



PSNE Ltd

NENC ICS maternity e- NRT voucher service specification

Valid from 1st September 2022

1. Service Background

1.1 Population Needs and Overview of the NHS Maternity Tobacco Treatment Services

Smoking rates have fallen significantly, but smoking is still the single largest cause of preventable ill health and premature death, accounting for more years of life lost than any other modifiable risk factor. Smoking rates are responsible for 77,000 deaths in England every year and for every 1 death another 30 are diagnosed and living with a Smoking related disease. Around 6.1 million people in England still smoke. Smokers see their GP over a third more often than non-smokers and smoking is linked to nearly half a million hospital admissions each year, with smokers being 36% more likely to be admitted to hospital and one in four patients in hospitals are estimated to be smokers at any time. Tobacco dependency affects almost all patient pathways – both medical and surgical – from pregnancy and neonates through to children and adults.

Smoking is the single largest modifiable risk factor for poor birth outcomes. These include low birth weight (250g lighter), miscarriage (up to 3 times as likely), preterm birth (up to 27% more likely), stillbirth (twice the likelihood) and it also triples the risk of sudden infant death.

Maintaining smokefree status postpartum has a beneficial impact on subsequent pregnancies, women's general health and the harmful impacts of exposure to secondhand smoke in infancy and childhood, which carries similar risks to smoking. Addressing smoking in other family/household members helps support women to quit themselves and reduces exposure of pregnant women and children to secondhand smoke.

Smoking in pregnancy has a strong social and age gradient with poorer and younger women much more likely to smoke in pregnancy with 10 times as many pregnant women who smoke from the most deprived decile (based on maternal address) compared to the top decile who smoke. Supporting those who are pregnant and smoking, to overcome their tobacco dependence will not only provide improvements in theirs and their families' health, but also reduce health inequalities and decrease demand on services by reducing the number of smoking related admissions and readmissions.

The rates of smoking at time of delivery (SATOD) in the North East & North Cumbria remain higher than the English average at 13% in 2021/22 compared to 9.5%. Despite the reduction in SATOD rates across all areas in the region in the last decade it is unlikely the Government's target of less than 6% by end of 2022 will be met.

The NHS Long Term Plan set out clear commitments for NHS action to improve prevention by tackling avoidable illness, as the demand for NHS services continues to grow. The NHS is investing in frontline services to tackle tobacco dependence for all inpatients, pregnant women and those in long term mental health and learning disability services by 2023/24. The recommended models will see in house opt out services rolled out across the NHS. Patients and service users will be given the opportunity and support to beat their tobacco dependence and quit smoking at a time when they are likely to be motivated to quit.

Despite excellent referral pathways and quality evidence-based support from LA Stop Smoking Services in the North East & Cumbria, only around 20% of women who are booked as smokers will engage with and make a supported quit attempt with Stop Smoking Services. The NHS recommended model for pregnant women is more intensive than models for the non-pregnant population and should be delivered within maternity services in house, building upon the Saving Babies Lives Care Bundle version 2, focussing on the referral and treatment elements with the aim of increasing the number of pregnant women who engage with treatment, set quit dates and successfully quit, thus improving maternity outcomes.

The NHS Maternity tobacco dependency treatment service delivery model in the North East includes all pregnant women being screened for Carbon Monoxide at booking, with all women who have a level of 4ppm or above or those who have stopped in the previous 2 weeks being referred to a Specialist trained Tobacco Treatment Advisor within the Maternity service on an 'Opt out' basis. The Maternity Tobacco Treatment advisor see all women referred and develop a personalised quit plan including medication. The Maternity Tobacco Treatment advisor will provide structured support on top of existing antenatal care in line with NCSCCT standards throughout the maternity care pathway.

Quick and simple access to Nicotine Replacement Therapy (NRT) is an essential element of the Maternity pathway. NRT is considered safe to use in the general population and safer to use in pregnancy than continuing to smoke. There is no evidence that NRT is harmful in pregnancy. Nicotine metabolism increases significantly during pregnancy and pregnant women metabolise nicotine 60% faster than a non-pregnant woman, as such 'under-dosing' NRT is a risk and pregnant women may also require longer duration of medication than the general population. Two or more types of NRT used in combination has been shown to be superior than using one alone and the NCSCCT recommends the use of a long-acting 16-hour patch in combination with a shorter acting product such as inhaler or gum.

2. Aims & Intended Outcomes

2.1 NHS Long Term Plan Tobacco Treatment Service, by 2023/24

The NHS Long Term Plan (LTP) outlines clearly defined commitments to support people keeping healthier for longer, through the funding of cost effective, evidence-based NHS prevention programmes, with the key priority for attention - a focus on further reducing smoking rates and providing evidence-based models to support people in contact with NHS services and provide tobacco treatment services. The LTP sets out three objectives in relations to NHS funded services to treat tobacco dependence to be made available to all inpatients (Acute & Mental Health), pregnant women and long-term users of specialist mental health services who smoke, by 31 March 2024.

A system wide Maternity NRT e-voucher scheme will act as a key enabler of the NHS Maternity tobacco dependency treatment services across the NENC by enabling the provision of NRT to Pregnant women who are engaged with a supported quit attempt via non-clinical but specialist trained Maternity Tobacco Advisors.

Objective 1	All people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services.	X
Objective 2	Adapted for expectant mothers and their partners, with a new smoke-free pregnancy pathway including focused sessions and treatments.	√
Objective 3	A new universal smoking cessation offer will also be available as part of specialist mental health services for long-term users of specialist mental health, and in learning disability services.	X

2.2 Aims of service:

- To supply free Nicotine Replacement Therapy to pregnant women who smoke and are engaged with NHS Maternity Tobacco Treatment Services, utilising the online platform electronic e-voucher between the NHS Trust Maternity Tobacco Treatment Advisors and Community Pharmacies.

2.3 Objectives:

- Community Pharmacists utilise the online platform e-voucher scheme to receive requests from NHS Maternity Tobacco Treatment Advisors for pregnant women participating in a structured supported quit attempt.
- Supply Nicotine Replacement Therapy, both mono and combination therapy to Pregnant women receiving behavioural support from Maternity Tobacco Treatment Advisors and give them advice on how best to use the medication.
- Community Pharmacy teams to provide general encouragement to clients to help them maintain their quit.

Note:

- Community Pharmacy teams are not being commissioned through this specification to provide behavioural support. Clients will receive this from the NHS Maternity Tobacco Treatment Advisors
- However, it is anticipated that pharmacies will provide general encouragement to patients when they collect their supplies and to be able to answer patient queries relating to their pharmacotherapy.
- Over time, other stop smoking services e.g. LA commissioned Stop Smoking services, may also wish to utilise the online platform e-voucher software. Those services will need their own e-voucher portal, service specifications, fees and invoicing agreement and procedures with community pharmacists.
- The Maternity e-voucher should only be used for pregnant women on NHS Maternity Tobacco Treatment pathways under the care of Maternity Tobacco Treatment Advisors in the NENC.

2.4 Local defined outcomes

- Increase in the numbers of pregnant women identified at booking as a smoker and who are referred to the inhouse NHS Maternity Tobacco Treatment Service.
- Increase in the numbers of pregnant women who engage with the inhouse NHS Maternity Tobacco Treatment Services and who access NRT as part of a personalised treatment plan.
- Increase in overall number of pregnant women who access services, set a quit date and stop smoking for 4 weeks, at 36 weeks gestation and at delivery.
- Reduction in number of women smoking at time of delivery.

3. Service description

3.1 The NENC Maternity NRT E-Voucher Scheme Pathway

NHS Maternity Tobacco Treatment Advisors based in Maternity Services in Trusts within the NENC Integrated Care System are National Smoking Cessation Training Centre certified stop smoking practitioners. As part of routine care all pregnant women will be screened for carbon monoxide (CO) and smoking status assessed at Booking appointments. All women who smoke or have CO reading of 4ppm or more will receive an opt out referral for a dedicated assessment with a Maternity Tobacco Treatment Advisor. They will undertake a specialist assessment of the patient and with the patient agree the patient's tobacco addiction treatment plan. This will include motivational support, as well as, where clinically indicated, pharmacotherapy.

3.1.1 The Maternity Tobacco Treatment Advisor will:

- Agree with the patient the community pharmacy that they wish to collect their medication from (from a list of participating pharmacies).
- Complete the e-voucher request within the online platform, which includes details of drug (including product type for NRT), dose and duration of supply.
- Submit the e-voucher request via the online platform to the patient's choice of pharmacy, who will receive it in real time.
- Record in the patient's Maternity record, as well as in the online platform, the drugs requested.
- Provide ongoing support in line with NCSCT Standard treatment programmes for pregnant women. NRT should be provided for up to 12 weeks beyond the quit date, however there is discretion to continue support and medication where deemed appropriate for longer, up to the point of discharge from Maternity services.
- If the pregnant woman is unable to collect the medication from the pharmacy herself within 1 week, the Maternity Tobacco Treatment Advisor will encourage the woman to ask someone else to collect on her behalf and advise about the volunteer NHS responders app.

Note:

- Where women are having a second or subsequent e-voucher request, the Maternity Tobacco Treatment Advisor will encourage patients to use the same pharmacy as where previous supplies have been collected from.
- The usual maximum duration of supply requested will be two weeks or standard drug pack size. In exceptional cases (e.g. if the patient is going on holiday) a slightly longer duration of supply may be requested.
- The patient will not be given a copy of the voucher or a code number.

3.1.2 The receiving pharmacy will:

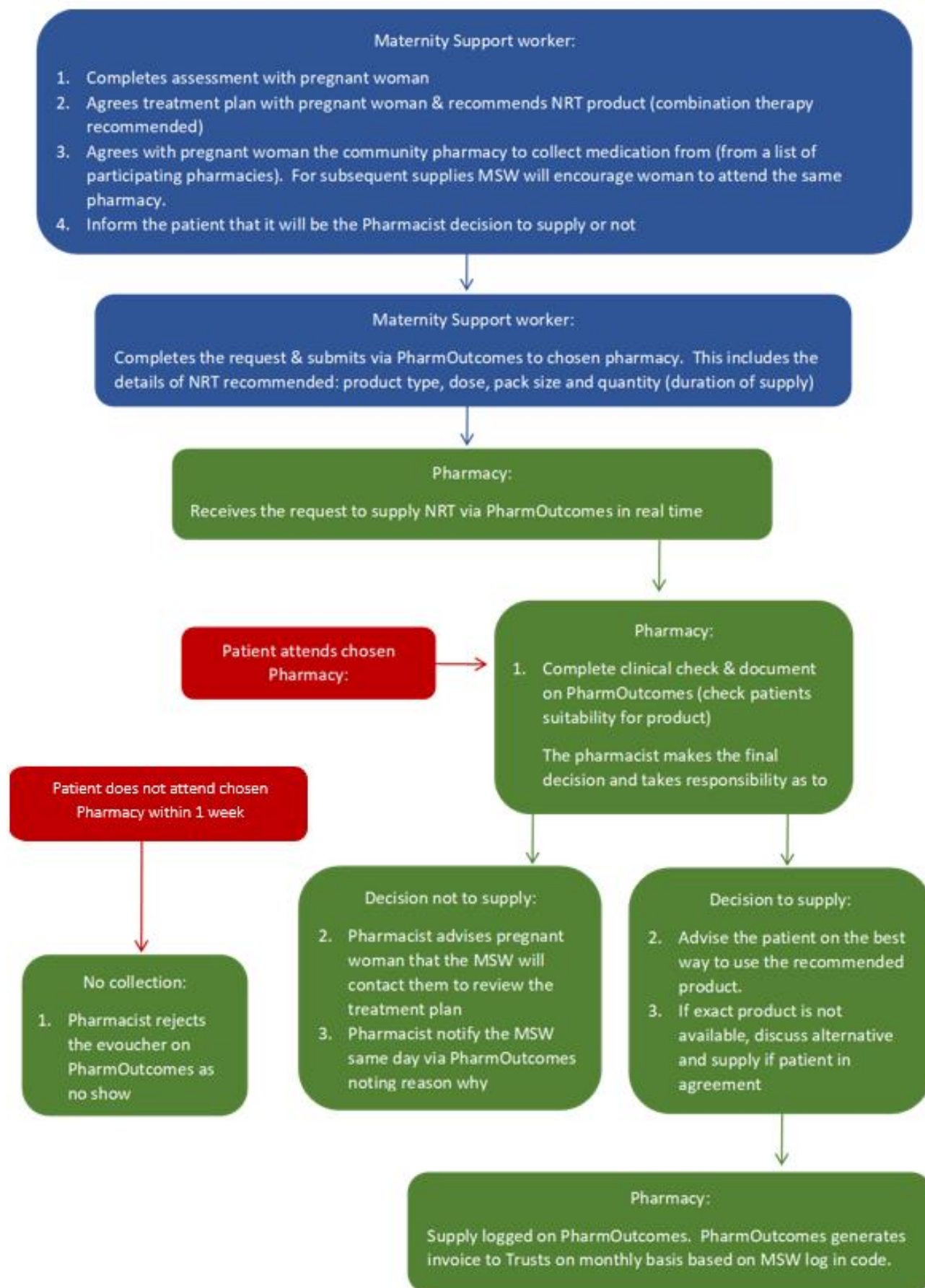
- **Receive the requests to supply NRT, via the online platform.**
- Requests may be made for one or two NRT products on the NRT e-voucher.
- The pharmacy has the option of rejecting the referral in the online platform. This option can be used for a 'no show patient' after 1 week from receipt or if the pharmacist assessed the patient to be unsuitable for the requested medication. A message will automatically go back to the referring service and the Maternity Tobacco Treatment Advisor will follow up with the Pregnant woman.
- If patients are unwell or isolating, **consultations/clinical checks may be undertaken with the patient by phone or video** call with products collected via a nominated representative rather than them needing to attend the pharmacy in person.
- Check that the patient or their representatives are **collecting the medication within 1 week of the e-voucher being issued.**
- **The pharmacist will make the final decision and takes responsibility as to whether the NRT is supplied or not.**
- **For Nicotine Replacement Therapy requests**
 - Check patient suitability for the product
 - Advise the patient on the best way to use the recommended product.

- For PRN NRT products it is recommended that the maximum dosage should be dispensed on the first voucher. This can then be reviewed in following sessions to check the usage and dispense accordingly.
- Please provide patients with **general encouragement with their quit** and answer any queries they have. Be aware that in line with NICE guidance provision of treatment to pregnant women is embedded into routine care and delivered on an opt out basis. NHS Tobacco Treatment Services have moved away from having discussions as to whether the Pregnant woman is 'ready' to quit.
- Be aware Pregnant women metabolise nicotine 60% faster than a non-pregnant woman, as such caution needs to be taken to avoid 'under-dosing' pregnant women with NRT. Combination NRT is recommended as standard treatment.
- Be aware that there are multiple constituents to tobacco smoke that may have the potential to induce hepatic enzymes and other metabolic processes. When a smoker stops smoking, a down regulation of liver enzymes may result in reduced metabolism of some drugs which could lead to an increase in toxicity. This is of potential clinical importance for products such as theophylline, olanzapine, clozapine, flecainide, warfarin and insulin. See '[What are the clinically significant drug interactions with tobacco smoking?](#)' guidance from SPS for more detailed advice on drugs affected and how to manage.
- **If the decision is made not to supply medication due to patient suitability please notify the Maternity Tobacco Treatment Advisor the same day via the online platform, noting the reason why. Advise the patient that their Tobacco Treatment Advisor will contact them and review their treatment plan.**
- Generally, a substitute product should not be issued, however **for NRT products, if the product requested by the Maternity Tobacco Treatment Advisor on the e-voucher is unavailable / out of stock and the patient is due to run out before the pharmacy can obtain the product, the Pharmacist may discuss and supply a similar product to that requested if the patient is in agreement.**
- Each e-voucher only requests one issue of medication and cannot be used for multiple supplies.
 - The patient's ongoing behavioural support and pharmacotherapy review will be provided by the Maternity Tobacco Treatment Advisors.
 - The Maternity Tobacco Treatment Advisor will review the patient and issue further requests to supply after each review via the e-voucher.
- **All assessments and supplies must be documented on the online platform.**
- Records should be kept for a minimum period in line with standard NHS requirements.

Please also note:

- It is not necessary for Pharmacy teams to inform GPs of all patients starting NRT but do ensure the GP or prescribing specialist of any patient who is commencing NRT who are on drugs noted in the SPS guidance as having a high or moderate clinical significance if the patient stops smoking, are aware the patient is stopping smoking and that the patient's medication needs reviewing. Informing the practice via NHS mail will provide an audit trail that the advice has been given.

Figure one Summary Flow Diagram



3.2.1 Pharmacy Lead

- The Pharmacy will have a named individual who is the lead for providing this service (if this individual leaves an alternative must be nominated within 2 weeks).

3.2.2 Awareness session

- At least one member of staff from each pharmacy participating in the Maternity e-voucher scheme will:
 - Attend an awareness session (held via Microsoft Teams) to learn more about the North East & North Cumbria ICS NHS Maternity Tobacco Treatment pathway the e-voucher scheme.
 - Look at the online platform guide demonstrating how to use the e-voucher.
- Self-declaration of attendance (or viewing of the recording if unable to attend on the evenings the sessions are run) will be required on sign up to the scheme.

3.2.3 Self-declaration of competency

- At the time of sign up to the scheme the pharmacy must sign a self-declaration that staff assessing patients and / or supplying pharmacotherapy under this scheme have undertaken the NCSCCT Very Brief Advice training or equivalent training and are competent to do so.
- Within the pharmacy there must be staff competent to supply nicotine replacement therapy.
- A range of resources are available on the Centre for Pharmacy Post Graduate Education web site, along with a competency assessment.
- Staff are responsible for keeping up to date with the latest recommendations regarding smoking cessation and undertake regular CPD specific to this area of practice.

3.2.4 Facilities, stock, delivery and operating procedures

- Accredited pharmacies will have a suitable private consultation room which is available for client consultations.
- Pharmacies will keep in stock a wide range of NRT products.

Note: The NHS Trusts do not have restricted formularies for NRT so may request from the full range of NRT that is available in the BNF.

- If patients are unable to collect their own medication, they should be encouraged to ask someone else to collect it on their behalf and be advised about the volunteer NHS Responders app.
- Standard operating procedures (SOPs) and clinical governance processes for this service should be set up and adhered to at all times to assure patient safety.

3.3 Population covered

Any pregnant patient age 12 or over who is registered with a North East & North Cumbria general practitioner or resident in the North East & North Cumbria locality who has had e-voucher issued by a NHS Maternity Tobacco Treatment Advisor.

As this service covers the whole of North East & North Cumbria, patients resident in one borough may access the service in pharmacies in a different locality to the one they live in.

Please note that pregnant women who are registered with general practitioners outside of the North East & North Cumbria, for example, from South Cumbria and Lancashire are not covered by this scheme.

The participating NHS Trusts are:

- Northumbria Healthcare NHS Foundation Trust
- County Durham & Darlington NHS Foundation Trust
- North Cumbria Integrated Care Partnership
- Gateshead Health NHS Foundation Trust
- North Tees & Hartlepool NHS Foundation Trust
- South Tees Hospital NHS Foundation Trust
- South Tyneside & Sunderland NHS Foundation Trust
- Newcastle upon Tyne Hospital NHS Foundation Trust

3.4 Any acceptance and exclusion criteria and thresholds

Exclusions:

- Children under the age of 12.
- Stop smoking vouchers issued under other stop smoking services including Local Authority.
- Patients residing outside of North East & North Cumbria

3.5 Accessibility

The Service will be available throughout the pharmacy's opening hours (both core and supplementary).

The Service Provider will maintain an acceptable level of staffing at all times, and will provide suitably accredited, skilled, trained and experienced staff to provide the Service.

3.6 Interdependence with other services/providers

NHS Trusts:

The NHS Maternity Tobacco Treatment Service will be delivered in all eight acute NHS Trusts in North East & North Cumbria as detailed above.

All of the Trusts may issue Maternity e-vouchers requesting supply of pharmacotherapy.

Community Stop Smoking Services

NHS Maternity Tobacco Treatment Service will work with all eleven North East & North Cumbria Community Stop Smoking Services to ensure smooth transfer of care where appropriate, for example where continued support is required post-delivery and is outside of the Maternity Services scope. This includes referral of partners and significant others who smoke.

Where community pharmacists receive requests for pharmacotherapy through the existing LA commissioned voucher schemes. These should be processed and invoiced as normal and will be paid under that scheme's arrangements.

<p>4. Applicable Service Standards</p>
<p>4.1 Applicable national standards (e.g. NICE)</p> <p>The Service Provider shall deliver the Service in line with the NHS (Pharmaceutical Services) Regulations 2013 and any other relevant professional standards.</p> <p>Providers will be required comply with the Contractual Framework Clinical Governance requirements regarding standards of premises ensuring timely submission of Contractual Framework self-assessment to NHS England.</p> <p>Providers will be required to comply with relevant NICE standards e.g. on smoking cessation.</p> <p>The Service Provider will deliver the Services in accordance with best practice in health care and shall comply in all respect with the standards and recommendations contained in:</p> <ol style="list-style-type: none"> i. National Service Frameworks and National Strategies ii. National Patient Safety Agency alerts and guidance iii. Human Medicines Regulations 2012 <p>The Service Provider will at all times comply with the most recent guidance on medicines from the Medicines and Healthcare products Regulatory Agency (MHRA).</p> <p>4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)</p> <ul style="list-style-type: none"> • Provide safe and effective care in line with the General Pharmaceutical Council's Standards for Pharmacy Professionals (www.pharmacyregulation.org/standards/standards-for-pharmacy-professionals) <p>4.3 Applicable local standards</p> <ul style="list-style-type: none"> • Participating Pharmacies must sign a declaration of competence as set out in section 3.2.3
<p>5. Applicable quality requirements and CQUIN goals</p>
<p>The Service Provider will ensure that Standard Operating Procedures (SOPs) are in place for the service and ensure that all pharmacists and members of staff involved in delivering the service are aware of them and work in accordance with them.</p> <p>The Service Provider will report all serious untoward incidents to PSNE Ltd and provide details of recommendations and actions taken as a result.</p>
<p>6. Location of Provider Premises</p>
<p>6.1 The Provider's Premises are located at:</p>

SCHEDULE 1 – THE SERVICE

A. Indicative Activity Plan

There is no guaranteed level of activity as this is a zero-value contract.

B. Payment

Community pharmacies who:

- sign up the service via the online platform
- and
- give a self-declaration that they have met the service awareness and competency requirements in sections 3.2.2 and 3.2.3

will receive a non-recurrent payment of £100.

Invoices for the non-recurrent payment will be generated by PharmOutcomes.

The £100 will be reclaimed from the pharmacy if the pharmacy repeatedly declines requests to supply pharmacotherapy (where there are not good clinical reasons to so).

The online platform will invoice PSNE Ltd on a monthly basis.

Reimbursement of community pharmacists costs for the QUIT e-voucher

Drug costs		Reimbursement of drug cost to pharmacy in line with NHS Business Authority's Dictionary of medicines and devices. VAT applied at low rate to NRT.
Clinical Check fee		£10 first supply only
Supply / Dispensing fee		Supply fees are VAT exempt
NRT	First supply	£2.50 for single NRT, total of £3.50 if on dual NRT
	Subsequent supply	£2.50 for single NRT, total of £3.50 if on dual NRT
Reject e-voucher fee		£1 where medications are not collected within 1 week of issue or patient deemed unsuitable