NHSE Smoking Cessation Advanced Service Frequently Asked Questions

February 2023 FINAL

Trust
Q. Is there any funding to help Trusts establish the digital referral pathway?
A. Yes. Each Acute and Mental HealthTrust was given a 'one off' sum of £6000 in March 2022 to support the establishment the digital referral pathway. This funding was intended to support with the electronic referral pathways between Trusts and community pharmacy particularly the Discharge Medicines Service (DMS) . This funding may now be longer accessible – Trusts should raise with ICB finance teams. In addition, NHSE has funded additional roles to support with the pathways between secondary care and community pharmacy. Each Trust has been allocated funding for a 0.2FTE band 7 implementation support and a 1FTE band 8c Community Pharmacy Clinical Lead per ICB.
Q. Does the Trust need to have a Data Sharing Agreement (DSA) in place with community pharmacies?
A. When sharing a patient's medical information on referral of a patient to community pharmacy and any response from the community pharmacy to the referrer, a data sharing agreement is not required, but the sharing/receiving should be considered in a DPIA undertaken by the organisation(s) involved. Article 4(15) of the UK GDPR defines 'data concerning health' as 'personal data related to the physical or mental health of a natural person, including the provision of health care services, which reveal information about his or her health status'. Data concerning health has an added layer of protection, defined as 'special category data' where processing of this personal data is prohibited. However, there are certain exemptions to processing this data, one of which is applicable in the processing of patient information to and from community pharmacy (Article 9(2)h) where it is required for the treatment of a patient, i.e. personal health data may be processed if necessary for the purposes of preventive medicine (which would include the annual seasonal flu vaccination service), medical diagnosis (which would include the CPCS), the provision of health treatment (which would include the SCS) or the management of health services on the basis of domestic law or pursuant to contract with a health professional. Article 9(3) goes further as it ensures the data is processed by a professional who is subject to an obligation of professional secrecy i.e. a consultant, pharmacist or general practitioner, or under their responsibility i.e. by staff who work for them. Although the UK GDPR provides protection for data concerning health, DPIAs, which all community pharmacies should have, should be updated or developed (depending on the approach taken0 to provide mitigations to service-specific risks associated with sharing data. Article 35 of the UK GDPR provides an overarching statement/guidance. It specifies that a DPIA is required in the case of 'processing on a large scale of special categories of data'. Special categories of data include data concerning health so require a DPIA prior to processing. According to Article 35, 'a single assessment may address a set of similar processing operations that present similar high risks. A DPIA could cover several/all branches of the same business, all services delivered by a contractor, or could be individual. It is up to each contractor how to manage their data obligation and may depend on their business model, what services they offer, their prescription volumes etc. An example of this is the latest DPIA NHSE produced for secondary uses of data, covering Community Pharmacy advanced services. It includes multiple services which have similar processing operations, so they are sufficiently covered by one DPIA. All contractors should undertake to include this service in an existing DPIA or develop a service specific DPIAs, as should other NHS partners referring into services (i.e. GPs for CPCS and Hospitals for DMS). Even if the outcome is pointing to the fact this is all covered by a GDPR exemption, it is important all contractors have considered and come to this conclusion with regard to their own processes for data handling and transfer.
Q. What outcomes data will Trusts receive for patients referred to community pharmacy?
A. The pharmacy will provide patient level outcome data to the Trust to confirm: • the patient has registered with the service (or declines), • NRT supplied

• 4- and 12-week quits outcome Where online IT platforms are used, this data may be available for a Trust to access directly, otherwise it may be sent by email.
Q. Which pharmacies are signed up in my area?
A. Check the MLCSU dashboard
Q. What support do community pharmacies provide to patients who are referred?
A. Patients will be supported following the NCSCT Standard Treatment Programme, along with NRT provision where appropriate. Further details of the support offered can be found on the PSNC Website
Q. Can Trusts refer patients to pharmacies outside of their area?
A. Yes, the service is nationally commissioned and pharmacies across England are registered to provide the service. It is recommended that any referrals to pharmacies outside your local area are followed up with a phone call, as they may not be expecting referrals if Trusts closer to them are not yet live with the referral pathway.
Q. How soon after the referral will the patient be contacted?
A. Pharmacies will contact the patient within 5 working days of receipt of referral and will aim to ensure that NRT supply is maintained with no disruption.
Q. Do pharmacies have access to translation services for patients who do not speak English as a first language?
A. Access to translation services for community pharmacy varies across systems and regions. The Local Pharmaceutical Committee (LPC) should be able to advise of any local arrangements which may be in place.
Q. Which patients can be referred through SCS?
A. You can refer people aged 18 years and older who have started treatment for tobacco dependence in hospital and have chosen to continue their treatment in community pharmacy after discharge. This service does not exclude women who are pregnant or people who suffer from non-complex mental health problems, although local arrangements may already be in place to direct such people to these alternative services. The following patients should not currently be referred through SCS: • people who are unable to give consent to participate • people who choose not to use community pharmacy to continue their tobacco dependency programme after discharge • children and adolescents under the age of 18 years • people with complex mental health problems. These people will be encouraged by the hospital smoking team to receive follow-up care from specialist tobacco dependency advisors in the community • people who have completed a 12-week tobacco dependency programme prior to discharge (as a result of an extended duration in hospital as an inpatient).
Q. Can Trusts refer patients to community pharmacy who are using a vape device/electronic cigarette to support their quit attempt?
A. Patients using vape devices can be provided with behavioural support following guidance provided for pharmacies as to how e-cigarettes/vaping may be utilised, but they will not be supplied with vape devices or liquids as part of the service, this is due to a lack of availability of licensed products. This has been acknowledged by NHSE.
Q. Could a patient be enrolled prior to admission, e.g., at a pre-op assessment visit or outpatient appointment?
A. No, unfortunately only admitted patients who have received advice / treatment for tobacco dependence in hospital can be referred to community pharmacy in this service.
Q. What about varenicline?
A. Currently, varenicline is unavailable. When stocks of varenicline return, NHSE will review the service specification to confirm if pharmacists can provide varenicline under this service.
Q. Can the SCS referral be sent within the Discharge Medicines (DMS) Referral?
A. No, if a patient is being referred for both services, they will need to be sent as two separate referrals. The dataset to be sent to the pharmacy is different for each service, and the DMS is a core service, delivered by all community pharmacies, whereas the SCS is an advanced service, which means that pharmacies can choose whether to deliver it or not.

Community Pharmacy
Q. How is the service funded?
A. Community pharmacy Nicotine Replacement Treatment (NRT) costs will be claimed through the NHSBSA and will be recharged to the ICS, where it will be deducted from the global primary care indicative prescribing budget. All community pharmacy service costs will be paid nationally from the Community Pharmacy Contractual Framework (CPCF) (being integrated in the CPCF global sum).
Q. Do patients who pay for their prescriptions have to pay for their NRT?
A. No, all patients will receive their NRT free of charge, regardless of prescription levy status. The Department of Health and Social Care have confirmed that pharmacy contractors must not collect a prescription charge for the supply of drugs in the absence of a prescription or patient group direction (PGD). This is in line with the National Health Service (Charges for Drugs and Appliances) Regulations 2015, which imposes the obligation on pharmacy contractors to collect the applicable prescription charges only in respect of drugs and appliances supplied via prescription, serious shortages protocol (SSP) or PGD. The absence of a prescription, SSP or PGD provides no other lawful basis for the collection of NHS prescription charges, which means that drugs and appliances supplied via other routes must be supplied for free.
Q. Could a patient access free NRT from another participating pharmacy if needed in an emergency?
A. No. The service (including products) can only be obtained from the pharmacy the patient opted to receive the service from. A patient could purchase NRT (or other products available over the counter) from another pharmacy in an emergency.
Q. Could a patient change pharmacy if needed e.g., if they move house or find another participating pharmacy which is more convenient?
A. Yes, the patient's care and data can be transferred to another pharmacy providing the service, with the patient's consent. Once the pharmacy accepts the referral, the patient's referral details should be forward via secure email.
Q. Can Carbon Monoxide (CO) monitors be used in community pharmacy for face-to-face SCS consultation due to risk of COVID-19?
A. See NCSCT Guidance on the use of CO monitors for face-to-face SCS consultations and COVID-19.
Q. What are the fees for pharmacies to deliver this service?
A. See the PSNC Website
Q. Can a pharmacy de-register from the service if they wish to stop providing it?
A. Yes, if the contractor wishes to stop providing the SCS, they must notify NHS England that they are no longer going to provide the service via the MYS platform, giving at least one months' notice prior to the cessation of the SCS. Service provision must continue during the notice period, where patients should be managed under the service or signposted to another community pharmacy if the patient consents.
Q. How does this service fit with existing locally commissioned service?
A. The NHS SCS is intended to complement existing commissioned services. Pharmacies who are commissioned to deliver both the locally commissioned service and the SCS can provide both services alongside each other, following the relevant service specification. It should be noted that the SCS can only be provided to patients referred by a Trust.
Q. Do the NRT products supplied as part of this service need to be labelled in the PMR?
A. Yes, the supply of NRT should be entered onto the Patient Medication Record (PMR) and the NRT supplied should be labelled.

Other
Q. Will the ICB be able to see NRT costs?
A. The total value of drug costs recharged back to the ICB are shown in the Itemised Prescribing Payment (IPP) report.
Q. How do the ICS or Local Authority Commissioners access SCS data?
The activity relating to the number of consultations can be found in a dispensing contractors' report shared by the NHSBSA.