Smokefree Oxon, Solutions4Health, John Eccles House, Oxford Science Park, Robert Robinson Avenue, Littlemore, Oxford, OX4 4GP
Web: https://www.smokefreeoxon.co.uk
Email: smokefreeoxon.s4h@nhs.net
Tel: 0800 772 3673

SERVICE LEVEL AGREEMENT

For the provision of

Smoking Cessation Treatment Programme within

Community Pharmacies

(Level 2 Intensive Support Service Model)

From 1st December 2025 to 31st March 2026

1. **This agreement is between**

The Commissioner: Solutions 4 Health, delivering as Smokefree Oxon

Address: Smokefree Oxon, Solutions4Health, John Eccles House, Oxford Science Park, Robert Robinson Avenue, Littlemore, Oxford, OX4 4GP

And the Provider:
(Referred to in this document as the Pharmacy)

Address:

Pharmacy F code:

2. Definitions

The Client as referred to in this document is the recipient of the smoking cessation treatment programme as detailed in this document.

Smokefree Oxon is the name of the stop smoking service responsible for managing this contract.

3. Period

This agreement is valid from the 1st of December 2025 to 31st March 2026. It may be subject to renewal following review, but renewal cannot be guaranteed.

4. Obligations

4.1. The Pharmacy will provide the service in accordance with the specification (service schedule, appendix: 1).

4.2. Smokefree Oxon will manage the service in accordance with the specification (service schedule, appendix: 1).

4.3. This Service Level Agreement comprises a Service Level Specification and General Service Terms and Conditions in respect of the provision of Stop Smoking Services, and where *'the provider'* shall comply with the requirements of both in full to receive payment.

4.4. The Service Level Specification details Smokefree Oxon's requirements in the primary care (Community Pharmacy) setting.

4.5. The General Service Terms and Conditions details the arrangements that underpin the Service Level Specification.

4.6. There is no requirement for contractors to have a Standard Operating Procedure (SOP) in place for providing this service, however, adherence to the SLA in full is accepted by all parties in signing this agreement.

5. **Service Aim**

5.1. In line with national guidelines, Smokefree Oxon aims to help and encourage local health services to deliver the most effective and most cost-effective services to encourage people who smoke to quit; ensuring that all clients can make a fully informed choice of where and how they receive support to quit.

5.2. All Pharmacies are expected to provide essential and those additional services they are contracted to provide to all their clients. This service specification outlines the more specialised services to be provided. The specification of this service is designed to cover the enhanced aspects of clinical care of the client, some of which are beyond the scope of essential services. No part of the specification by commission, omission or implication defines or redefines essential or additional services.

6. Payments

6.1 The Payment schedule is listed below for provision of pharmacy level 2 smoking cessation service.

6.2 Smokefree Oxon will pay the following:

- A payment tariff of £30 for each client setting a quit date according to Russell standards.
- A payment tariff of £80 for a client following setting a quit date, quits successfully as a CO validated DH valid 4 week quit according to Russell standards.
- A payment tariff of £60 for a client following setting a quit date, quits successfully as a self-report 4 week quit according to Russell standards.
- A payment tariff of £40 for a 12-week CO verified quit (regardless of if 4-week quit was CO valid or not).
- A payment tariff of £30 for a 12-week self-reported quit (regardless of if 4-week quit was CO valid or not).
- A payment tariff of £10 for not quit or lost to follow up client.
- Smokefree Oxon will reimburse the cost of pharmacotherapy including NRT (nicotine replacement therapy) products at drug tariff price plus 5% VAT minus NHS prescription levy charge (subject to client exemption status).
- Single or combination NRT products may be supplied to the clients as per the tobacco dependence assessment using validated tools such as Fagerström score (appendix 2).
- Combination NRT only to be supplied if Fagerström score is 8 or above for up to 8 weeks supply of product(s) per client.
- Smoking cessation quit programme is for up to 12 weeks.

- The maximum amount a pharmacy can claim for a client is shown below:*

Maximum payment per client for CO verified quitter	£150
Maximum payment per client for self-reported quitter	£120
Maximum payment per client not quit or lost to follow up	£40
* NRT (nicotine replacement therapy) products reimbursement at drug tariff price plus 5% VAT minus NHS prescription levy charge (subject to client exemption status). Please refer to the duration permitted in the above payments section on page: 3.	

- Pharmacy will receive a one-off training reimbursement of £175 (per pharmacy) for staff members who complete the required training to become a Stop Smoking Advisor, provided the individuals have not previously undertaken the NCSCT Practitioner Training and the additional modules specified in the training section. This will be paid by Smokefree Oxon upon completion and written sign up to level 2 service provision by the Pharmacy provider.

- Staff members who are already trained as Stop Smoking Practitioners are not required to retrain under this service specification and therefore are not eligible for the one off £175 training fee reimbursement.

7 Administration and data

7.1. Smokefree Oxon has provided a framework for the recording of relevant service information through PharmOutcomes.

7.2. Support and training for PharmOutcomes can be provided by contacting Smokefree Oxon and PharmOutcomes customer service.

7.3. The Pharmacy should enter client data on PharmOutcomes in real time. If there are any reasons for the delay, data should be entered within 24 hours of any engagement with the client. Any further delay must be communicated to Smokefree Oxon immediately at smokefreeoxon.s4h@nhs.net.

7.4. Incomplete, or inaccurate data will not trigger payments until quality issues have been resolved by the pharmacy.

7.5. Invoices should be submitted to Smokefree Oxon via PharmOutcomes.

7.6. Payments will be made monthly in arrears within 30 days for auditing and validating quits from receipt of a valid and undisputed invoice.

7.7 Delay in submitting data and invoices may result in delays in payment and may result in non-payment of invoices. Delays over 3 months and or those missing at the end of quarter or year deadlines will not be paid unless there are highly exceptional circumstances. No payment will be withheld without prior discussion with the Pharmacy concerned.

7.7. The service commissioned by Smokefree Oxon is based on the service

delivering their commissioners annual 4-week quitter target and 12-week follow-up. Activity will be monitored monthly and quarterly basis. Where activity from all providers in the care pathway is forecast to exceed the levels required by Smokefree Oxon they will work with subcontractors to effect remedial action such that the planned activity delivered but does not greatly exceed the full target by the end of the year. This does not require Smokefree Oxon to give each subcontractor its own target but does enable Smokefree Oxon the opportunity to address over as well as under performance and help reduce financial risk. It may include temporary suspension of service within the Pharmacy and referral of all smokers to Smokefree Oxon.

8. Standards

The service will be provided in accordance with the standards detailed in the specification (service schedule, appendix: 1).

9. Key Performance measures and remedies

9.1 The payment enhancement reflects important service requirements for the quality and ongoing development of Smokefree Oxon Stop Smoking Service (appendix: 4).

9.2 **4-week Success rates should be between 50% and 75% but with the aim being to exceed 50%.** Where success rates are under 40% in one quarter, Smokefree Oxon Pharmacy Coordinator and the Pharmacy Manager will hold a Service Review meeting to investigate. The Pharmacy will be supported to improve by at least 5% by the end of the following quarter and will subsequently achieve at least a 50% success rate within four months of review. Failure to raise success rates after reasonable intervention will result in termination of the contract unless exceptional circumstances exist.

9.3 Attempts to contact clients to establish 4 and 12 week quit status must be recorded on the PharmOutcomes database to evidence work done (face-to-face, phone, text and emails etc are all acceptable methods).

9.4 **CO validation rates should be at least 70%.** This is the number of clients who have their success at 4 weeks validated by a Carbon monoxide reading (CO reading of less than 10ppm).

9.5 **Twelve weeks post quit date follow up must be recorded and the episode completed between 12- and 14-weeks post client's quit date.**

9.6 Attempts to contact 100% of 4 week quits and confirm client's quit status by text, telephone, email or in person must be recorded on PharmOutcomes. If relapsed client, has a serious mental illness of two or more long term conditions, they should be referred to Smokefree Oxon, the specialist level 3 smoking cessation service. It is important to update 'record status' either as quit, fail or lost.

9.7 **NOTE:** Smokefree Oxon will attempt to contact any client that the pharmacy has not contacted by 14 weeks post Quit Date. If the client is quit, Smokefree Oxon will **only** pay the pharmacy for the 12-week quit **IF** there is sufficient evidence of them attempting to contact the client or evidence of an exceptional circumstance preventing this happening.

9.8 **Service evaluation**
All clients entering the service are to be offered a client service evaluation online by Smokefree Oxon. Smokefree Oxon Pharmacy Coordinator will contact clients who have used the pharmacy service to audit service quality.

9.9 Data Quality all questions should be fully answered, including medication prescribed should all be recorded on PharmOutcomes.

PERFORMANCE MEASURE	CONTEXT
4 Week success rate is over 50%.	Account will be taken of numbers of clients seen and the Pharmacy's local demographics.
All data is valid and meets service specifications this includes all medication prescribed to be recorded.	Specific data is required by the Department of Health and is detailed in the appendices.
All data is submitted on time.	Data is submitted as described in the service schedule, appendix: 1.
Client evaluation forms returned on at least **30%** of clients who set a quit date within a year.	Client service evaluation online questionnaires as provided by Smokefree Oxon to be provided for all clients and forwarded to Smokefree Oxon for review and collation.
CO validation rate. The pharmacy should aim for a minimum of 70% of those who stop smoking being DH CO validated (reading of less than 10 ppm) and this being reported to Smokefree Oxon.	CO Validation reduced from 85% to 70%
12-week status is confirmed between the 12 and 14-week post quit date. Confirm if client is still quit and smokefree. This can be carried out by texting, email, phone call or face to face with client.	20% of patients should reach a 12 week status. Attempt to contact 100% of 4 week quits and status recorded (Quit, Fail or Lost).
Lost to follow up clients.	Should not exceed 10%.
Staff involved in the delivery of the service have successfully completed the NCSCT Declaration of Competency.	100% and to be checked at the commencement of service.

10. Unsatisfactory performance

10.1. Pharmacies which fail to meet these performance measures in any one quarter will be reviewed by Smokefree Oxon staff to identify the problems and agree a corrective course of action and timetable. Services that continue to provide substandard service within four months of a service review will no longer be commissioned by Smokefree Oxon stop smoking service, unless exceptional circumstances have occurred.

10.2. Unsatisfactory performance as identified through service audit, user assessment of the service, complaints or other means will be referred to Smokefree Oxon for investigation and may result in the suspension and/or termination of the service by the Smokefree Oxon.

10.3. Failure to provide a directed service to the specification will be considered a breach of SLA contract.

11. Service promotion and support

11.1 Smokefree Oxon will be responsible for the promotion of the service locally, including the development of publicity materials, which pharmacies can use to promote the service to their clients.

11.2 Smokefree Oxon will provide details of relevant referral points which pharmacy staff can use to signpost service users who require further assistance.

11.3 Smokefree Oxon will provide support for Pharmacy staff as and when required.

11.4 Pharmacies will nominate a Lead for smoking cessation. This person will be the link between the pharmacy and Smokefree Oxon on all issues of smoking cessation, responsible for supporting the development of the service within the pharmacy and ensuring effective communication between all parties and within the Pharmacy. This person does not have to be the Pharmacy stop smoking advisor. This person will arrange at least quarterly contact with a Smokefree Oxon Pharmacy Coordinator to support ongoing performance improvement.

11.5 Smokefree Oxon will provide quarterly feedback on service performance against the outcome measures.

11.6 Pharmacies are responsible for ensuring that there are posters, leaflets and other promotional materials available during national campaigns.

12. Clinical Governance and training

12.1 Smokefree Oxon will provide all training specifically related to this intensive smoking cessation treatment programme apart from the online training provided by National Centre for Smoking Cessation and Training (NCSCT).

12.2 All Pharmacy personnel providing the stop smoking services as described within this contract shall have:

- Attended appropriate Smoking Cessation Level 2 training course.
- Successfully completed the online NCSCT Stop Smoking Practitioner training and provide evidence of this.
- Successfully completed the online NCSCT mental health module and provide evidence of this.

12.3 Failure to comply with this requirement will result in the suspension of the SLA contract.

12.4 New Pharmacy advisors will be required to undertake appropriate Level 2 advisor training with Smokefree Oxon provided free of charge.

12.5 New Pharmacy advisors are required to complete and pass the (NCSCT) Stop Smoking Practitioner online training which can be accessed at https://elearning.ncsct.co.uk/ prior to providing the treatment programme without supervision as described in this contract.

12.6 A period of 'Learning in Action' by the Pharmacy advisor is optional prior to providing the smoking cessation treatment programme. This could entail the Pharmacy advisor attending Smokefree Oxon specialist sessions to shadow the Smokefree Oxon stop smoking advisor and observe the smoking cessation programme in action. Alternatively, the Pharmacy advisor can shadow a colleague in their area of work and / or provide written evidence approved by Smokefree Oxon of health behaviour change skills and experience gained elsewhere, for example working as a Level 2/3 smoking cessation advisor within the past 12 months.

12.7 Pharmacy advisors should ideally see a minimum of 4 clients per month who set a quit date, unless local agreement has been made with Smokefree Oxon. Failure to achieve this will negatively affect staff skill levels and may result in termination of contract.

12.8 Clients with SMI (Serious Mental Illness) must be ***offered*** a referral to the Smokefree Oxon specialist service. The pharmacy advisor must enable them to make an informed choice. The pharmacy must be trained to support these clients if they accept them into their service. (See 12.10).

12.9 All Pharmacy advisors are expected to complete the NCSCT mental health module within two months of service provision.

12.10 Further local pharmacy updates and meetings will be offered periodically to all smoking cessation staff by Smokefree Oxon as part of field visits to the pharmacy advisor. Participation at these meetings is encouraged under normal circumstances at least every 6 months to ensure all staff are up to date in service and continuous professional developments.

12.11 Training will be available periodically locally. This is provided by Smokefree Oxon and will be communicated via PharmOutcomes and emails as training courses are set up.

12.12 Pharmacy staff should contact Smokefree Oxon Pharmacy Coordinator for the latest information and dates regarding training schedule.

13. Quality Assurance and Access to Services

A comprehensive range of stop smoking services should be available locally to accommodate all clients' needs, and any client preferring specialist support are to be referred to Smokefree Oxon.

14. Confidentiality

14.1 Both parties shall adhere to the requirements of the Data Protection Act 2018 and the Freedom of Information Act 2000.

14.2 Any approaches by the media for comments or interviews must be referred to Smokefree Oxon.

15. **Safeguarding**

15.1 Pharmacies are required under statute and regulation to have effective arrangements in place to safeguard and promote the welfare of children and adults at risk of harm and abuse in every service that they deliver. Pharmacies must demonstrate safeguarding is embedded at every level in their organisation with effective governance processes evident. It remains the responsibility of every organisation, and each individual working healthcare professional, to ensure that the principles and duties of safeguarding children and adults are holistically, consistently and conscientiously applied.

15.2 The pharmacy shall be compliant with all applicable requirements of Safeguarding Vulnerable Adults and Children. All Pharmacy advisors must have a valid enhanced DBS certificate.

15.3 Pharmacy advisors must adhere to the Safeguarding Children guidance set out by Oxfordshire Safeguarding Children Partnership where a smoker is under the age of 18. Consent to treatment - Children and young people- NHS: https://www.nhs.uk/tests-and-treatments/consent-to-treatment/children/. This includes assessing the individuals' Fraser Competence: https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-8-gillick-competency-fraser-guidelines.

16. Indemnity

The Pharmacy shall maintain adequate insurance for public liability and personal indemnity against any claims which may arise out of the terms and conditions of this agreement by providing levels of cover:
(a) Public Liability Insurance with a limit of indemnity of not less than £5 million in relation to any one claim or series of claims:
(b) Employer's Liability Insurance with a limit of indemnity of not less than £10 million.
(c) Professional Indemnity Insurance with a limit of indemnity of not less than £1 million in relation to any one claim or series of claims and shall ensure that all professional consultants and sub-contractors involved in the provision of the services hold and maintain appropriate cover;

If, for whatever reason, the Pharmacy fails to give effect to and maintain the required insurances, Smokefree Oxon may make alternative arrangements to protect its interests and may recover the costs of such arrangements from the Pharmacy.

17. Review

This Service Level Agreement will be reviewed on an annual basis.

The designated Review Officers are:

For SMOKEFREE OXON: Name:

Position: Smokefree Oxon Pharmacy Coordinator

For the Pharmacy: Name:

Position:

18. Complaints Procedure

Any complaint made by a client in association with the services covered by this agreement will be dealt with in accordance with Smokefree Oxon's Complaints Procedure and notified immediately to the designated Practice representative/ Smokefree Oxon signatories shown above for their attention. Complaints will be discussed with the commissioner (as required) in the contract review meetings.

19. Audit Arrangements

Quality and financial audit arrangements will take various forms including sampling and client follow-up, spot checks, clients' feedback, surveys and review meetings. Details and results from this work form part of the annual review and action planning for improvement.

20. Conciliation and Dispute Resolution

20.1 Disputes between the pharmacy and Smokefree Oxon should be resolved at the lowest possible level and referred to the nominated party detailed in this agreement.

20.2 If the matters cannot be resolved by the parties directly involved, then the matter should be referred to the director responsible for each party.

20.3 Disputes should be determined as quickly as possible. In normal circumstances, both parties are committed to resolution within one month of the formal notification of a dispute to the officers as above.

21. Termination

21.1 Smokefree Oxon reserves the right to amend or withdraw this service.

21.2 This agreement may be amended by Smokefree Oxon within the 12-month period provided with three months' written notice is given to the pharmacy.

21.3 Smokefree Oxon may suspend or terminate this agreement forthwith if there are reasonable grounds for concern including, but not limited to, malpractice, negligence or fraud on the part of the Pharmacy.

21.4 This agreement can be terminated by either party (Smokefree Oxon or the Pharmacy) at any time during the 12-month period, provided written notice from either party is provided of the reason for termination 3 months prior to the termination date or less than 3 months by mutual agreement of both parties.

22. Force Majeur

22.1 Neither the Smokefree Oxon nor the Pharmacy will be liable for delay in performing obligations or for failing to perform obligations if the delay or failure results from circumstances beyond their reasonable control including Force Majeure, Act of God, governmental actions, explosions, civil commotion or industrial dispute.

22.2 The Pharmacy shall use its reasonable endeavours to prevent or overcome any such events and develop contingency and business continuity plans to reduce the impact of such events on the performance of this Agreement. The contingency and business continuity plans should be reviewed annually. The Pharmacy undertakes to use its best endeavours to re-establish any

services interrupted by any Force Majeure item as soon as reasonably practicable.

22.3 Other circumstances where Smokefree Oxon may agree to consider providing further resources, and/or offer other risk sharing agreements to be put in place for this activity, include:

Where Smokefree Oxon organisational circumstances produce such practical difficulties or a major illness outbreak among staff, leads to an enforced closure of facilities and reductions in operational performance jeopardise either stop smoking delivery plans or targets.

Where the Pharmacy organisational circumstances, such as staff sickness or high client demand, lead to an enforced closure of service or reduction in service the Pharmacy should contact Smokefree Oxon to negotiate an interim solution.

Signature

This document constitutes the agreement between the Pharmacy and Smokefree Oxon regarding the Service Level Agreement (SLA) for Smoking Cessation.

The Pharmacy is required to sign and to agree to the terms as set out in this SLA for the delivery of smoking cessation services for the period December 1st, 2025, to March 31st 2026.

Signed for and on behalf of the Pharmacy (Provider)

Pharmacy Name:

Signature

Printed name

Designation / Position ..... Date …….

Pharmacy Advisor Name	**Smokefree Oxon Date trained / NCSCT Training/ Update training / Mental health module**

CO Monitor	**Make**	**Serial number**

Signed for and on behalf of Smokefree Oxon (Commissioner)

Signature

Printed name

Designation

Date ……..

Please return to Pharmacy Coordinator, Smokefree Oxon at smokefreeoxon.s4h@nhs.net.

APPENDIX 1

SERVICE SCHEDULE

Background.

Smoking is the single greatest cause of preventable illness and premature death in the U.K. A person who smokes cigarettes regularly, more than doubles their risk of dying before the age of 65. In England and Wales, 21.6% of deaths in 2023 were avoidable, with ~64% of these preventable through public health actions (e.g., reducing smoking, lung cancer). More than any other identifiable factor, smoking contributes to the gap in life expectancy between the most deprived and the most affluent. To stop smoking is one of the most cost effective of all medical interventions.

The NHS Long-Term Plan and the government's tobacco control strategy remain committed to reducing adult smoking prevalence to 5% or less by 2030. This includes comprehensive approaches: standardised packaging, flavour bans (menthol), raising purchase age, and stop-smoking support in hospital and community settings. Healthy Lives, Healthy People: A Tobacco Control Plan for England clearly defines the Government's continued commitment to reducing smoking prevalence. In Oxfordshire, this is one of the key targets to improve health, reduce health inequalities and reduce health care spending. As well as reducing prevalence among adults and young people, services need to meet the needs of high prevalence smoking groups such as routine and manual workers and pregnant women.

NICE guidance recommends that opportunistic VBA (very brief advice), referral pathways to intensive support, and pharmacotherapy offering for all clients who smoke. Healthcare professionals should ensure smooth referral options or medication prescribing, regardless of patient willingness to engage in support services. These measures align with the highest evidence standard to maximize chances of successful quit attempts and reduce health burden.

Contact details for Smokefree Oxon:

Main Office: Smokefree Oxon, Solutions4Health, John Eccles House, Oxford Science Park, Robert Robinson Avenue, Littlemore, Oxford, OX4 4GP
Web: https://www.smokefreeoxon.co.uk
Email: smokefreeoxon.s4h@nhs.net
Tel: 0800 772 3673

1 Service outline

1.1. The part of the Pharmacy used for provision of the service provides a sufficient level of privacy and safety.

1.2. The Pharmacy has a duty to ensure that staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation and provision of the service. Advisors must be a NCSCT certified practitioner**.** Smokefree Oxon will keep Pharmacies updated of training opportunities as they arise.

1.3. Smokefree Oxon will provide training and support at no cost to the Pharmacy.

1.4. The Pharmacy has a responsibility to maintain appropriate consultation records, note keeping and up to date data entry to ensure effective ongoing service delivery and audit.

1.5. Client consent must be recorded on PharmOutcomes for treatment programme and agreement for Smokefree Oxon to contact them up to 18 months after treatment for follow up and audit purposes.

1.6. The Pharmacy has a duty to ensure that staff involved in the provision of the service are aware of and act in accordance with local protocols and NICE guidance.

1.7. Smokefree Oxon will supply a Carbon Monoxide monitor, consumables and servicing as required. This will be returned to Smokefree Oxon if the contract is relinquished. The Pharmacy will be required to pay for a replacement if they are found negligent in maintaining the monitor or lose it.

1.8. Access routes to this service will be determined locally, however they could include:

- Pharmacy referral because of the 'Promotion of Smokefree Oxon (Public Health)' or 'Signposting' Essential Services.
- Direct referral by the individual.
- Referral by another health or social care worker.
- A Fitness for Surgery referral via Smokefree Oxon.
- Directly referred clients who indicate that they wish to quit at a pharmacy will be assigned as a new client by Smokefree Oxon.
- Smokefree Oxon will inform the pharmacy staff by phone or email of the referred client.

1.9. The Pharmacy should attempt to contact the client within 2 working days to arrange appointments.

1.10. Clients with a SMI must be offered a referral to Smokefree Oxon specialist service.

1.11. If Pharmacy advisor leaves the pharmacy or ceases to be registered, Smokefree Oxon should be informed immediately. If the Pharmacy has no intention of replacing the Pharmacy advisor, then notice on this service should be given.

1.12. Repeat service users are to be directly referred to Smokefree Oxon for support (more than 2 quit attempts per year).

1.13. Evidence shows that weekly consultations (face to face or by telephone) with clients are most effective. This should be the aim of the Pharmacy advisor, particularly in the first four weeks post quit date. We do accept, however, that on occasions this may be unachievable for the client or Pharmacy advisor. Providing performance measures are maintained, fortnightly appointments may be scheduled on occasions but not as routine.

1.14. Any clients who express an interest in using bupropion or varenicline or cytisine or a vape (e-cigarettes) must be referred to Smoke free Oxon.

1.15. Supply of treatment must be recorded on the client's pharmacy medication record (PMR) on PharmOutcomes.

1.16. Following up missed appointments with telephone contact, text and/or written contact as required.

1.17. Referral to Smokefree Oxon of clients who choose to or require more intensive support following failure to quit.

1.18. If client continues to smoke after their quit date, treatment should be limited to one further week of treatment only. Following this week, if the client is still using tobacco the treatment programme should be terminated and recorded as a 'fail' outcome.

1.19. In line with DH guidance there is an allowance of 14 days following the end of treatment for a client to be followed up and recorded as a 4-week quitter.

1.20. Clients must be followed up by day 42 past their quit date.

1.21. 4-week outcomes are defined by the **Russell Standards**, as set below.

1.22. A smoker is counted as a **'self-reported 4-week quitter'** if s/he is a smoker, is assessed (face to face, by postal questionnaire or by telephone) 4 weeks after the designated quit date (minus 3 days or plus 14 days) and declares that s/he has not smoked even a single puff on a cigarette in the past 2 weeks.

1.23. A smoker is counted as a '**CO-verified 4-week quitter'** 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 (minus 3 days or plus 14 days) and found to be less than 10ppm.

1.24. A smoker is counted as **'lost to follow up at 4-weeks'** if, on attempting to determine the 4-week quitter status s/he cannot be

contacted.

1.25. A smoker is counted as a **'Not Quit'** if s/he is assessed 4 weeks after the designated quit date (minus 3 days or plus 14 days) and found to be still smoking or his/her expired-air CO is over 10ppm.

1.26. **A 4-week quit is defined by the Department of Health as Set Quit date plus 25 to 42 days. Clients whose follow-up date falls outside this time span may not be counted for the DH submissions and therefore will not be paid for.**

1.27. Clients can be supported for between 4 and 12 weeks in total, ideally weekly but may be seen fortnightly following their 4-week quit date.

1.28. Twelve weeks post quit date follow up session is recorded, and the client episode is completed between the 12 and 14 weeks post quit date.

1.29. Record status is updated with either of the treatment outcomes as either quit-self report, quit-CO validated, not quit/fail or lost to follow-up.

1.30. The deadline to update all data on PharmOutcomes is the 10th of the month following quarter end:

Q1) 1st April – 30th June	Data due 10th July
(Q2) 1st July – 30th September	Data due 10th October
(Q3) 1st October – 31st December	Data due 10th January
(Q4) 1st January – 31st March	Data due 10th April

1.31. **Young people under 18 years:**

1.32. Young people from the age of 12 who are regular smokers can receive NRT provided they are monitored regularly and are only supplied with one week of NRT at a time.

1.33. **Pregnant women:**

All pregnant women should ideally be referred to the Smokefree Oxon service for their specialist help and support. They can be referred by emailing the electronic referral form (see appendix: 3) to smokefreeoxon.s4h@nhs.net or through smokefree Oxon website referral form (https://www.smokefreeoxon.co.uk/professional-referrals/). However, pharmacy stop smoking advisor can enrol them for smoking cessation provision based on informed decision with the pregnant client.

APPENDIX 2

Assessment of Nicotine Dependence

This is a particularly useful tool to determine a clients' dependence. It is a series of questions that are scored out of 10. Of all the questions, the most vital is *"How soon after you wake up do you smoke your first cigarette?"* If it is within half an hour this tells you that your client is very dependant. The score is out of 10, so the higher the score the more dependent the smoker.

The Fagerström Test for Nicotine Dependence

How many cigarettes per day do you usually smoke? *(Write the number in the shaded box)*	**per day**	**< 10 0** **11-20 1** **21 –30 2** **31+ 3**
How soon after you wake up do you smoke your first cigarette? *(Circle the appropriate number)*	**Within 5 minutes** **5-30 minutes** **More than 30 mins**	**3** **2** **1**
Do you find it difficult to stop smoking in no-smoking areas?	**No** **Yes**	**0** **1**
Which cigarette would you hate most to give up?	**The first of the morning** **Other**	**1** **0**
Do you smoke more frequently in the first hours after waking than during the rest of the day?	**No** **Yes**	**0** **1**
Do you smoke if you are so ill that you are in bed most of the day?	**No** **Yes**	**0** **1**
Score /10		

Scoring
The maximum score which can be achieved is 10, the lowest is 0. Score Indicates:
3 or less Light smoker
4 – 8 Addicted smoker
9 or above Heavy smoker

This information can be used to help determine suitability and dosage of nicotine replacement therapy products.

APPENDIX 3:

Smokefree Oxon Smoking Cessation Referral Form

Smokefree Oxon, Solutions4Health, John Eccles House, Oxford Science Park, Robert Robinson Avenue, Littlemore, Oxford, OX4 4GP
Web: https://www.smokefreeoxon.co.uk, **Tel:** 0800 772 3673
Email for Referral Forms: smokefreeoxon.s4h@nhs.net

Date of referral		Date of Birth	
Client Name		Title	
Address and Postcode		NHS Number	
Email Address		Best Contact Number	
GP Name and address		Consent to send referral to Solutions4Health?	Yes □ No □
Is client pregnant?	Yes □ No □ N/A □	If Yes, expected delivery date	
What is the best time of day to call?	morning □ afternoon □ evening □	If there is no phone may we send a letter?	Yes □ No □
Would you prefer community based support?	Yes □ No □	Preferred clinic location (if known)	Cherwell □ Oxford City □ South Oxfordshire □ West Oxfordshire □ Vale of White Horse □ Any Other venue □
Additional information related to the referral		Referrer's name and contact details	
Office Use only Contact Date			
Additional Comments			

APPENDIX: 4
Monitoring Quality and Performance Indicators

Pharmacies will be monitored on:

Indicator	Target	Evidence	Frequency of Monitoring
The number of clients who set a quit date and quit at four weeks (annual target: 30-60 quitters per year).	50%	PharmOutcomes	Quarterly
The number of clients who set a quit date and quit at four weeks with CO verification.	70%	PharmOutcomes	Quarterly
The number of clients who set a quit date but are then 'lost to follow-up'.	10%	PharmOutcomes	Quarterly
The number of clients who set a quit date, quit at four weeks and remain quit at 12 weeks.	20%	PharmOutcomes	Quarterly
The number of clients who set a quit date and their treatment outcome recorded at four weeks as either 'quit-CO verified', 'quit-self report', 'non-quit' or 'lost to follow-up'.	100%	PharmOutcomes	Quarterly
The number of clients who set a quit date and their smoking status recorded at twelve weeks as either 'quit-CO verified', 'quit-self report', 'non-quit' or 'lost to follow-up'.	100%	PharmOutcomes	Quarterly
The number and percentage of clients who have their smoking status validated, at the end of their support by carbon monoxide testing.	70%	PharmOutcomes	Quarterly
Pharmacy advisors attending annual refresher training or completing NCSCT online practitioner training.	100%	Training register	Annually
Full, accurate and timely return of data sets (within 60 days).	100%	Data returns PharmOutcomes	Monthly
Number of clients waiting longer than 2 weeks for an appointment.	0%	Pharmacy records as part of annual audit PharmOutcomes	Annually
Annual customer satisfaction survey conducted with clients who set a quit date (30 to 40% surveyed/ 90% satisfied).	90%	Service user satisfaction questionnaire as part of annual audit	Annually