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Merthyr Tudful
Merthyr Tydfil

Evaluation report: Merthyr Tydfil pilot of a local enhanced community pharmacy smoking cessation service (Year 1)

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List of abbreviations

CO	Carbon monoxide
GP	General medical practitioner
HSW	Health Solutions Wales
LHB	Local Health Board
NHS	National Health Service
NICE	National Institute for Health and Clinical Excellence
NPHS	National Public Health Service for Wales
NRT	Nicotine replacement therapy
OTC	Over-the-counter
POM	Prescription only medicine
SLA	Service level agreement
WCPPE	Welsh Centre for Postgraduate Pharmacy Education

1 Key points

- The enhanced pharmacy service was successful, both in the numbers of smokers accessing the service and the quit rates achieved.
- The number of contacts made to the Stop Smoking Wales specialist smoking cessation service was not adversely affected.
- The enhanced pharmacy service was accessed by clients throughout the county borough of Merthyr Tydfil.
- The enhanced pharmacy service was effective in reaching clients in the most deprived areas of Merthyr Tydfil.
- Ease of access to local smoking cessation services has improved.
- The choice of approaches to smoking cessation available in Merthyr Tydfil has increased.
- The enhanced pharmacy service was well accepted by clients, pharmacists and other local stakeholders as being both valuable and accessible.
- Access to nicotine replacement therapy improved with supply/initiation involving less process steps for clients.
- Phased supply of nicotine replacement therapy appears to be a cost-effective method of targeting treatment with the potential to reduce medicines wastage.
- Partnership working between the participating community pharmacists, the Stop Smoking Wales service and the Local Health Board demonstrated clear benefits.
- Feasibility testing of Health Solutions Wales' electronic method for processing claims for payment of community pharmacy enhanced services compared favourably with the traditional paper-based method used for the payment of other enhanced services.
- Pharmacists supported local people and the delivery of local objectives through taking a more pro-active role in promoting smoking cessation, encouraging the effective use of nicotine replacement therapy and providing support for behavioural change.

2 Purpose

To report on a retrospective evaluation of the pilot locally enhanced community pharmacy smoking cessation service in Merthyr Tydfil Local Health Board (LHB) area, in relation to its implementation and first year of operation. The service is hereafter referred to as the enhanced pharmacy service. Evaluation was included within the implementation of the enhanced pharmacy service in order to inform the future development of community pharmacy smoking cessation services both locally and nationally in Wales.

The evaluation was primarily a process evaluation focussing on the development, implementation, uptake and effectiveness of the enhanced pharmacy service. Whilst some aspects of value for money were included, it is important to note that this was not a formal economic evaluation. The evaluation was undertaken by the authors of this report.

3 Background

The prevention and cessation of tobacco smoking remains a key public health concern despite reductions in smoking prevalence over the last 20 years. Whilst many of the health risks of tobacco smoking are large and well-established, [1, 2] smoking prevalence in Wales is still high. In the 2005/06 Welsh Health Survey 25% of adults (aged 16 years and over) reported that they currently smoke. [3] This was higher than the UK average of 22% in 2006. [4] In Merthyr Tydfil, adult smoking prevalence was reported as 26%, close to the Welsh average. [3]

Smokers are at greater risk of developing a number of diseases, including lung cancer, heart disease, and chronic obstructive pulmonary disease. Tobacco smoking remains the largest single cause of avoidable ill health and early death in Wales. There is also evidence that smoking damages the health of non-smokers. It is estimated that smoking causes around 6,000 deaths each year in Wales, as well as over 400 deaths each year due to passive smoking in non-smokers. [5]

Tobacco smoking generates high costs in terms of health care for the NHS, and costs for the wider economy, such as those due to absenteeism, loss of productivity and fire hazards. Easily accessible optimal treatment to promote and sustain smoking cessation could have a positive impact on health and economic outcomes. Increasing the support offered to smokers to help them quit is an important element of tobacco control strategies.

Reducing smoking prevalence is already integral to many national and local health strategies in Wales. Recently, the strategy for improving health and the management of chronic conditions in Wales highlighted the need for effective and accessible health promotion and disease prevention interventions to improve the health of

people living with chronic conditions. [6] Smoking cessation is mentioned specifically as one such intervention.

3.1 Deprivation and health

Merthyr Tydfil is the smallest LHB in Wales in terms of population, serving an estimated 56,000 people (1.9% of the total population of Wales). [7] Historically, Merthyr Tydfil has suffered from economic and social decline following the collapse of its traditional heavy industries which has resulted in high levels of unemployment. Many, who no longer work in these industries, are still suffering from diseases linked to their former employment. [8]

Social inequalities in smoking make a major contribution to inequalities in health. *Deprivation and health* showed clear associations between small area deprivation and a number of health indicators in Wales. [9] Smoking as a major risk factor affecting health is significantly more prevalent in the most deprived fifth (20%) of electoral wards compared with the most affluent fifth across Wales (rate ratio 1.64). [9]

Of the population of Merthyr Tydfil, 48% (5/11 wards) are resident in the most deprived fifth of electoral wards in Wales. The remaining 52% (6/11 wards) are resident in the next most deprived fifth.

It is reasonable to expect that the associations demonstrated between deprivation and adverse health outcomes, and increased exposure to risk factors affecting health at the all Wales level, apply to Merthyr Tydfil. [10]

3.2 Tobacco control

Tobacco control policy has been strengthened in the last decade to help reduce the public health burden of tobacco smoking. The Welsh Assembly Government has implemented a comprehensive tobacco control programme and introduced legislation on 2nd April 2007 banning smoking in enclosed public places in Wales. A large increase in quit attempts appear to have been made around this time. [11, 12]

The development and implementation of multi-agency strategies and action plans for tobacco control was a key element of the *Merthyr Tydfil Health, Social Care and Wellbeing Strategy (2005-2008)*. [8]

The Merthyr Tydfil Tobacco Control Forum, formed in March 2006, developed a *Tobacco Control Strategy and Action Plan (2006 to 2009)* for Merthyr Tydfil. The development and implementation of a community pharmacy smoking cessation service was included in the action plan to support the delivery of local, multi-agency support for smokers motivated to quit. [13]

4 Operation of the enhanced pharmacy service

4.1 Role of community pharmacists

The Community Pharmacist's role in smoking cessation is not new and they are ideally placed to provide care and support to those who want to stop smoking. Community Pharmacists have been active in this area for many years, providing a range of smoking cessation services both through NHS supply of smoking cessation medicines, and through 'over-the-counter' sales to the public. [14] Evidence indicates that pharmacists have a useful role to play in smoking cessation and that pharmacy smoking cessation schemes are effective. [15; 16]

On 1st April 2005 a new contractual framework for community pharmacy was implemented across England and Wales. In addition to the traditional roles of the pharmacist the new contract has enabled community pharmacists to offer additional services either commissioned as national or local Enhanced Services.

The contractual framework draws on the skills, expertise and experience of pharmacists and their staff, and its presence in the heart of communities with a tradition of ready access to all. With a network of over 700 community pharmacies that engage with the population of Wales in approximately 35,000 visits a day for health related advice, [17] the contribution of community pharmacy to improve the health of the population, widen access, increase patient choice and help people with long-term conditions is clear. [18]

4.2 Development and implementation

The enhanced pharmacy service was funded jointly by the Welsh Assembly Government and Merthyr Tydfil LHB and became operational in April 2007. Its launch coincided with the implementation of legislative changes on smoking in public places in Wales.

The enhanced pharmacy service was developed by Merthyr Tydfil LHB in conjunction with the Local Director of Public Health for Merthyr Tydfil and the Stop Smoking Wales specialist smoking cessation service which provides a programme of behavioural support for smokers who are ready to stop. The model of service provision was informed by evidence-based guidelines [19] and National Institute for Health and Clinical Excellence (NICE) guidance. [20-22] The service specification was based on the community pharmacy service model developed by Denbighshire LHB and the Stop Smoking Wales regional co-ordinator for North Wales (R Wilkinson, personal communication September 9, 2008).

Training was developed and provided to pharmacists and pharmacy technicians by the Stop Smoking Wales regional co-ordinator/regional trainer for South East Wales and LHB service lead.

4.3 Community pharmacy service summary

The model of service outlined three **levels of support** for smokers motivated to quit. The enhanced pharmacy service provided two levels (levels 2 and 3) of support above the requirements of the essential services element of the community pharmacy contractual framework (level 1):

Level 1: The promotion of healthy lifestyles is included as an essential service in the NHS community pharmacy contractual framework. Community pharmacists, as part of their core health promotion activities are required to encourage smokers to quit, provide advice on quit strategies and signpost clients to the most appropriate smoking cessation service. This activity may be opportunistic or as part of local/national health promotion campaigns.

Level 2: Pharmacists undertake the supply of Nicotine Replacement Therapy (NRT) and provide support for clients who are receiving smoking cessation advice from Stop Smoking Wales.

Level 3: Pharmacists assess motivation and provide one-to-one assessment of client's needs; initiate, supply and monitor the use of appropriate smoking cessation medicines; and provide confidential motivational support each time NRT is supplied.

The Service Level Agreement (SLA) was designed to enable participating community pharmacists to work in partnership with Stop Smoking Wales to deliver level 2 and level 3 pharmacy services. The service was set up to treat any adult smoker motivated to stop. They were not asked to attract smokers from any sub-populations in particular, for example pregnant smokers.

Validation of quit attempts at 4 weeks was undertaken through the use of expired air carbon monoxide (CO) measurements (CO level of less than 10 parts per million).
The SLA did not include provision of either bupropion or varenicline, the two prescription-only medicines (POMs) licenced for smoking cessation in the UK.

The main **aims** of the enhanced pharmacy service were:

- To improve access to and choice of smoking cessation services, including access to nicotine replacement therapy (NRT),

- To assist in the delivery of the Health Care and Well Being Strategy, Designed for Life and the NPHS targets;

- To help service users access additional treatment by offering referral to specialist services where appropriate;

- To optimise the cost-effectiveness of NRT prescribing and obtain data on quit rates.

A full copy of the service level agreement (SLA) between the LHB and its pharmacy contractors is available in Appendix I.

5 Evaluation aim and objectives

The **aims** of the evaluation were:

- To undertake a retrospective evaluation of the pilot locally enhanced community pharmacy smoking cessation service in Merthyr Tydfil LHB from 2nd April 2007 up to 31st March 2008.

- To use the findings to inform the future development of nationally/locally enhanced smoking cessation services in Wales.

The evaluation had the following **objectives:**

- To describe the implementation and delivery of the pilot locally enhanced pharmacy smoking cessation service in Merthyr Tydfil LHB.

- To conduct a stakeholder survey

- To consolidate and analyse existing relevant anonymised data and information held by Stop Smoking Wales and Merthyr Tydfil LHB.

6 Evaluation methods

The methodology was based on that of a similar evaluation of enhanced community pharmacy smoking cessation services implemented in North Wales. [23]

Data was collected retrospectively for the evaluation from identified key stakeholders: community pharmacists, LHB head of pharmacy and medicines management, GP practice staff, Stop Smoking Wales regional co-ordinator, Stop Smoking Wales local smoking cessation specialist, NPHS local public health team, Health Solutions Wales and clients of the level 3 service.

Data collection was undertaken by two methods:

- Surveys were sent to the following stakeholders – community pharmacists, LHB head of pharmacy and medicines management, GP practice staff, Stop Smoking Wales regional co-ordinator, Stop Smoking Wales local smoking cessation specialist, NPHS local public health team, Health Solutions Wales and clients of the level 3 service;

- Data (anonymised and routine) from the Stop Smoking Wales service for Merthyr Tydfil and prescribing data for Merthyr Tydfil and nationally for Wales.

7 Summary of key findings

The overall response rate for the stakeholder survey was 78%. A summary of individual stakeholder response rate is provided in Appendix II.

7.1 Activity profile

Uptake by community pharmacies (2nd April 2007 to 31st March 2008 inclusive):

The enhanced pharmacy service was launched across the LHB on 2nd April 2007 following a training programme for accreditation of the participating pharmacists. Prior to taking part in training for the service, pharmacists from 54% (7/13) of the LHB's community pharmacies expressed an interest in providing the service. Uptake of the SLA following training was high, with 100% of those pharmacists initially interested, being recruited as service providers offering both the level 2 and level 3 services to motivated smokers. At the time of the evaluation all recruited pharmacies continued to provide the service at both levels. A map showing the location of the participating pharmacies and GP surgeries in Merthyr Tydfil LHB is provided in Appendix III.

Level 2 outcome data:

Stop Smoking Wales clients were advised that they could obtain their NRT supplies either through the pharmacy level 2 services (details of participating pharmacies were provided) or through a prescription from their GP.

Clients receiving behavioural support from Stop Smoking Wales and supplies of NRT through the pharmacy level 2 services were not differentiated from Stop Smoking Wales clients who received GP prescriptions for NRT. Therefore no discrete quit rates were available for the level 2 service.

A total of 19 clients accessed the level 2 services during the evaluation period. This was a much lower uptake than anticipated. See section 9.3 regarding level 2 service issues.

Level 3 outcome data: See table 1.

Calculation of service outcomes was based on the methods recommended by The Russell Standards (Clinical). An explanation of these calculations is included in Appendix IV.

- 151 contacts were made by smokers to the level 3 services.
- 97 (64.2%) clients subsequently set a quit date and took part in the treatment programme.
- 56.7% (55/97) of treated clients self reported that they had successfully quit at the 4-week follow up.

- 40.2% (39/97) of treated clients had Carbon Monoxide (CO) validated successful quits at the 4 week follow-up. (CO readings were not recorded on submitted paperwork for the remaining 16 clients who had self reported quits).

Table 1: Level 3 pharmacy services: activity and quit rates (at 4 weeks and 12 months)

Contacts (n)	Quit date set (n)	4 week quit self reported %(n)	4 week quit CO validated %(n)	12 month quit self reported (n)*
151	**64.2% (97)**	**56.7% (55)**	**40.2 (39)**	**5**

At 12 months, 49 clients were eligible for follow-up, of these, 14 clients were successfully contacted, and 10.2% (5/14) of them self-reported that they had still quit smoking at 12 months. However, due to the small number of clients in the 12 month follow-up, outcomes should not be interpreted as definitive.

The main users of the level 3 pharmacy service were people aged 35 to 59 years, representing 58.7% of all clients who had taken part in the treatment programme. The second largest group was 18 to 34 year olds (19.0%), followed by people aged 60 years old or over (17.5%). More females than males contacted the service, and of those who entered a treatment programme 64.9% were female and 35.1% were male. A detailed breakdown of service activity and outcomes at 4 weeks by age and gender is provided in Appendix IV.

The majority of clients (68%) became aware of the level 3 pharmacy services from their community pharmacist, 15% through their GP practice and 15% through word of mouth or promotional materials.

7.2 Client acceptability

In October 2008, Stop Smoking Wales staff undertook a 12 month telephone follow-up of eligible clients who had accessed the level 3 pharmacy services. The client satisfaction survey for the evaluation was included as part of this follow-up. However, of the 49 eligible clients, only 14 were successfully followed-up by telephone. The client satisfaction survey was mailed in November 2008, to all remaining clients who had accessed the Level 3 pharmacy service in Merthyr Tydfil LHB and consented to follow up. A total of 130 clients were asked to complete the surveys (14 telephoned, 116 mailed). The overall response rate was 24.6% (32/130).

The results of the survey indicated that clients were comfortable using the pharmacy service, with 87% (28/32) of respondents agreeing that the pharmacy service was friendly, supportive and informative. Levels of satisfaction with the pharmacy service was high, with 97% (31/32) of respondents stating that they were satisfied with the service they received from their pharmacist and that they would recommend the service to a friend or family member. Some examples of comments from clients are:

"I found the pharmacist to be extremely helpful and supportive. Therefore, not much can be done to improve an excellent service."

"It was made easy for me to stop smoking because I wanted to stop, I think that if I had not wanted to stop then I would have started again, only due to the fact that the passive smoking still creates an urge to light up - but will power stops that - thank you for the help."

"I would recommend this service. If the person was able to try and if they did not have any uncomfortable side effects, which I did suffer"

Respondents self-reported continued quit rates since starting the treatment programme was 41% (13/32). The aspects of the service that were reported as having contributed most to successful quits were; regular contact with the pharmacist, appropriate NRT supply, and short waiting times for first appointment with the pharmacist.

7.3 Level of convenience and accessibility

Client respondents indicated very high levels of satisfaction in relation to the accessibility and convenience of the pharmacy services. Overall, 84% (27/32) reported that the services were accessible, and 100% (32/32) reported that the services were convenient for them.

The majority of clients 88% (28/32) were seen within 7 days of requesting an appointment with a pharmacist. The waiting time for an initial assessment ranged from 0 to 14 days. None of the pharmacies had a waiting list for clients requesting to access the services.

In terms of convenience and accessibility, clients and other stakeholders commented that the service:

'Was easily accessible enabling immediate access to NRT.'

'Provided excellent borough coverage.'

'Was a one-stop shop - including weekend service.'

'Patients familiar with pharmacist.'

'Less waiting time for patients relieving pressure on surgery.'

7.4 Disadvantaged populations

The enhanced pharmacy service was not set up to target any sub-populations or particular geographical location within the county borough. Pharmacies that chose to participate in the service were not necessarily evenly distributed geographically (See Appendix III). However, the pharmacy service was accessed by clients resident in

all of Merthyr Tydfil's electoral wards with an approximately equal split between those resident in wards in the highest and second highest fifths of deprivation. (See Appendix V).

It appears that the locations of participating pharmacies were not critical to the success of the service in reaching clients throughout the county borough including those in the most deprived wards.

8 Facilitators to service delivery

A number of factors were identified as having helped with the implementation and operation of the enhanced pharmacy service:

8.1 Training

Face-to-face training was developed and delivered by the South East Wales regional co-ordinator/regional trainer for Stop Smoking Wales, and the LHB service lead. Colleagues from the NPHS local public health team also attended to present an overview of the *Merthyr Tydfil Tobacco Control Strategy* and how the enhanced pharmacy service contributed to its overall aims and action plan. Pharmacists also needed to successfully complete a distance learning pack available through the Welsh Centre for Pharmacy Professional Education (WCPPE). [24]

Evaluation of the face-to-face training indicated that all pharmacists and support staff were satisfied with the focus and the content of the training sessions. All participants stated that they felt confident in their ability to deliver the service on completion of the sessions. The main aspects of the training which contributed to its success were identified by participants as;

- Format included small group work and informal sessions.
- Information on the Stop Smoking Wales Service and local tobacco control strategy.
- Practical, practice based information with trainers experienced in providing smoking cessation services.
- Comprehensive training.

At the time of the evaluation 11 pharmacists and 7 pharmacy technicians were trained to provide both the level 2 and level 3 pharmacy services.

8.2 Role appropriateness

All pharmacists who took part in the enhanced pharmacy service were of the opinion that, provision of smoking cessation services was an appropriate role for community pharmacists to offer, and that the enhanced pharmacy service had improved access for smokers to local smoking cessation services. Comments from participating pharmacists included:

"Though a busy pharmacy, feel it's an appropriate role, time management is essential, the support of a trained technician is invaluable"

"Enjoy doing it, at start a bit overwhelming as lots of patients. Use 'Medicines Use Reviews' to provide health promotion advice regarding smoking and tell them about the pharmacy service"

"*See the service as part of our role in health promotion, it increases involvement with patients and demonstrates the ability to take on a wider role*"

Further interest in providing the enhanced pharmacy service was expressed by representatives of 6 of the 7 pharmacies not participating at the time of the evaluation, should there be an opportunity to do so in future:

"We would very much like to participate - not sure how we missed out before"

"For new pharmacists working in the area, it should be easier to join in with enhanced services already provided in the area"

8.3 Payments system

The enhanced pharmacy service provided an opportunity to test a new electronic method for processing claims for the payment of pharmacy enhanced services. The method was developed by Health Solutions Wales (HSW) and was implemented successfully for the smoking cessation service. Participating pharmacies submitted claims for payment electronically to HSW each month. Approved payments were included in the routine NHS monthly payments schedule for individual community pharmacies. HSW provided monthly summaries of claims for payment submitted by participating pharmacies to the LHB service lead. All claims for payment were subject to post-verification checks by the NHS Business Service Centre for South Wales, as is the case for all pharmacy enhanced services in the South Wales NHS region.

Participating community pharmacists were surveyed regarding their experience of using this method of processing claims for payment. The electronic method was viewed positively, with comments including:

'Convenient, cuts down on paperwork.'

'Easy to do.'

'Easier than paper-based.'

'Only system I have known - find it very easy and fast to use.'

The electronic method also compared favourably with the traditional paper-based method used to make claims for payment for enhanced services as administrative time spent by LHB pharmacy staff on processing claims was reduced. The workload of HSW staff was not unduly affected during the evaluation period. The HSW survey response indicated continued support for the electronic method in its current form whilst the number of pharmacies involved remains low. However, expansion of the user base and/or the functionality (inclusion of other enhanced pharmacy services) would need to be underpinned by the development of a web based system so that:

- System suppliers' permission would not be required to install applications on pharmacy computers,
- A fully electronic claim message could be supported without an e-mail element, and
- Services could be provided to a broad user base without the need for HSW to support a desktop application.

8.4 LHB service lead

The Merthyr Tydfil LHB community pharmacy advisor provided designated support as the service lead to the enhanced pharmacy service. Protected time for this role was secured and the service lead functions included:

- Co-ordinating training for participating pharmacists and pharmacy technicians,
- Developing promotional material for the launch/advertising of the services,
- Raising awareness of, and providing information on the services to primary care staff,
- Raising public awareness of the services and supporting relevant health promotion campaigns e.g. No Smoking Day,
- Liaison with local stakeholders to develop and implement the service,
- Engagement with and participation in the local Tobacco Control Forum,
- Resolving operational problems e.g. queries from community pharmacists, managing issues around data protection/client confidentiality.

Dedicated support from the LHB was regarded by stakeholders as having been beneficial to the implementation and operation of the enhanced pharmacy service. Due to the input of the LHB service lead, Stop Smoking Wales staff and community

pharmacists' time spent on resolving administrative and operational issues did not compromise their workload. Stakeholder comments included:

"Excellent support, immediate, effective and easily accessible."

The implementation and operation of the enhanced pharmacy service were also supported by the Local Director of Public Health, NPHS local public health team, Stop Smoking Wales regional co-ordinator for South Wales and the local Stop Smoking Wales smoking cessation specialist. The contribution of these individuals was valued by stakeholders as instrumental to the success of the enhanced pharmacy service.

9 Barriers to service delivery

A number of factors were identified as potentially constraining the implementation and delivery of the enhanced pharmacy service:

9.1 Time/staff pressures/competing priorities

Some participating pharmacists expressed the view the time taken to deliver the enhanced pharmacy services was more than had been anticipated during the first few months of operation. An example of this was:

'Fees paid do not reflect the time the pharmacist spends with patients.'

The LHB responded to these early concerns by providing training for pharmacy technicians in July 2007, so that follow-up appointments with clients could be undertaken by this group of staff. This initiative was well received and eased the time pressure on pharmacists. As the pharmacists and pharmacy technicians gained experience in delivering the enhanced pharmacy service, the initial problems with regard to time were overcome, and the service delivered effectively within the planned timescales.

9.2 Service continuity

The retention of pharmacists accredited to provide the enhanced pharmacy service was a cause of some concern. Two accredited pharmacists left the area and therefore the pharmacies in which they worked were unable to continue to provide the service. However, the situation was resolved following recruitment of replacement pharmacists who successfully completed the required training when further sessions were provided by the LHB.

The introduction of the All Wales Enhanced Service Accreditation programme to support the delivery of national enhanced community pharmacy services provides an opportunity to overcome some of the issues around maintaining service continuity. A

competency and training framework for level 3 smoking cessation services and assessment procedure was introduced in February 2009. [25] Successful completion of the programme will enable accredited pharmacists to deliver this service in all LHBs in Wales. The LHB is currently working with partners to ensure that the opportunities presented by this new procedure are maximised.

9.3 Level 2 service issues

The uptake of level 2 services over the evaluation period was much lower than anticipated. A number of factors may have contributed to this:

A review of Stop Smoking Wales operational procedures in December 2007 resulted in changes which affected the operation of the level 2 services in Wales. In early 2008, all community pharmacy contractors in Wales were advised by their negotiating body Community Pharmacy Wales to consider their continued participation in locally enhanced Level 2 smoking cessation services. They envisaged that the changes to Stop Smoking Wales operational procedures would result in an increase in pharmacy staff workload associated with the level 2 services which would not be commensurate with remuneration levels. Whilst pharmacy contractors in Merthyr Tydfil LHB continued to offer the level 2 service, there was no uptake of this service level during the period January to March 2008. National negotiations relating to indicative rates for community pharmacy level 2 services as part of a national enhanced service specification are ongoing.

Some of the Stop Smoking Wales sessions were held in GP practices. It is possible that in these sessions, clients may have found it convenient to request a prescription for NRT from their GP. Therefore more GP referrals for NRT prescriptions may have occurred in this situation, rather than the presentation of Stop Smoking Wales referral letters to community pharmacies for level 2 services. Information on how Stop Smoking Wales clients obtain their supplies of NRT was not captured and so an analysis could not be undertaken.

The use of NRT combination therapy for example, co-administration of patches and gum, was not included in the SLA for the enhanced pharmacy service. This may have resulted in clients suitable for NRT combination therapy being referred to their GPs for a prescription supply. Likewise, POMs for smoking cessation were also excluded from the SLA. Therefore clients suitable for POMs continued to be referred to their GPs by Stop Smoking Wales specialists. As GP prescribing of varenicline increased substantially since its introduction in December 2006, referrals to level 2 pharmacy services may have been affected. These exclusions also applied to the level 3 element of the pharmacy services and possibly affected uptake as clients would need a GP prescription for supply of these treatments.

9.4 Inappropriate referrals to the enhanced pharmacy service

The enhanced pharmacy service included the initiation and/or supply of NRT products, but excluded prescription only medicines (POMs) for smoking cessation. However, some clients were referred by their GPs to the level 3 pharmacy service for a POM indicating some misunderstanding of the scope of the enhanced pharmacy service. Consequently, these clients needed to be referred back to their GPs and provided with an explanation as to why this was necessary.

There also appeared to be some confusion over the differences between the different levels of the pharmacy service. This was more evident in relation to the detail of the level 3 services and may have contributed to inappropriate referrals.

9.5 Incompatibility with NHS computer software

One community pharmacy was unable to take part in the feasibility testing of the HSW electronic claims system as the corporate pharmacy computer system was not compatible with the HSW software. However, the pharmacy's staff and LHB service lead continued to work together to seek an acceptable solution.

9.6 Lack of feedback to clients' GPs

Only one GP practice respondent reported having received feedback from pharmacies regarding clients who had accessed the enhanced pharmacy service. The reason(s) for the apparently low levels of feedback to GPs were not clear. However, it is important to note that process is dependant on clients' willingness to consent to this information being shared with their GP.

9.7 Perceived competition between service providers

One stakeholder stated that some colleagues regarded the pharmacy service as being in competition with other smoking cessation services rather than complementing each other. Data from the Stop Smoking Wales service shows that the number of contacts made to SSW in Merthyr Tydfil LHB was consistent between the financial years 2006/07 and 2007/08. [26] GP practices that actively engaged in referral of clients to the pilot pharmacy services reported a reduction in requests for NRT and associated appointment time but those practices that did not refer clients to the pilot pharmacy services reported no noticeable change in the number of requests for NRT.

This suggests that the introduction of the pharmacy service has not adversely affected uptake of other smoking cessation services but has had the effect of increasing overall access to and uptake of smoking cessation services in the locality of Merthyr Tydfil.

10 Wider impact of pharmacy services

10.1 Awareness of the service

Awareness of the enhanced pharmacy service appeared to be very high amongst stakeholders with 91.7% (33/36) respondents reporting positively. The main way in which stakeholders became aware of the enhanced pharmacy services were:

- Attendance at LHB meetings 42%
- Promotional material relating to the service (posters, flyers, business cards) 24%
- Communication with participating community pharmacies 13%
- Primary care colleagues 8%

Stakeholders' responses on whether they referred clients to the level 3 pharmacy services were:

- 38% referred clients or provided information on the service to clients
- 41% did not referred to the service
- 22% did not respond

The reason cited most frequently by stakeholders for referring clients to the enhanced pharmacy service was ease of access for clients. The main reason for not doing so was stakeholders being unaware they were able to make direct referrals. However, only 12 responses were received for this question and may not be representative of the views of the stakeholders generally.

10.2 Referral/signposting from pharmacies

All community pharmacies in the LHB provide level 1 smoking cessation services as a requirement of the community pharmacy contractual framework. Opportunistic information and advice is provided to smokers and the pharmacies participate in the annual No Smoking Day public health campaign. Information was provided by the LHB to all its community pharmacies to enable pharmacists and pharmacy support staff to signpost smokers to local NHS smoking cessation services.

In addition to activities at level 1, pharmacists participating in level 2 and 3 services refer clients to GP practices or Stop Smoking Wales as appropriate. Examples include instances when clients are:

- Unable to access the community pharmacy service
- Identified as needing intensive behavioural support

- Identified as having a contra-indication for NRT use
- Seeking treatment with a prescription-only smoking cessation medicine

Arrangements were also in place to enable the transfer of clients between the level 3 pharmacy services and the Stop Smoking Wales service should individual needs change during their quit attempt.

11 Value for money

The enhanced pharmacy service was analysed in terms of value for money as follows:

11.1 Expenditure for year 1

A summary of all expenditure for the implementation and operation of the first year of the enhanced pharmacy service is provided in table 2. However, it is important to note costs incurred during 2006/07 are attributed to non-recurring set-up costs of implementing the service prior to the service launch in April 2007 and would not be incurred in subsequent years.

Table 2: Summary of expenditure Year 1

Financial year		2006/07 (£)	2007/08 (£)	Total (£)
Training (sub-total)		£1,704	£865	£2,569
Equipment & promotion (sub-total)		£6,115	£1,054	£7,169
Service fees	**Level 2**	N/A	£65	£65
	Level 3	N/A	£2,621	£2,621
Service fees (sub-total)		N/A	£2,686	£2686
NRT costs	**Level 2**	N/A	£481	£481
	Level 3	N/A	£5,976	£5,976
NRT costs (sub-total)		N/A	£6,457	£6,457
LHB service lead (sub-total)		£4,400	£4,160	£8,560
TOTAL		£12,219	£15,222	£27,441

11.2 Cost per 4-week quit

The data was used to calculate the cost per quit for the level 3 service based on both 4-week self-reported quits and 4-week CO validated quits. Due to the difficulties of comparing total costs of different types of smoking cessation services a comparison was not undertaken. The cost per 4-week quit was calculated firstly using expenditure on fees only, and then secondly using expenditure on NRT plus fees. See table 3.

Table 3: Cost per 4-week quit

	Fees only £	**Fees plus NRT £**
4-Week self-reported quits	£48	£156
4-week CO validated quits	£67	£220

11.3 Analysis of prescribing data

Data on the prescribing of smoking cessation medicines by GPs and supply of NRT through the enhanced pharmacy services in Merthyr Tydfil LHB area was analysed for the financial years 2006/07 and 2007/08, the year before and first year of the enhanced pharmacy services. The data is summarised in Table 4.

GP prescribing of NRT was not restricted by the LHB on implementation of the pharmacy service and continued to be an option for clients who for example; declined or were unable to access specialist smoking cessation services or the pilot pharmacy services, needed initiation of NRT under medical supervision or sought treatment with a POM.

Table 4: NHS expenditure on smoking cessation medicines and associated number of items for 2006/07 and 2007/08

	Cost (£)			**Items (n)**		
Financial year	**2006/07**	**2007/08**	**Variance (%)**	**2006/07**	**2007/08**	**Variance (%)**
GP prescribed NRT	£80,422	£61,890	-£18,532 (-23.0%)	3,593	3,047	-546 (-15.2%)
Pharmacy service NRT	0	£6,457	£6,457	0	448	448
NRT sub-total	£80,422	£68,347	-£12,075 (-15.0%)	3,593	3,495	-98 (-2.7%)
Other (Bupropion & varenicline)	£3,077	£26,847	£23,770 (+772.5%)	80	729	649 (+811.3%)
TOTAL	£83,499	£95,194	£11,695 (+14.0%)	3,673	4,224	551 (+15.0%)

The analysis indicated that:

- Total NHS expenditure on NRT reduced by £12,075 (15%) in 2007/08 compared with 2006/07.
- Expenditure on GP prescribing of NRT reduced by £18,532 (23%) with a decrease of 546 (15.2%) in the total number of GP prescriptions for NRT.
- Expenditure on NRT through the pilot pharmacy services was £6,457 for 448 supplies of NRT to clients (levels 2 and 3) during the first year of operation.
- Despite the decrease in NHS expenditure on NRT, there was an increase of £11,695 (14%) in expenditure on all smoking cessation medicines in the LHB in 2007/08 compared with 2006/07.

Increased prescribing costs for smoking cessation drugs were reflected across Wales and may be explained by:

- the introduction of the smoking ban in Wales on the 2nd April 2007 which increased demand for smoking cessation drugs, particularly during the period April – June 2008
- Notably in Merthyr, expenditure on GP prescribing of varenicline increased by £23,673 (7,239.5%) in 2007/08 compared with 2006/07. (Varenicline first became available in the UK in December 2006 and NICE subsequently issued guidance on varenicline for smoking cessation in July 2007). [27]

11.4 Cost comparison for NRT supply

Further analysis of the average cost per item of NRT supplied in 2007/08 indicated that values were different for GP prescribing (£20.31 per item) compared to the enhanced pharmacy services (£14.41). Although the average cost per item of NRT prescribed GPs reduced by £2.07 (9.2%) per item in 2007/08 compared with 2006/07, the difference remained notable. (See table 3 and figures 1, 2 and 3).

Figure 1: NRT items 2006/07 and 2007/08

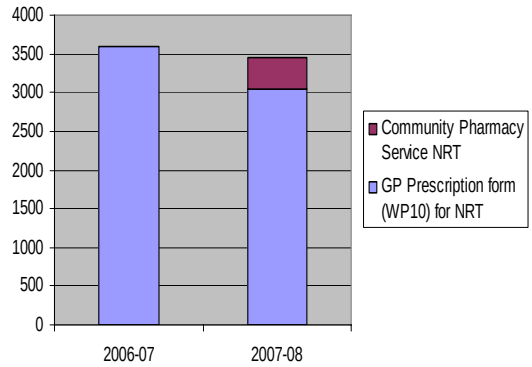


Figure 2: NRT costs 2006/07 and 2007/08

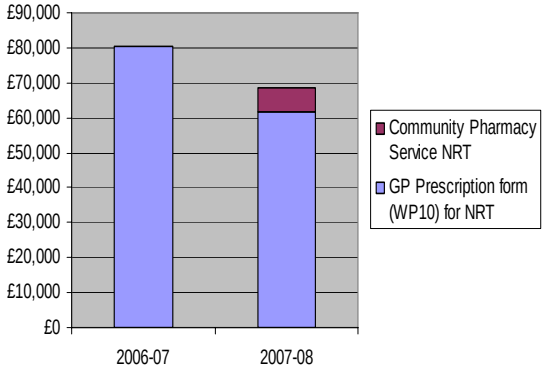
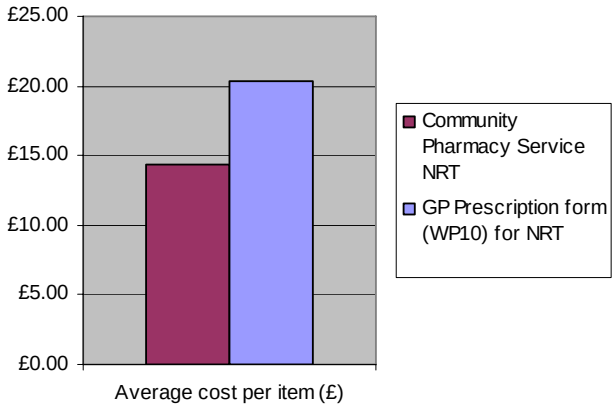


Figure 3: Average cost per item NRT supplied 2007/08



The decrease in expenditure on NRT and the lower cost per item of NRT can be explained to some extent by the service model adopted in the enhanced pharmacy service:

- Clients' using the enhanced pharmacy service received a phased supply of NRT. This involved returning to the pharmacy at set intervals for regular reviews of quit status, motivation and NRT needs. Clients continuing with their quit attempt were provided with a maximum of 2 weeks supply of NRT at a time. NRT supply became more targeted to individual client need in terms of dose, form, quantity and motivation to continue quit attempts. This approach removes much of the potential for waste.

- The SLA between the LHB and participating pharmacies, together with guidance on the prescribing and supply of NRT, provided a protocol-driven model of NRT supply through the enhanced pharmacy services. Delivery of this service model is pragmatic in the community pharmacy setting but may be less so in GP practices where an increase in the number of appointments and prescriptions generated may be overly labour intensive.

Comparable level 2 pharmacy services in another LHB in Wales appear to demonstrate similar findings (S Harries, personal communication February 17, 2009). No comparison could be made for level 3 services as they had not been commissioned in this LHB. Additionally, expenditure variations for prescribed NRT in the LHBs with enhanced pharmacy services implemented in 2006 appear to compare favourably with the Wales average. The analyses may be indicative of the impact of the enhanced pharmacy services on NRT total expenditure. See Appendix VI.

The potential for some shift from over-the-counter (OTC) purchase of NRT by the public to NHS supply through the enhanced pharmacy services was recognised. There was a general consensus amongst pharmacist respondents that sales of NRT had decreased in participating pharmacies, more notably in relation to the level 3 service. However, it was difficult to assess the true impact of the pilot services on OTC sales of NRT due to lack of comparative sales data and the wide availability of NRT from many retailers (including discount stores and supermarkets).

12 Discussion

The implementation and first year of operation of the pilot locally enhanced community pharmacy smoking cessation service has been a success, both in the numbers of smokers accessing the service and the quit rate. This was achieved without adversely affecting the number of clients contacting other local smoking cessation services. The enhanced pharmacy service fulfilled the *Designed for Life* requirement for smokers motivated to quit being able to access an NHS smoking cessation service within one month of referral. [28] The level 3 service 4-week quit rates, 56.7% (self-reported) and 40.2 % (CO verified), fall within Department of Health (England) expected success rate range of 35% to 70%. [29]

Whilst the service was not designed to target specific sub-population groups, it has been accessed by clients throughout the county borough of Merthyr Tydfil and has been effective in reaching residents in the most deprived areas. The awareness raising activities both with the public and local health professionals, and access to town centre shopping may have been important factors in attracting clients from all electoral wards.

The enhanced pharmacy service has improved ease of local access to smoking cessation services, and increased the choice of approaches to smoking cessation available in Merthyr Tydfil. Smokers form a very diverse population, and their individual needs for support in smoking cessation differ. These needs are met through intensive behavioural support in group and one-to-one sessions provided by the Stop Smoking Wales Service, one-to-one motivational support to clients via the level 3 pharmacy service and brief interventions and/or prescribing services from GP's and practice nurses. Adult smokers in Merthyr Tydfil have access to a range of smoking cessation services locally thereby providing increased choice for potential quitters.

The service has been well accepted by clients, pharmacists and other local stakeholders as being both valuable and accessible. The implementation of the pharmacy service improved access to NRT through an additional means of supply/initiation involving less process steps for clients. Phased supply of NRT in both the level 2 and level 3 pharmacy services appears to be a cost-effective model with the potential to reduce medicines wastage.

Partnership working between the participating community pharmacists, the Stop Smoking Wales specialist service and the LHB demonstrated clear benefits. The arrangements enabled clients to access the most appropriate service according to their needs, and was designed to facilitate the transfer of clients between services if those needs changed. Stop Smoking Wales provided support to participating pharmacists, enabled closer working relationships with them, and helped to dispel concerns that services are competitive rather than complementary. This level of integration of the enhanced pharmacy service with the Stop Smoking Wales specialist service has also ensured that data collection and reporting methods were consistent between these services.

The feasibility testing of the pilot electronic system for processing claims for payments by HSW has been successful. The method was robust and popular with participating pharmacists and the LHB service lead as administrative time spent processing claims for payment were much less compared with the traditional paper-based method.

The locally enhanced community pharmacy smoking cessation service has been successfully integrated into local service planning. However, it is difficult for the LHB as the commissioner to make long-term plans for the delivery of enhanced services through the community pharmacy contractual framework. No specific funding allocation for enhanced services is included in the NHS community pharmacy envelope from the Welsh Assembly Government.

Since the introduction of the contractual framework in 2005, funding of new enhanced community pharmacy services has generally only occurred as a result of under-spending in the funding allocation for essential and advanced services. The time-lag between service delivery and the receipt of information by the LHB on both the prescription volume (essential service) and medication use review (advanced service) activity means that the funding of enhanced services in this manner is precarious. Unless recurrent funding is identified, enhanced community pharmacy service innovations such as this may be unsustainable.

Changes in the structure of NHS Wales with LHBs and Trusts being replaced with new combined organisations, may lead to further uncertainty over the future of community pharmacy enhanced services. There is a need to negotiate longer-term funding in order for these services to become well enough established to cope with complex changes in NHS Wales. Unless the data from pharmacy enhanced services is collected and collated in a routine and sustainable manner the longer-term effectiveness of pharmacy smoking cessation services, may not be evidenced.

The community pharmacy contractual framework provides a mechanism for community pharmacists to offer services which utilise their skills and contribution to improving the health and well-being of the population of the communities they serve. The Merthyr Tydfil LHB pilot of a locally enhanced community pharmacy smoking cessation service is an example of how community pharmacists can provide effective, valuable, highly accessible local services through the contractual framework, that support local people and the delivery of local objectives. Local pharmacists have been enabled to make an enhanced contribution through taking a more pro-active role in promoting smoking cessation, encouraging the effective use of NRT and providing support for behavioural change.

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Appendix I Service Level Agreement

Community Pharmacy Stop Smoking Service

Service Level Agreement 2007-2008

Between

MERTHYR TYDFIL LOCAL HEALTH BOARD

And

Xxxxxxxxx

Services Covered	Community Pharmacy Stop Smoking Service
Agreement Duration	1st March 2007 to 31st March 2008
Grant Value	Level 1 – no additional fee Level 2 - £1.90 per supply of NRT (7 supplies in total) Level 3 - Week 1 supply and support - £11.50 Week 2 & 3 " " - £3.35 per supply Weeks 5 – 12 " " - £1.90 per supply (4 supplies) Giving a total fee per successful quit of £25.80 per patient (7 supplies in total)
Party 1 - Commissioners	**Merthyr Tydfil Local Health Board**
Party 2 - Provider	**Xxxxxxxxxxxxxx**
For and on behalf of the Commissioner:	
Signature:	.....
Designation:	.....
Date:	.....
For and on behalf of the Provider:	
Signature:	.....
Designation:	.....
Date:	.....

Community Pharmacy Stop Smoking Service

Service Level Agreement

1.0 Agreement Objectives

- To improve access to and choice of smoking cessation services, including access to nicotine replacement therapy.
- To assist in the delivery of the Health Care and Well Being Strategy, Designed for Life and the NPHS targets.
- To reduce smoking related morbidity and mortality by helping people to give up smoking.
- To improve the health of the population by reducing exposure to passive smoke.
- To help service users access additional treatment by offering referral to specialist services where appropriate.
- To optimise the cost effectiveness of NRT prescribing and obtain data on quit rates.
- To reduce the work load in general practice.

2.0 Scheme Eligibility

Payment by the Local Health Board (LHB) to a Community Pharmacy for providing the smoking cessation service will be conditional upon:

- The pharmacy being authorised by the LHB to provide the stop smoking service. i.e. the pharmacy has completed Contractor Listing form PS/ES/5 and had it authorised by the LHB, prior to commencing the service.

- The patient must be resident in Merthyr Tydfil or registered with a General Practitioner located within the boundaries of the LHB.

- A named pharmacist must be accountable for the management of the service.

- Either party can terminate the agreement by giving the other party 90 days written notice.

  In the event of termination of the service the party terminating the service will ensure a minimum of 90 days notice is provided to all parties (including patients as necessary).

- Any advertising of the service (other than in the pharmacy practice leaflet or LHB material) should be approved by the LHB.

3.0 Authorisation Arrangements

To obtain authorisation from the LHB to provide the stop smoking service the registered Community Pharmacy intending to provide the service shall submit to the LHB the following information: -

- Confirmation that the Named Pharmacist(s) who intends to provide the Stop Smoking Service is included on the Register of the Pharmaceutical Society of Great Britain. It is the responsibility of the employing Community Pharmacy to confirm this registration. The LHB may require evidence of this.
-
- Submit evidence of the Named Pharmacist(s) having undertaken appropriate training to provide the service.

- Have in place an up to date SOP/SOP's detailing the supply service and the arrangements and process for the provision of advice. This will be checked during the validation visit.

4.0 Service to be provided.

The Stop Smoking Service integrates pharmacies into the National Public Health Service (NPHS) All Wales Smoking Cessation Service (AWSCS), and offers three levels of service:

- **Level 1:** Essential service 'Promotion of healthy lifestyles (Public Health)' (ES4). Opportunistically and as part of campaigns to encourage smokers to quit, provide advice on quit strategies and to signpost clients wishing to quit to appropriate services.
- **Level 2:** Undertake the supply of NRT for clients who are receiving smoking cessation advice from AWSCS.
- **Level 3:** Provide one to one assessment of client's needs, initiate, supply and monitor the use of appropriate smoking cessation therapy, and provide brief intervention support each time NRT is supplied

Pharmacies working at any level can access additional support from the AWSCS specialist service if necessary.

Details of the service can be found in the service specification document

5.0 Record Keeping

All supplies of NRT and other significant interventions must be recorded on the pharmacy's PMR system

The AWSCS patient questionnaire and consent form must be completed by the patient prior to commencing the Level 3 service. Patients accessing Level 2 service will have completed this form with the AWSCS local specialist.

Level 2 – form 1 must be completed each time a supply of NRT is made, and the client's signature obtained. All details on the form must be completed and the form signed by the responsible pharmacist at the end of the treatment period.

Level 3 – form 2 must be completed each time a supply of NRT is made, and the client's signature obtained. All details on the form must be completed and the form signed by the responsible pharmacist at the end of the treatment period.

6.0 Reporting Arrangements

Level 2

Claims for payment should be made when the client completes the treatment period or leaves the service. Information from form 1 should be transferred to the HSW claim form. No patient identifiable information should be transferred to HSW.

Level 3

Claims for payment should be made when the client completes the treatment period or leaves the service. Information from form 2 should be transferred to the HSW claim form. No patient identifiable information should be transferred to HSW.

HSW

Claims for payment should be submitted to HSW by email by the 5th working day of the next calendar month as for prescription pricing.

Late submissions will result in payment processing the following calendar month.

Claims made more than two calendar months in arrears will not be paid unless in exceptional circumstances.

Please note that it is the responsibility of the named pharmacist to ensure claims are accurate and that the correct payment has been made.

*All claims will be subject to the BSC Post Payment Verification proc*ess

AWSCS

When a client completes or leaves the scheme, the patient questionnaire and consent form, should be sent to the All Wales Smoking Cessation Service c/o:

Katie Tulloch

Regional Smoking Cessation Co-ordinator for SE Wales

Mamhilad House

Mamhilad Park Estate

Pontypool

Gwent

NP4 0YP

The AWSCS will retain the information for a minimum of 2 years as a clinical record.

Pharmacy

Pharmacy Record of Supply of NRT forms (Form 1 or 2) should be retained in the pharmacy for a minimum of 2 years.

7.0 Training and Education

- Pharmacists wishing to provide this service must have undertaken the appropriate training co-ordinated by the LHB.
- The named pharmacist entering into the agreement to provide the service will ensure that all staff involved in providing the service have been suitably trained and are aware of the need to respect patient confidentiality.
- Locums and all support staff must be fully informed and suitably trained in relation to their involvement in the scheme.
- Pharmacists providing this service will be expected to participate in appropriate Continuing Professional Development that complies with the criteria set by the RPSGB.
- The service will be provided in accordance with best practice and will comply with all relevant guidance contained in the latest edition of the RPSGB "Medicines, Ethics and Practice – A Guide for Pharmacists.

8.0 Monitoring and Audit

- The pharmacy should maintain appropriate records to ensure effective ongoing service delivery and audit
- Pharmacies are encouraged to self-audit this service. The LHB reserve the right to audit records of visits and claims and all claims will be will be subject to the BSC Post Payment Verification procedure.

9.0 Reimbursement

The fee payable to Community Pharmacies will be paid on submission of the Claim Form referred to in 6.0 above**.**

Fees for 2007- 2009 are as follows: -

Level 1 – no additional fee

Level 2 - £1.90 per supply of NRT (maximum of 7 supplies) + cost NRT at Drug tariff price.

Level 3 - Week 1 supply and support - £11.50

Week 2 & 3 " " - £3.35 per supply

Weeks 5 – 12 " " - £1.90 per supply (4 supplies)

Giving a total fee per successful quit of £25.80 per patient + cost of NRT at Drug tariff price.

Payment for NRT

The cost of any NRT supplied under the Pharmacy Stop Smoking Service will be reimbursed at Drug Tariff price following receipt of the claim form.

10.0 Resources

When registration is complete the pharmacy will be issued with a toolkit of resources. The toolkit, including a carbon monoxide monitor, remains the property of Merthyr Tydfil LHB. A charge of £325.00 + VAT will be invoiced to the pharmacy for any carbon monoxide monitors, which are lost or not returned when requested, to cover the cost of a replacement.

Further supplies of toolkit resources can be ordered from Emma Hinks, Project Manager, Merthyr Tydfil LHB on 01685 358531 or email emma.hinks@merthyrtydfillhb.wales.nhs.uk .

Please note requests for resources will be processed within 14 days of request in writing/email. No telephone requests will be accepted.

11.0 Service Volume

The number of clients each pharmacy can report may be restricted due to constraints on funding.

Local Guidance

12.0 Corporate Governance (Clinical Governance)

Clinical Governance is a corporate governance system used by the NHS to monitor and improve quality. The purpose of effective governance is to ensure that patients/clients receive the highest quality of care possible. It covers the organisations systems and process for monitoring and improving services. Though clinical governance has been developed very much as a NHS concept, voluntary sector projects in receipt of NHS funding are expected to provide evidence that they have in place arrangements to assure quality of care similar to those in the NHS.

The Local Health Board recognises that most if; not all voluntary organisations are already pursuing quality improvement activities.

In order to satisfy the NHS Governance requirements voluntary sector providers should provide evidence of addressing/working towards the following:

- **Leadership, accountability & working arrangements**
  To ensure that accountability for continuous quality improvement is clearly defined at all levels of the organisation. Clear lines of responsibility and accountability for the overall quality of services provided. Joint working with other organisations (including health, local authority, other voluntary organisations etc).

- **Involving the Public/Users**
  The involvement of the public/users in the delivery of healthcare services.

- **Risk assessment**

  A programme for risk management should be in place through which risk is assessed and a plan adopted for its management. It should include critical incident reporting; complaints procedures, procedures for identifying and

remedying poor staff performance, systems errors, failed communication, resource constraints.

- **Staffing & Staff Management**

  A plan should be in place with the aim of ensuring that sufficient numbers of appropriately trained staff are available to deliver services to the standards required.

- **Use of Information (Caldicott)**
  In 1997 a report was published by the Caldicott Committee making a number of recommendations, which aimed to improve the way in which the NHS handles and protects the patient identifiable information it collects through its processes. The main principles are as follows:

  - Justify the purpose of all patient identifiable information
  - Don't use this information unless absolutely necessary
  - Use the minimum necessary identifiable information
  - Access should be on a strict need to know basis
  - Everyone should be aware of their responsibilities
  - Every use of patient identifiable information must be lawful

- **Audit**

  A plan needs to be developed for bringing a service, over time, up to the agreed standards. Services should be reviewed against national standards where possible and benchmarked against outcomes from similar organisations.

- **Continuing professional development**

- **Evidence based practice**
  To support and underpin the development, delivery and demonstration of evidence-based best practice

13.0 Fundamentals of Care – Guidance for Health and Social Care Staff

Fundamentals of Care is a Welsh Assembly Government initiative which aims to improve the quality aspects of health & social care for adults. All agencies are required to comply with the Welsh Assembly Government Fundamentals of Care Guidance.

It is anticipated that all care providers anxious to maintain and develop quality personal care services will incorporate Fundamentals of Care within training and staff development programmes as a basic foundation for the provision of quality services.

14.0 Child Protection

All agencies are required to comply with the following guidance;

- The Children's Act 1989
- Working Together to Safeguard Children. A guide to Inter Agency Working to Safeguard and Promote the Welfare of Children, Final Working Draft NAfW March 2000 & associated guidance
- Local Area Child Protection Committee Procedures
- UN Convention on the Rights of the Child
- Choosing Care – The Warner Report
- Bristol Royal Infirmary Inquiry July 2001 – The Kennedy Report
- Children's Services & Child Protection Issues – The Carlile Report
- The Victoria Climbié Report

13.0 Vulnerable Adults

14.0 All agencies are required to **comply** with the guidance;

- In Safe Hands – Welsh Assembly Government Sept 2000

Agencies within the voluntary and independent sector have a key role to play in the protection of vulnerable persons, albeit that the lead responsibility for the investigation of allegations of abuse/inappropriate care will always rest with statutory agencies

15.0 Human Rights Act 1998

As a public body, the NHS must act in a way that is compatible with the Convention Rights contained within the Human Rights Act 1998.

16.0 Notice of Withdrawal from Agreement

The period of notice required by either side for the withdrawal of funding from this agreement is 90 days.

The Commissioner reserves the right to withdraw funding immediately in case of extreme non-compliance with the contract where practice is deemed dangerous or against the public good.

17.0 Arbitration

In the event of a disagreement arising under the terms of this agreement which cannot be resolved by the two parties concerned, the matter may be referred by either party to arbitration. In this event the parties shall endeavour to agree upon a suitable independent arbitrator. If they fail to do so within a period of 14 days, either party can approach the current President of the Chartered Institute of Arbitrators with the request that he/she nominate such an independent arbitrator whose decision upon the matter in dispute and on the question of costs arising from and in connection with his appointment shall be final and binding.

18.0 Variation of Agreement Terms

There may be exceptional circumstances during the year which are beyond the reasonable control of either party that prevent the discharge of the conditions in whole or in part. As

soon as this necessity becomes apparent both parties must discuss any proposed variations and agree a timetable leading to the resumption of normal contractual arrangements. This is in order that any charge of non-performance by either party can be avoided. The provider shall not be liable for failure to perform the agreement directly or indirectly caused by force Majeure, which term includes Acts of God, Acts of Parliament, Fire, War, Embargoes, Strikes and any other recurrence [whether or not similar in nature to those specified] beyond the control of the provider.

20.0 Confidentiality

The commissioner and non-statutory provider in this case agree to maintain a high standard of confidentiality at all times and will respect the need for such confidentiality as it relates to the contractual agreement between them. In addition, both will uphold the normal and accepted rules of confidentiality in respect of information regarding patients/clients.

21.0 Named Contact in Each Organisation

Commissioner

c/o Merthyr Tydfil Local Health Board
Mr Ted Wilson
Chief Executive
Merthyr Tydfil Local Health Board
The Business Centre
Triangle Business Park
Merthyr Tydfil
CF48 4TQ
01685 358500

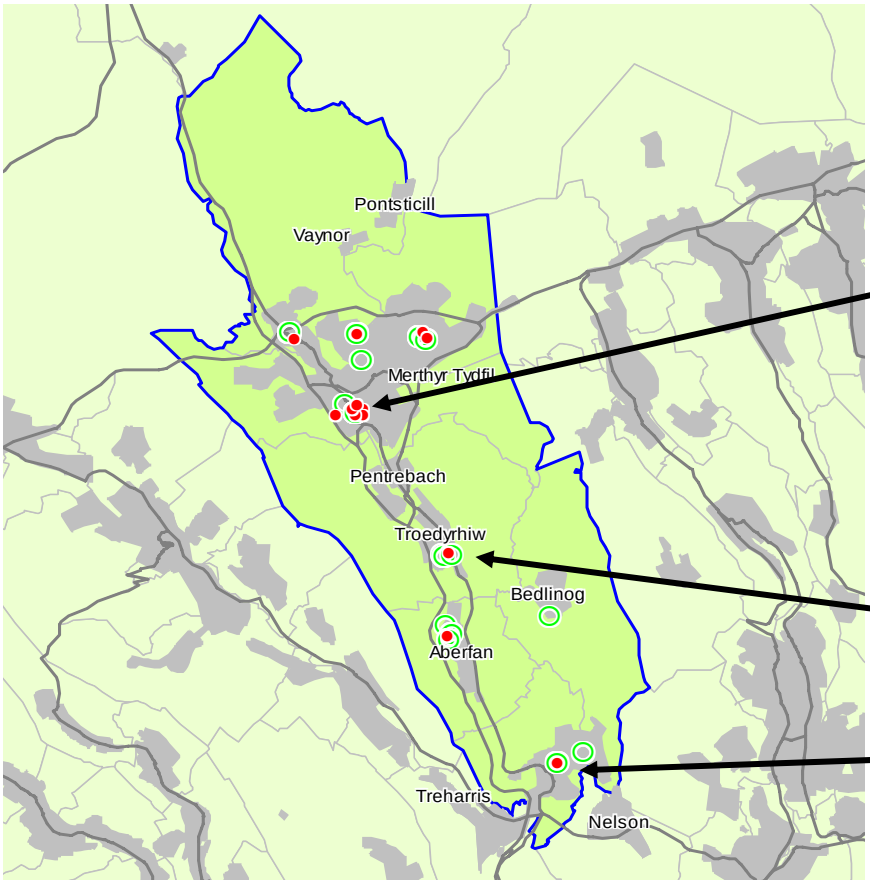
Appendix:

AWSCS Patient questionnaire and consent form
Form 1 – Level 2 record of supply of NRT
Form 2 – Level 3 record of supply of NRY and motivational support
Form 3 - GP feedback form

Appendix II Stakeholder survey response rate

	Questionnaires issued (n)	Responses received (n)	Response rate (%)
Participating community pharmacists	7	7	100%
Participating community pharmacy support staff	5	2	40%
Non-participating community pharmacists	7	6	86%
GP's and practice staff	36	26	72%
Stop Smoking Wales	2	2	100%
LHB head of pharmacy and medicines management	1	1	100%
NPHS local public health team	4	4	100%
Health Solutions Wales	1	1	100%
TOTAL	**63**	**49**	**78%**

Appendix III Location of participating pharmacies



Town centre
Beacon Pharmacy
Boots the Chemist
Co-op Central
Co-op, High St
Co-op, Newmarket Walk

Co-op, Troedyrhiw

The Square Pharmacy, Treharris

• Pharmacy ○ GP practice

Appendix IV Activity and outcomes at 4 weeks

Activity and outcomes at 4 weeks by age and gender: 2nd April 2007- 31st March 2008

Gender	Age band	No. of contacts	Number Attending assessment session only	Number Participating in treatment programme	No. followed up	No. quit at 4 weeks self report	%. quit at 4 weeks self report	No. quit at 4 weeks CO validated	% quit at 4 weeks CO validated
Female	**All ages[1]**	**99**	**34**	**63**	**37**	**35**	**55.6**	**25**	**39.7**
	under 18	0	0	0	0	0	-	0	-
	18-34	23	9	12	5	3	25.0	3	25.0
	35-59	59	22	37	22	20	54.1	14	37.8
	60+	13	2	11	8	8	72.7	8	72.7
Male	**All ages[1]**	**52**	**16**	**34**	**23**	**20**	**58.8**	**14**	**41.2**
	under 18	0	0	**0**	0	0	-	**0**	-
	18-34	14	5	8	4	4	50.0	1	12.5
	35-59	25	7	17	11	9	52.9	8	47.1
	60+	8	1	7	6	5	71.4	4	57.1
Persons	**All ages[1]**	**151**	**50**	**97**	**60**	**55**	**56.7**	**39**	**40.2**
	under 18	0	0	0	0	0	-	0	-
	18-34	37	14	20	9	7	35.0	4	20.0
	35-59	84	29	54	33	29	53.7	22	40.7
	60+	21	3	18	14	13	72.2	12	66.7

[1] includes age not given

Calculations of Service Outcome

1. The Russell Standard (Clinical) is widely accepted as the leading standard for calculating outcomes in smoking cessation services.

2. The following definitions from the Russell Standard have been used to produce the service outcomes for 2006/7:

i. Treated Smoker

A smoker who undergoes at least one treatment session. Smokers who attend an initial information session but fail to attend thereafter are not counted.

ii. 4 Week Quitter (self-reported)

A smoker is counted as a 4 week quitter (self- report) if s/he is a 'treated smoker', who is assessed (face-to-face, by postal questionnaire or by telephone), 4 weeks after the designated quit date and declares that he/she has not smoked even a single puff of a cigarette in the past 2 weeks.

iii. 4 Week Quitter (Carbon Monoxide (CO)-verified)

A smoker is counted as a 4 week quitter (CO-verified) if s/he is a self-reported 4-week quitter and his/her expired air CO is assessed 4 weeks after the designated quit date and found to be less than 10ppm.

iv. Lost to Follow Up

A treated smoker is counted as 'lost to follow-up' if, on attempting to determine the 4 week quit status, s/he cannot be contacted.

v. 52 Week Quitters

A smoker is counted as a 52 week quitter if they are a 4 week quitter (self-report) and if when contacted at 52 weeks (face-to face, by postal questionnaire or by telephone) report that they have smoke no more than 5 cigarettes over the past 50 weeks.

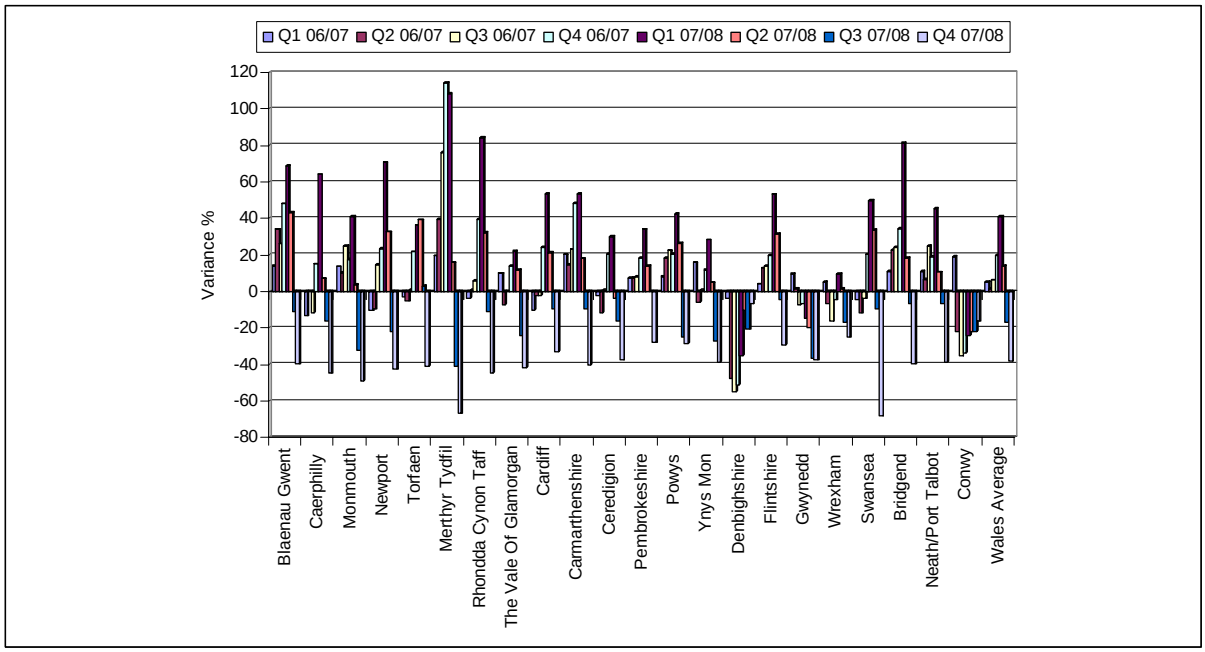
Appendix V Level 3 clients by electoral wards

Electoral ward	Clients (n)	Deprivation[1]	Clients per deprivation level (n)
Cyfarthfa	6	1	Most deprived fifth: 47
Dowlais	7	1	
Gurnos	17	1	
Merthyr Vale	6	1	
Penydarren	11	1	
Bedlinog	1	2	Second most deprived fifth: 50
Park	1	2	
Plymouth	9	2	
Town	10	2	
Treharris	22	2	
Vaynor	7	2	
Total	97		

[1] Wards in fifths by Townsend deprivation score, 1 is most deprived fifth

Appendix VI NRT prescribing expenditure variance

Expenditure variance for prescribed NRT in Wales by quarter year comparing 2005/06 with 2006/07 and 2006/07 with 2007/08



LHBs in Wales with enhanced smoking cessation services

March 2006: Conwy, Denbighshire

November 2006: Gwynedd, Wrexham

April 2007: Merthyr Tydfil

December 2007: Swansea