in writing that the Pharmacy does not do so).</p> <p>If a dispute arises between the Council and the Pharmacy in relation to any matter which cannot be resolved by the Nominated Representative(s), as detailed in 1.1, either of the parties may refer such dispute to the Dispute Resolution Procedure.</p> <p>In the first instance the Council shall arrange for a more senior representative (e.g. Service Manager) who has authority to settle the dispute to meet solely with the Pharmacy in order to resolve the matter in dispute. Such meeting(s) shall be conducted in such manner and at such venue as agreed between the parties (including a meeting conducted over the telephone) as to promote a consensual resolution of the dispute in question.</p> <p>If the meeting(s) does not resolve the matter in question then the Parties will attempt to settle it by mediation in accordance with the Centre for Effective Dispute Resolution ("CEDR") Model Mediation Procedure or any other model mediation procedure as agreed by the Parties</p> <p>To initiate mediation the Parties may give notice in writing (a "Mediation Notice") to the other requesting mediation of the dispute and shall send a copy thereof to CEDR or an equivalent mediation organisation as agreed by the Parties asking them to nominate a mediator. The mediation shall commence within 28 days of the Mediation Notice being served</p> <p>Neither Party will terminate such mediation until each of them has made its opening presentation and the mediator has met each of them separately for at least one hour. Thereafter paragraph 14 of the Model Mediation Procedure will apply (or the equivalent paragraph of any other model mediation procedure agreed by the Parties)</p> <p>Neither Party to the mediation will commence legal proceedings against the other until 30 days after such mediation of the dispute in question has failed to resolve dispute. The Parties will co-operate with any person appointed as mediator providing him with such information and other assistance as he shall require and will pay his costs, as he shall determine or in the absence of such determination such costs will be shared equally</p> <p>If CEDR does not produce a result agreed by both parties then an arbitrator is to be appointed by agreement with both parties. If the parties are unable to agree on an arbitrator one is to be appointed by reference to the Chartered Institute of Arbitrators.</p>	

ⁱ <https://fingertips.phe.org.uk/profile/tobacco-control>

ⁱⁱ https://www.cochrane.org/CD010216/TOBACCO_can-electronic-cigarettes-help-people-stop-smoking-and-do-they-have-any-unwanted-effects-when-used