

PSNE Ltd

Sunderland Stop Smoking Service

Valid from 1st March 2026

Provision of stop smoking services in community pharmacies in sunderland

Introduction

The Council is seeking Community Pharmacies to deliver Stop Smoking Services for Service Users in the City who smoke tobacco.

Pharmacies will work with the PSNE, Sunderland's Specialist Stop Smoking Service, the NHS and other stakeholders, as part of a Whole System Approach to prevent and minimise the harm caused by smoking to the Sunderland population by delivering an evidenced-based and quality assured programme.

The Specialist Stop Smoking Service will work with Pharmacies to co-ordinate and manage a single point of contact for taking or making referrals from and to Sunderland Stop Smoking Services and provide quality assurance support and guidance.

PSNE will separately commission an IT System (currently "Call It Quits") to support the delivery and quality assurance of the Stop Smoking Programme. Pharmacies must use the commissioned IT System (currently "Call It Quits") to deliver the Programme.

National Context

Over the past 5 years, smoking prevalence has been falling nationally, regionally and locally, though smoking remains the greatest contributor to premature death and disease, killing 1 in every 2 long term smokers. It is estimated that up to half of the difference in life expectancy at birth between the most and least affluent groups is associated with smoking.

A wide range of diseases and conditions are caused by smoking, including cancers, respiratory diseases, coronary heart and other circulatory diseases, stomach and duodenal ulcers, erectile dysfunction, infertility, osteoporosis, cataracts, age related macular degeneration and periodontitis.

The Public Health Outcome Framework Local Tobacco Control Profile estimates that 11.6%¹ of adults' smoke in England, however smoking among adults has steadily declined between 1993 and 2023 (from 27% to 11.6%).

¹ Public Health Outcome Framework Local Tobacco Control Profile, Accessed 15 January 2025

Local Context

The proportion of adults that smoke in Sunderland fell between 2013 and 2023 from 21.2% to 12.3%. The rate in 2023 was slightly higher than national average estimated prevalence of smoking in adults of 11.6%.

The Council produces a Tobacco Joint Strategic Needs Assessment. Further information on national and local context can be found on [Sunderland Joint Strategic Needs Assessment - Sunderland City Council](#).

Sunderland's Health and Wellbeing Board is committed to the strategic aim to reduce tobacco related harm and to reduce adult smoking prevalence to 5% by 2030.

Purpose and outcomes

Purpose

Stop Smoking Services are intended to help people to live longer and healthier lives by delivering high quality, evidence-based stop smoking interventions to our local population. As part of a broad programme of tobacco control, the Services aims to improve the health and wellbeing of smokers aged 12 years and over in Sunderland through a structured programme of support to prepare to stop smoking, successfully quit (at 4 weeks) and maintain the quit (to 12 weeks).

Vision

The vision for Sunderland's Stop Smoking Services is of a systematic, evidence-based programme focused on early identification and the provision of evidence-based behavioural change interventions, with access to stop smoking pharmacotherapy and self-care resources, provided by suitably trained and competent staff across multiple health and community settings across all parts of the City.

Availability of accessible stop smoking services in the most deprived areas of the city with the highest smoking prevalence is crucial in addressing health inequalities, as well as supporting those on other high prevalence groups and those underrepresented in services.

Programme Outcomes

Stop Smoking Services contribute to the indicators identified by the Public Health Outcomes Framework Public Health Outcomes Framework - GOV.UK (www.gov.uk) and within the Sunderland Healthy City Plan.

Individual Outcomes

The Community Pharmacy will:

- a) Maintain or increase the number of Service Users who set a quit date each year against a minimum standard of 20 quits per adviser per year as per NCSCT Guidelines.
- b) Maintain or increase the proportion of Service Users who successfully quit at 4 weeks against a minimum local standard of 45% conversion rate.
- c) Maintain or increase the proportion of Service Users who successfully maintain a quit 12 weeks against a minimum local standard of 30% conversion rate.
- d) Maintain or increase the proportion of self-reported quits at 4 weeks and 12 weeks that are verified by use of a carbon monoxide (CO) monitoring, against a local minimum standard of 85%. National standards suggest that this proportion would be expected to be over 85%.

Branding, Marketing and Communications

The Community Pharmacy will:

- a) Use locally agreed supporting resources for the Programme, where identified by the PSNE or the Management Provider.

- b) Ensure that all communication about the Service uses agreed brand identities and campaign guidelines
- c) Use the dedicated Public Health England Campaign Resource Centre (<https://campaignresources.phe.gov.uk/resources/>) to obtain further marketing resources and national campaign materials.
- d) Support local campaigns as identified by the Specialist Stop Smoking Service and the Council

Service criteria

Inclusion Criteria

Stop Smoking Service will be available to individuals aged 12 years and over who smoke tobacco, require help to quit and are one or more of the following:

- a. Resident in Sunderland.
- b. Registered with a Sunderland GP.
- c. Working in Sunderland.
- d. Attending a school or college within Sunderland.

Exclusion Criteria

There are no exclusions to the Service on the basis of gender, race, sexual orientation, physical and/or mental impairment, pregnancy or any other protected characteristic, though the Community Pharmacy will be able exclude Service Users where:

- a. Acceptable behaviour is not upheld.
- b. A professional risk assessment indicates that the Service User poses a serious risk to staff, other Service Users and/or members of the public.

Where a Service User is excluded from the Service, this must be discussed with the Service User and information must be provided about other available Stop Smoking Services.

Nicotine replacement therapy products are not licensed for use in children under the age of 12, however if someone presents to the Stop Smoking service under the age of 12 they must be referred to their own GP Practice or other provision as identified for support.

Safeguarding Adults and Children

The Community Pharmacy must ensure that safeguarding adults and children is considered and managed at all times.

Informed consent for the Service must be gained in accordance with National guidance. (Refer to www.cqc.org.uk/content/nigels-surgery-8-gillick-competency-and-fraser-guidelines). For young people aged 12 to 15 years informed consent should be assessed using Gillick Competencies.

Service description

Service Overview

The Sunderland programme for Stop Smoking Services is based on [NICE Guidance NG209 Tobacco: preventing uptake, promoting quitting and treating dependence](#) and National Centre for Smoking Cessation and Training (NCSCT) www.ncsct.co.uk. The Sunderland Stop Smoking Service includes registration of Service Users, an initial assessment, agreeing a quit date, the supply of medication and structured behavioural support.

The Community Pharmacy must ensure the process fully complies with NCSCT guidance or any update ([Local Stop Smoking Services and support: commissioning, delivery and monitoring guidance](#)) and that delivery is in line with the local Stop Smoking Advisor training programme.

Assessment and structured support will be delivered using a suitable format including (but not limited to) one to one interventions, proactive telephone support, group behaviour therapy or family support.

The programme is multi-sessional (Appendix 1), offering:

- a. An initial assessment (pre-quit) appointment of at least 30 minutes duration.
- b. A second appointment to set a quit date of at least 20 minutes duration, though these initial two appointments may be combined into a single appointment of at least 40 minutes duration.
- c. Four (post-quit date) appointments at weekly intervals of at least 15 minutes duration.
- d. A further four (post quit date) appointments at fortnightly intervals of at least 15 minutes duration, for those Service Users who have successfully quit at four weeks.

Smokers who have already stopped smoking when they first come to the attention of the Service, can only be counted as having been 'treated' and included in the national data return if they had quit 48 hours or less before attending the first session of a structured multi-session treatment plan. Where this is the case, their spontaneous quit date must be recorded as their actual quit date.

Service Users who begin their quit attempt in another healthcare setting (e.g., as an acute hospital inpatient, as a mental health service inpatient, from within maternity care) and have followed the relevant stop smoking pathways, can transfer into this Service. The Community Pharmacy should find out the following information as a minimum:

- a. The Service User's name.
- b. The date the Service User has been smokefree since (quit date).
- c. A list of all pharmacotherapies (nicotine replacement therapy, bupropion, varenicline or cytisinicline) being used as aids to stop smoking, including product names and strengths.
- d. Any important information about healthcare conditions, treatment or medications that are relevant to the quit attempt.
- e. Name and contact details for the Sending NTW Care Co-Ordinator.
- f. Details of the receiving organisation and how to contact them.

Referral and Registration

The Community Pharmacy will:

Ensure that all those referred are provided with an initial appointment for assessment within 48 hours of receipt of referral; this appointment must be carried out in line with NICE and NCSCT guidance.

Gain informed consent from the Service User for the collection, storage and sharing of information to support and monitor the quit attempt.

Verify the identity of all Service Users entering the Service using one form of identity which may include (but is not limited to):

- a. Passport (Photographic ID).
- b. Driving license (Photographic ID).
- c. Student ID.
- d. A Blue Badge.
- e. A recent utility bill which is no more than 6 months old showing current address.
- f. A recent bank statement which is no more than 6 months old showing current address.

Register the Service User with the Service once ID has been verified and check whether details of the Service User are already logged on the supporting IT System (currently "Call it Quits"). If not, add details to the supporting IT System (currently "Call It Quits").

Ask each presenting Service User whether they are using unlicensed nicotine containing products such as e-cigarettes.

Ensure that all Service Users confirm that they are not receiving pharmacotherapy to aid stop smoking from another provider and record this in the supporting IT System (currently "Call It Quits"). Explain they cannot receive support from multiple providers of Stop Smoking Services.

Liaise with the Management Provider to ensure that any suspected fraudulent activity (e.g. suspicious IDs, unanticipated increased in demand for the service) is reported.

Assessment and Quit Date

All Service Users receiving Stop Smoking Services will have an assessment undertaken as part of the initial appointment, following registration of the Service User. The process of setting a quit date should be undertaken in a separate second appointment, though these initial two appointments may be combined into a single appointment where this is appropriate for the Service User. Each Service User will be provided with a person-centred plan of support to stop smoking.

Assessment

The Community Pharmacy will:

Introduce the Service User to the evidence-based support options available for stopping smoking and the structure of the interventions offered

Ensure that a positive therapeutic relationship is established with Service Users, confirm their readiness to quit and ensure a commitment is made to make a quit attempt.

Follow the pre-assessment checklist as outlines in the NCSCT Pre-quit assessment standards ([Standard treatment programme](#) page 6).

Assess and record the Service User's level of nicotine dependence using the [Fagerström Test for Cigarette Dependence](#) (FTCD). Score will identify the following:

- a) 1 to 2 low dependency.
- b) 3 to 4 low to moderate dependency.
- c) 5 to 7 moderate dependency.
- d) 8 + high dependency.

Explain and undertake carbon monoxide (CO) monitoring as a quick test to carry out, non-invasive and cost-effective means of validating the smoking status of the Service User. A CO reading ≤ 6 parts per million (ppm) would indicate a non-smoker but note that a threshold of ≤ 3 ppm is recommended for pregnant smokers. For anyone with a reading of ≤ 6 ppm, repeat the test to ensure it is completed adequately (i.e. Service User to hold their breath for the required time and/or lips are placed around the tube properly). Service Users can still access the Service with a reading under ≤ 6 ppm.

Anyone with a CO reading of ≥ 70 ppm must be given advice about possible CO poisoning and advised to seek urgent medical assistance.

If the initial assessment is conducted over the telephone or remotely, encourage the Service User to attend a future session in person in order to carry out the CO reading.

Explain to the Service User that Stop Smoking Services support smokers to stop smoking and not to cut down, and the importance of abrupt cessation and abstinence from smoking through 'not a puff' which means committing to not smoking one puff after their quit date. If a Service User is more suitable for a Cut Down to Stop programme, refer them to the Specialist Stop Smoking Service.

Discuss withdrawal symptoms, cravings, and urges to smoke and how to deal with them with the Service User.

Discuss the use of pharmacotherapies (nicotine replacement therapy, bupropion, varenicline or cytisinicline) as aids to stop smoking and to help reduce nicotine cravings. Explain that additional clinical support from the Service User's General Practitioner may be needed for Service Users who go on to use bupropion. Varenicline or cytisinicline can be supplied via the POM PGD service.

Assess and record any health related or medical issues including (though not limited to):

- a) Physical health issues (such as pregnancy, breastfeeding status).
- b) Drug and/or alcohol problems.
- c) Mental health problems.
- d) Medications being taken, including those affected by cigarette smoke (such as antidepressants, antipsychotics, benzodiazepines, opiates);

- e) Contraindications to use of pharmacotherapies (nicotine replacement therapy, bupropion, varenicline or cytisinicline) used as aids to stop smoking.

Discuss Service User preferences and agree a clinically appropriate pharmacotherapy.

Record all assessment information on the supporting IT system (currently “Call It Quits”).

Setting a Quit Date Process

The Community Pharmacy will:

- a) Work with the Service User to agree and set a quit date.
- b) Work with the Service User to identify any potential high-risk situations in the week following the quit date.
- c) Advise the Service User of evidence-based strategies to cope with high-risk situations and remain abstinent from smoking.
- d) Arrange for the provision of the agreed pharmacotherapy.
- e) Record all information from the setting a quit date process on the to the supporting IT System (currently “Call It Quits”).
- f) Provide a summary of the person-centred plan of support to stop smoking to the Service User.

Supply of Medication

Stop Smoking Advisors must make recommendations for the use of pharmacotherapy available from the service as aids to stop smoking based on their training and professional judgement and should provide evidence-based information and guidance to enable the Service Users to make an informed choice.

Service User access to pharmacotherapies (nicotine replacement therapy, bupropion, varenicline or cytisinicline) as aids to stop smoking must be provided in accordance with this service specification and current delivery methods. Guidance is provided in the Sunderland Stop Smoking Service New Adviser Training provided by the Specialist Stop Smoking Service.

To ensure cost effectiveness of the Service and reduce diversion, recommendations for pharmacotherapy must be made from the agreed list of pharmacological products (Appendix 2).

It may be necessary to refer the Service User to their own GP for additional clinical support where prescription only medication (bupropion, varenicline or cytisinicline) is recommended, dependant upon PGD exclusions for varenicline and cytisinicline.

There are three ways to access pharmacotherapies as aids to stop smoking for use in the Sunderland Stop Smoking Service as follows:

- a. Voucher of recommendation for NRT only (Adviser).
- b. Recommendation for varenicline or cytisinicline via a patient group directive (PGD) with commissioned pharmacies (Clinical Intervention).
- c. Prescription FP10s for bupropion, varenicline and cytisinicline (Prescriber).

Voucher of Recommendation for NRT Only

NRT will be provided free of charge to all Service Users if requested via a Voucher of Recommendation. Service Users may still be required to pay a prescription charge for any NRT requested via FP10 prescriptions if not exempt.

Under this scheme, the approved Sunderland NRT Voucher must be used by Stop Smoking Advisers to recommend and for Community Pharmacists to dispense nicotine replacement therapy as part of the Sunderland Stop Smoking Service.

The approved Sunderland NRT Vouchers will either be a paper-based voucher (Appendix 3) or an e-voucher, as follows:

- a. A paper voucher will be handed to the Service User to take to participating community pharmacies.

- b. An e-voucher will be sent electronically directly to a participating Community Pharmacy that the Service User wishes to collect their medication. Training will be provided to Stop Smoking Advisors for the administration of an e-voucher scheme if implemented.

All sections of the NRT Voucher must be fully completed, indicating a recommended course of NRT, in compliance with the schedule of interventions (Appendix 1).

The Stop Smoking Adviser must retain details of the recommended NRT on the supporting IT system (currently “Call It Quits”).

The Stop Smoking Adviser must advise the Service User that the voucher is a recommendation and may be changed or declined at the point of dispensing by the Community Pharmacist if the product is deemed to be unsuitable for the Service User.

The Stop Smoking Adviser will advise the Service User of the participating Community Pharmacies in Sunderland.

The Stop Smoking Adviser takes full responsibility for any recommendation that they make through the voucher process.

Any voucher of recommendation that is issued by the Stop Smoking Adviser will become void 28 calendar days after the date of issue. Service Users must be advised that the Voucher must be redeemed at a Community Pharmacy within 28 calendar days of issue in order to receive the NRT products.

There is good evidence that combination NRT is more effective than single product NRT. In line with guidance and local training, Stop Smoking Advisors are advised:

- a. To prescribe patches (prolonged release) with an oral product (immediate release).
- b. Not to provide two oral products (immediate release) simultaneously.

Where a Service User requests two oral products, the Stop Smoking Adviser must seek advice from the Specialist Stop Smoking Service before commencing.

Recommendation for varenicline or cytisinicline via a patient group directive (PGD) with commissioned pharmacies.

Where Varenicline or Cytisinicline has been identified as an option and is preferred by the Service User, the Stop Smoking Advisor must use the inclusion and exclusion criteria within the e-recommendation and the PGD to determine their eligibility.

If the Service User is eligible and meets the inclusion criteria, the Stop Smoking Service Advisor can issue an e-recommendation. The Stop Smoking Service Advisor must explain the treatment schedule and agree a date to stop smoking with the Service User. Where Varenicline is to be used, the quit date may be set up to 14 days after the medication is commenced.

The Stop Smoking Adviser must advise Service Users that the recommended pharmacotherapy may be considered by the Pharmacist to be clinically inappropriate at the point of dispensing and therefore may be changed or declined based on clinical judgement.

The Stop Smoking Advisor must complete the e-recommendation on the approved IT System (PharmOutcomes), which for cytisinicline will be the full supply and for generic varenicline will be a 2-weekly supply.

The Stop Smoking Advisor to submit an e-recommendation on the approved IT System (PharmOutcomes) to the Service User's choice of Community Pharmacy and advise the Service User to collect the supply within 1 week and that a prescription charge will apply to each supply if the client normally pays for NHS prescriptions.

The Stop Smoking Adviser must retain details of the recommended medication on the supporting IT system (currently "Call It Quits").

The Stop Smoking Advisor to check the Service Users record on the approved IT System (PharmOutcomes) within 1 week to check that the supply has been made, or to follow up with the client if the supply has not been made.

Where prescription only medication is recommended the Community Pharmacy will inform the Service User's GP.

Prescribing by FP10s for Bupropion, Varenicline or Cytisinicline

All Prescribers who are prescribing pharmacological therapy as an aid to stop smoking and to help reduce nicotine cravings must ensure that they maintain their prescribing competence.

Stop Smoking Advisers who are also a GP Prescriber or Independent Non-Medical Prescriber must prescribe prescription only pharmacological therapy (bupropion, varenicline or cytisinicline) as an aid to stop smoking on an FP10 prescription. All other NRT products must be recommended using the Sunderland NRT Voucher Scheme.

Controlled Stationery

In order to ensure that the costs of pharmacological products used to deliver the Service are charged to the correct commissioning authority, all paper-based recommendations and prescribing within the service will use the appropriate controlled stationery i.e. one of the following:

- a. An approved Sunderland NRT Voucher for non-prescription NRT products (Appendix 4).
- b. A prescription pad (FP10) for prescription only medication.

Structured Support

All Service Users receiving Stop Smoking Services will, once they have set a quit date and agreed to take part in the behavioural support programme, be offered and encouraged to participate in a programme of structured support.

The Community Pharmacy will:

Use the national agreed format (Refer to www.ncsct.co.uk/usr/pub/LSSS_service_delivery_guidance.pdf) within these appointments or group sessions.

Record all information from the appointment or session on the Client Record Form and add this information to the supporting IT system (currently "Call It Quits"). The Specialist Stop Smoking Service will support pharmacies with the IT system.

Completion and Exit

Successful Completion

Service Users will be considered to have achieved a successfully quit if the Service User self-reports that:

- a. They have not smoked at all in the last 2 weeks of the quit attempt (for a 4 week quit).
- b. They have not smoked at all in the last 10 weeks of the quit attempt (for a 12 week quit).

The Community Pharmacy will:

When a Service User achieves a successful quit at 4 weeks:

- a. Confirm that the Service User remains smoke free using carbon monoxide (CO) verification. The Service has a minimum standard that 85% of self-reported quits must be confirmed by CO monitoring.
- b. Record the treatment outcome as either "CO verified 4-week quitter" or "Self-report", based on the outcome of CO monitoring, and add the outcome information to the supporting IT system (currently "Call It Quits").
- c. Offer and encourage the Service User to attend further support sessions.

When a Service User achieves a successful quit at 12 weeks:

- a. Confirm that the Service User remains smoke free using carbon monoxide (CO) verification. The Service has a minimum standard that 85% of self-reported quits must be confirmed by CO monitoring.
- b. Record the treatment outcome as either "CO verified 4-week quitter" or "Self-report", based on the outcome of CO monitoring, and add the outcome information to the supporting IT system (currently "Call It Quits");
- c. Discharge the Service User from the Service and close the Service User's profile on the supporting IT system (currently "Call It Quits").

Completion of Treatment but Not Quit

The Community Pharmacy will:

- a) Discharge from the Service with an outcome of “not quit” any Service User who has not achieved a successful quit at 4 weeks .
- b) Discharge from the Service with an outcome of “not quit” any Service User who has not achieved a successful quit at 12 weeks.
- c) Discharge the Service User from the Service and close the Service User’s profile on the supporting IT system (currently “Call It Quits”).
- d) Service Users who are discharged with an outcome of “not quit” may re-enter the Service to begin another quit attempt once an assessment of readiness and ability to quit smoking undertaken by the Community Pharmacy indicates that they are ready to do so.
- e) If a Service User has received structured support, from the same Stop Smoking Service for more than 28 weeks through structured support and has an outcome of “not quit”, then the Community Pharmacy must inform the Specialist Stop Smoking Service who will be able to advise an alternative approach.

Discharge and Exit

The Community Pharmacy will:

- a) Ensure that Service Users who disengage from the Service are followed up 4 weeks after the last contact with the Service to encouraged re-engagement into structured support.
- b) When attempts to contact any Service User who has disengaged have been unsuccessfully exhausted, record the treatment outcome as “Lost to follow up” and add the outcome information to the supporting IT system (currently “Call It Quits”).

- c) Ensure that Service Users who are not ready, unable or not willing to continue with a quit attempt may be discharged at any stage of the 12 week programme and close the Service User's profile on the supporting IT system (currently "Call It Quits").
- d) Ensure that Service Users who request to change Stop Smoking Adviser are supported to make the change.
- e) Ensure that Service Users who have successfully quit at 4 weeks are able to exit the service before 12 weeks, in the event that they no longer require or wish to receive the Service. The Client Record Form for such Service Users must be marked as "No follow up required" and this must be entered onto the supporting IT System (currently "Call it Quits").

Where a Service User is discharged from the Service:

- a) Provide the Service User with information about relapse prevention;
- b) Signpost the Service User to self-care websites and any other tools for continuation of lifestyle behaviour change.
- c) Ensure that the Service User is provided with information that enables them to re-access the Service if their quit was unsuccessful and encourage the Service User to re-access the Service in the event of a relapse.

Electronic Cigarettes/Nicotine-Vapes

The Sunderland Stop Smoking Service is "vape friendly" and provides support to Service Users who wish to use their own e-cigarettes/vapes to help stop smoking or cut down their nicotine intake. The Specialist Stop Smoking Service also provide a Swap to Stop Scheme which includes behavioural support as well as the provision of a free e-cigarette/nicotine-vape.

The Community Pharmacy will:

- a) Inform the Service User that they can access the Swap to Stop Scheme via the Specialist Stop Smoking Service including the provision of a free nicotine vape and specialist support.

- b) PSNE will work with the Council to establish a Swap to Stop Scheme in Community Pharmacy which will include the supply of e-cigarette/vape starter kits and supplementary vape pods to support Service Users with a quit attempt.

Interdependencies with other services

In order to deliver a holistic Service the Community Pharmacy must have strong working relationships with a range of partners including but not limited to:

- a) General Medical Practices
- b) Community Pharmacies
- c) South Tyneside and Sunderland NHS Foundation Trust
- d) Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust
- e) Sunderland City Council
- f) Specialist Stop Smoking Service Provider

Staff delivering the Service should promote improving health wherever possible and it will be the responsibility of the Community Pharmacy to facilitate onward referrals into other general health care services, where required.

Equipment and Facilities

General Equipment and Facilities

The Community Pharmacy will:

- a) Have access to the following equipment from the Specialist Stop Smoking Service (on behalf of PSNE) to undertake the Stop Smoking Service including:
 - a. Carbon monoxide (CO) Monitor
 - b. Consumables e.g. cardboard tubes and wipes

- b) Ensure that all equipment used to undertake the Stop Smoking Service is fully functional, used regularly, CE marked (meaning "European Conformity"), validated and maintained according to the manufacturer's instructions. Guidance on equipment can be obtained via the Specialist Stop Smoking Service
- c) All equipment provided by the Council to deliver the Stop Smoking Service remains the property of the Council.
- d) In the event of a fault, contact the Specialist Stop Smoking Service to arrange a maintenance support visit or replacement equipment
- e) Ensure equipment is only used by Staff who have been trained and are competent in its use.
- f) Return any Carbon Monoxide monitors that are no longer in use to the Specialist Stop Smoking Service.
- g) For information about consumables please contact the Specialist Stop Smoking Service.

Facilities Requirements

The Community Pharmacy will:

- a) Ensure that a consulting room is available for the delivery of the Service and assessments and on-going interventions are carried out within the consulting room.
- b) Ensure that materials are available to provide advice and information in relation to smoking, its associated harms and support options to quit.

Recording and Reporting Data

The Council separately commissions an IT System (currently "Call It Quits") which supports delivery and payments for Stop Smoking Service including (but not limited to):

- a) Collection of activity data on behalf of the Council;

- b) Data extraction for local monitoring, reporting on minimum data sets requirements, evaluation and quality assurance of the Stop Smoking Service.

The Community Pharmacy will:

- a) Use the Council's commissioned IT System (currently "Call It Quits") to record activity for the Stop Smoking Service. All activity must be recorded on the Call It Quits system ensuring all of the mandatory fields are completed.
- b) Work with the Council's commissioned IT System Provider, and other relevant IT Support Providers, to ensure that the commissioned IT System (currently "Call It Quits") is fully installed and operational.

- c) Use the approved IT System (proposed to be PharmOutcomes) for the delivery of e-recommendations for varenicline and cytisinicline as part of the regional PGD.

Governance arrangements

Legislation and Clinical Guidance

In line with the Department of Health and National Institute of Clinical Excellence guidelines, the Community Pharmacy must operate in compliance within the following core guidance documents (including but not limited):

- a) Tobacco control plan: delivery plan 2017 to 2022 (DHSC, June 2018).
- b) Towards a smoke-free generation: tobacco control plan for England (DH, July 2017).
- c) Tobacco: preventing uptake, promoting quitting and treating dependence NICE guideline (NG209).
- d) NCSCT Standard Treatment Programme².
- e) NCSCT Training Standard³.

² http://www.ncsct.co.uk/usr/pub/standard_treatment_programme.pdf

³ https://www.ncsct.co.uk/library/view/pdf/NCSCT_training_standard.pdf

The Community Pharmacy must adopt and operate in compliance with new guidance documents as these are published and advised by PSNE.

Programme Governance

Manage interventions efficiently with sufficient administrative support for general organisation, Service User contact processes and data handling.

Liaise with the Specialist Stop Smoking Service to ensure that contact details are up to date to enable signposting to the Service and advice on what is offered.

Governance for the programme is through PSNE.

The Specialist Stop Smoking Service's role as mentor will provide guidance to Pharmacies on the operational delivery of services including, but not limited to:

- Ensuring minimum standards are met (see https://www.ncsct.co.uk/library/view/pdf/NCSCT_training_standard.pdf).
- Ensuring Pharmacies have the competencies required as per NCSCT Training Standard for training in smoking cessation treatments or its updates.
- Ensuring competence in the use of the database 'Call It Quits'.
- Providing clinical support and advice.
- Providing training which complies with NCSCT Training Standard for training in smoking cessation treatments or its updates.
- Providing Carbon Monoxide (CO) Monitors and all associated consumables.
- Administration of a city-wide NRT voucher scheme.
- Providing local Stop Smoking resources as appropriate.
- Providing local marketing/campaign materials.

QUALITY AND SAFETY

Workforce

Each Community Pharmacy will be accountable for ensuring that their skills and knowledge are up to date by:

- a) Ensure that staff involved in the delivery of the Service meet the required minimum standards as set out by the National Centre for Smoking Cessation and Training (NCSCT) and have attended the core training (Section 8.1.3).
- b) Ensure that staff involved in the provision of the Service are aware of and act in accordance with local protocols and national guidance.

Ensure that knowledge and skills required for the Service can be verified using the Declaration of Competence (DoC) system to assure the Management Provider that the Community Pharmacy's Staff are competent to deliver the Service (Appendix 6A and Appendix 6B).

Ensure that all staff delivering the Stop smoking Service demonstrate compliance with the following requirements:

- a. All staff delivering the Stop Smoking Service complete the Stop Smoking Service Core Training provided by the Specialist Stop Smoking Service and have completed the Stop Smoking National Centre for Smoking Cessation and Training (NCSCT) practitioners' assessment: knowledge and skills before commencing service delivery. This training is available at no cost to the Community Pharmacy and will to cover the Core and Technical Competencies required.
- b. All staff delivering the Stop Smoking Service maintain competency and stay up to date with programme developments by attending annual Stop Smoking Refresher Training delivered by the Specialist Stop Smoking Service.
- c. All staff delivering the Stop Smoking Service must complete the free online NCSCT **Very Brief Advice on Smoking training module and Stop smoking practitioner training** available on <http://elearning.ncsct.co.uk/england>. Refer to Smoking: brief interventions and referrals | Guidance | NICE for brief advice.
- d. All staff consider and manager safeguarding adults and children at all times and in accordance with local safeguarding procedures.
- e. All staff delivering the Stop Smoking Service are registered as active advisers on the Call it Quits Systems and adhere to the quality principles stated in training (in the circumstance that a Stop Smoking Service Advisor has been inactive for a period of 3 months they will be contacted to review their Advisor status - if inactive for 6 months a visit will be required).

- f. Any advisers who have been inactive for a period of one year or more to complete the new advisor training to continue practising as an advisor.

Requirements

The Community Pharmacy will ensure that the Service is delivered in line with the following quality requirements:

No	Quality Measures	Frequency	Methodology
1a	Undertake an initial assessment for all new Service Users, and Service Users must receive one to one support on a weekly basis up to 4 weeks and then bi weekly support until 12 weeks in line with NICE guidance.	Provided to each Service User	Activity recorded via the supporting IT system.
1b	Cooperation with the Specialist Stop Smoking Service and adherence to Governance Requirements.	On-going	Mentoring and quality assurance support provided by the Specialist Stop Smoking Service.
1c	Ensure that at least 45% of those who set a quit date successfully quit at 4 weeks. Services falling below 45% will be offered mentoring support.	On-going	Activity recorded via the supporting IT system.
1d	Ensure that at least 30% of those who set a quit date successfully quit at 12 weeks.	On-going	Activity recorded via the supporting IT system.
1e	At least 85% of 4 week quitters validated by CO monitoring.	On-going	Activity recorded via the supporting IT system.
2a	Maintain competency by completing relevant training and update training as highlighted	At commencement of service and in line with Declaration of Competency	Declaration of Competency checklists completed by pharmacy and supplied to PSNE.

No	Quality Measures	Frequency	Methodology
	within the training section of this service specification.	Requirements	
2b	Ensure that at each adviser supports 20 people to set a quit date.	Annual	<p>Mentoring and quality assurance scheme provided by the Specialist Stop Smoking Service.</p> <p>Activity recorded via supporting IT system.</p> <p>Competency managed by the Specialist Stop Smoking Service.</p> <p>The Management Provider will audit the service to ensure that delivery is in line with the service specification.</p> <p>The Pharmacy will ensure that access to premises and any relevant information is made possible to Specialist Stop Smoking Service and PSNE.</p>
3	Participate in audits of Service provision.	Annual	<p>PSNE will audit the Service to ensure that delivery is in line with the service specification.</p> <p>The pharmacy will ensure that access to premises and any relevant information is made possible to Specialist Stop Smoking Service and PSNE.</p>
4	Co-operate with any locally agreed assessment of Service User experience.	As required by PSNE	PSNE will inform the Pharmacy in the event of any Service User experience exercises and ensure that access to premises and any relevant

No	Quality Measures	Frequency	Methodology
			information is made possible to PSNE or their appointed representatives.
5	Complete all necessary paperwork and collect data as agreed, to enable monitoring and evaluation of the Service.	Each individual assessment	Activity recorded via supporting IT system
6	The Pharmacy must maintain appropriate records to ensure effective on-going service delivery and audit. Records will be confidential and must be stored securely and for the length of time expressed in local authority record retention policies.	On-going	<p>Activity recorded via supporting IT system.</p> <p>PSNE will audit the service to ensure that delivery is in line with the service specification.</p> <p>The pharmacy will ensure that access to premises and any relevant information is made possible to Specialist Stop Smoking Service and PSNE.</p>
7	Pharmacies may need to share relevant information with other professionals and agencies, in line with locally determined confidentiality arrangements, including, where appropriate, the need for the consent of the Service User to share the information.	On-going	<p>PSNE will audit the service to ensure that delivery is in line with the service specification.</p> <p>The pharmacy will ensure that access to premises and any relevant information is made possible to Specialist Stop Smoking Service and PSNE.</p>

Data reporting

The Community Pharmacy will:

- a. Use the commissioned IT System (currently “Call It Quits”) to support the delivery of the Stop smoking Service for recording data.
- b. The Community Pharmacy will submit data on a monthly basis via the IT System (currently “Call It Quits”) and any other systems, as agreed with PSNE.
- c. Ensure that all key data items are entered onto the supporting IT System (currently “Call It Quits”) in a timely manner and all Service User outcomes are updated, including (but not limited to):
 - i. Provider Code.
 - ii. Adviser name.
 - iii. Adviser contact details.
 - iv. Advisers unique ID number.
 - v. Service User’s name, date of birth, address, post code, contact details
 - vi. Service User’s Age, Gender, Sexuality, Ethnicity.
 - vii. Service User’s Socio-economic classification.
 - viii. Those receiving free prescriptions.
 - ix. Those that are pregnant.
 - x. Service User’s GP Practice.
 - xi. Health Issues (mental/physical) and medication being taken.
 - xii. How the Service User heard about the Service.
 - xiii. Date of last tobacco use.
 - xiv. Agreed quit date.
 - xv. Planned date of 4 week follow-up.
 - xvi. Planned date of 12 week follow-up.
 - xvii. Type of intervention.
 - xviii. Intervention setting.
 - xix. Type of pharmacological support used, including vapes.
 - xx. Those that are on
xxi. a swap to stop scheme.
 - xxii. Carbon Monoxide reading.
 - xxiii. Carbon Monoxide validation.
 - xxiv. Quit outcome at 4 weeks.
 - xxv. Quit outcome at 12 weeks.

- d. Clinical notes to be added onto the System within 48 hours of the intervention.

Pricing and payment

Price Schedule

The fee per quit undertaken in line with this service specification will be:

- a) £18.00 for each Service User setting a quit date.
- b) £45 for each Service User to successfully quit at 4 weeks.
- c) £45 for each Service User to successfully quit at 12 weeks.

Payment Terms

PSNE will ensure there is a process in place for the payment of services undertaken the Community Pharmacists, which is recorded on PharmOutcomes.

PSNE will ensure the process is aligned to the Council's requirements for Price & Payment and Payments to Sub-Contractors. Community Pharmacies will be paid monthly in arrears based on the data reports from PharmOutcomes.

APPENDIX 1

Schedule of Interventions

Week No	Amount of Time of at Least	Voucher Amount	Number of NRT Days
Initial assessment	30 minutes	0	0
Second appointment to set a quit date	20 minutes	0	0
Week 0	15 minutes	1 weeks supply	1 to 7
Week 1	15 minutes	1 weeks supply	8 to 14
Week 2	15 minutes	1 weeks supply	15 to 21
Week 3	15 minutes	1 weeks supply	22 to 28
Week 4	15 minutes	2 weeks supply if on 12 week programme.	29 to 42
After 4 Weeks the Service User should be seen 2 Weekly			
Week 6	15 minutes	2 weeks supply	43 to 56
Week 8	15 minutes	2 weeks supply	57 to 70
Week 10	15 minutes	2 weeks supply	71 to 84
Week 12	15 minutes	No Voucher but Co reading and sign off	Finish NRT

APPENDIX 2

AGREED LIST OF PHARMACOTHERAPIES FOR USE WITHIN SUNDERLAND STOP SMOKING SERVICES

All Nicotine Replacement Therapy product prices are in line with the NHS Dictionary of Medicines and Devices.

Preparation	Strength	Maximum Daily Dose	Instructions	Comments
Patches	10mg/16 hours 15mg/16 hours 25mg/16 hours	1 patch a day regardless of strength.	<ul style="list-style-type: none"> • Apply on waking to dry, non-hairy skin on hip, chest or upper arm, and remove 16 hours later, usually before bedtime. • Rotate sites. 	<ul style="list-style-type: none"> • Suitable for smokers with regular smoking pattern and low level of behavioural dependence. • Patches give a constant release of nicotine. Not suitable for occasional smokers.
Patches	7mg/24 hours 14mg/24 hours 21mg/24 hours	1 patch a day regardless of strength.	<ul style="list-style-type: none"> • Apply in the morning to dry, non-hairy skin on hip, chest or upper arm, and remove and replace 24 hours later. • Rotate sites. 	<ul style="list-style-type: none"> • Recommended for those who smoke within 30 minutes of waking or smoke at night. • Patches give a constant release of

Preparation	Strength	Maximum Daily Dose	Instructions	Comments
				nicotine. Not suitable for occasional smokers. <ul style="list-style-type: none"> • Patients reporting side effects of sleep disturbances should be offered the 16 hour patch instead.
Sublingual tablets (microtabs)	2mg tablets	40 tablets in 24 hours	<ul style="list-style-type: none"> • Tablet should be placed under the tongue and allowed to slowly dissolve. • It should be moved around under the tongue to prevent irritation. • For patients smoking \leq 20 cigarettes daily, 2mg every hour. Can be increased to 4mg every hour in patients who fail to stop smoking or have significant withdrawal symptoms. 	<ul style="list-style-type: none"> • Continue treatment for up to 3 months before reducing the dose. • It is discreet and flexible and provides good dose control.

Preparation	Strength	Maximum Daily Dose	Instructions	Comments
			<ul style="list-style-type: none"> For patients smoking \geq 20 cigarettes daily, 4mg every hour. 	
Lozenges	2mg 4mg	15 lozenges daily	<ul style="list-style-type: none"> Put lozenge in mouth and allow to slowly dissolve. periodically move it from one side of the mouth to the other. Lozenge should not be chewed or swallowed whole. 	<ul style="list-style-type: none"> Lozenges last 10-30 minutes depending on size. Continue treatment for 6-12 weeks before attempting dose reduction. Users should not eat or drink while the lozenge is in the mouth.
Mini-Lozenges	4mg and 12.mg	15 lozenges daily	<ul style="list-style-type: none"> Put lozenge in mouth and allow to slowly dissolve. periodically move it from one side of the mouth to the other. Lozenge should not be chewed or swallowed whole. 	<ul style="list-style-type: none"> Lozenges last 10-30 minutes depending on size. Continue treatment for 6-12 weeks before attempting dose reduction. Suitable for smokers who smoker 20

Preparation	Strength	Maximum Daily Dose	Instructions	Comments
				<p>cigarettes or less per day.</p> <ul style="list-style-type: none"> • Users should not eat or drink while the lozenge is in the mouth.
Nicotine medicated gum	2mg 4mg	15 pieces of either strength	<ul style="list-style-type: none"> • Chew one piece when the urge to smoke occurs. • Chew until a peppery/tingling feeling occurs, flatten and park between the gum and the cheek. • Chew and park several times per piece. Nicotine is released over 30 minutes of slow intermittent chewing - to release taste. 	<ul style="list-style-type: none"> • Allows good control of nicotine dose. • Not permitted on mental health wards.
Nicotine nasal spray	0.5mg/ spray	64 sprays daily	<ul style="list-style-type: none"> • Tilt head and use one squirt in each nostril when the urge to smoke occurs, up to twice an hour for 16hours/ day. 	<ul style="list-style-type: none"> • Rapid nicotine delivery - better for very dependent smokers. • Recommended for those who smoke

Preparation	Strength	Maximum Daily Dose	Instructions	Comments
			<ul style="list-style-type: none"> When withdrawing from therapy, the dose can be gradually reduced to 1 spray in 1 nostril. 	<p>≥ 20 cigarettes a day.</p>
Nicotine inhalator	15mg	6 cartridges daily	<ul style="list-style-type: none"> Inhale using the inhalator either deeply or shallow puffs. Can use as many puffs as needed for as long as needed. Each cartridge will provide 40 minutes of intense use. Try to reduce the amount of cartridges used daily over time. 	<ul style="list-style-type: none"> The amount of nicotine absorbed is the same using either breath technique. The 40 minutes of intense use can be split for example four 10 minute periods or eight 5 minute periods.

Preparation	Strength	Maximum Daily Dose	Instructions	Comments
Varenicline <i>(prescription-only)</i>	Days 1-7: 0-5mg Days 8 onwards: 1mg	Days 1 to 3: 0.5mg once daily Days 4 to 7: 0.5mg twice daily Days 8 onwards (to complete 12 week course): 1mg twice daily [†] until a total of 12 weeks' treatment has been taken (As per NICE Guidance)	Individuals should set a quit date for 7 to 14 days after initiation of varenicline treatment. Quantity of supply: <ul style="list-style-type: none"> Initiation (Days 1 to 14): Appropriately labelled initiation pack containing 11 x 0.5mg tablets and 14 x 1mg tablets. Maintenance (Day 15 onwards): Appropriately labelled packs of 28 x 1mg tablets can be supplied in instalments to a total of 12 weeks' therapy (i.e. 5 installments of 28 x 1mg 	Side-effects: <ul style="list-style-type: none"> Service Users should be informed of the possible side effects, which are listed in the product SPC/BNF and PIL. Service advice in the event of a serious adverse reaction. Drug-drug interactions: Whilst the product SPC states that no clinically significant drug-drug interactions exist with varenicline, all con- current medications must be

Preparation	Strength	Maximum Daily Dose	Instructions	Comments
			<p>tablets).</p> <p>† <i>Intolerance of higher dose (1mg twice daily) of varenicline:</i> <i>for individuals who cannot tolerate the adverse effects (e.g. nausea) of the higher dose of varenicline, and where this is interfering with the attempt to quit, the dose may be reduced temporarily or permanently to <u>0.5mg twice daily</u>.</i></p>	<p>checked for interactions in case of updated SPC advice. A detailed list of drug interactions is available in the SPC, which is available from the electronic Medicines Compendium website.</p>

Approved Sunderland NRT Voucher

SUNDERLAND UNIVERSAL SERVICE VOUCHER OF RECOMMENDATION



Please complete in BLOCK CAPITALS.

Voucher No. _____ / of 8

Date if issue: / /

Provider Details: Voucher is only valid for 28 calendar days from the date of issue

Advisor Name: _____

Contact Number: _____

Organisation name and address: _____

Postcode: _____

Client Details

Forename(s): _____ Surname: _____

Date of Birth: _____ Age: _____

Address: _____

G.P. Practice: _____

Is the patient pregnant? **Yes / No / N/A**

If pregnant: The risks and benefits of NRT have been discussed with this client **Yes / No**

Product(s) (Free) : Weeks 1 - 4 (2 weeks supply ONLY) Weeks 5 - 12 (2 weeks supply ONLY)

Product	Pack Size	Number of Packs
NRT Patch 16 hours		
NRT Patch 24 hours		
NRT Microtab		
NRT Lozenges		
NRT Mini Lozenges		
NRT Gum		
NRT Nasal Spray		
NRT Inhalator		

Client Receipt of Voucher

Proof of I.D **Yes / No / N/A** Client Signature: _____

Client Name (BLOCK CAPITALS): _____

Serial No. _____

This is property of Sunderland City Council. This voucher is not valid in Stop Smoking Services located outside the boundaries of Sunderland. In the event that it is presented in another area, please contact Sunderland Specialist Stop Smoking Service on 01915674644

PHARMACY USE ONLY

Supplied by:	
Signature: _____	Pharmacy stamp
Name: _____	
Date of issue: _____	
Tel.: _____	

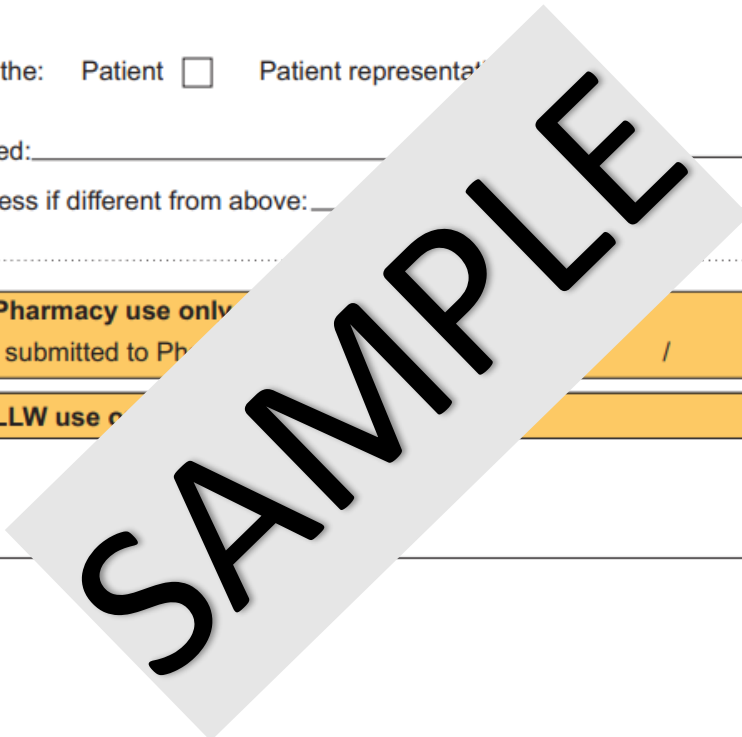
I am the: Patient Patient representative

Signed: _____

Address if different from above: _____

For Pharmacy use only
Date submitted to Pharmacy: _____ / _____

For LLW use only



APPENDIX 4A

**DECLARATION OF COMPETENCE - Stop Smoking Services in Community Pharmacy –
PHARMACISTS AND PHARMACY TECHNICIANS**

Sunderland City Council is using a locally developed Declaration of Competence (DoC) system to review health professionals' competence to deliver locally commissioned services and to gain assurance that they have the appropriate knowledge, skills and behaviours to deliver high-quality, consistent services.

Each Public Health service has a framework that sets out the core professional competencies required for that service. The framework allows self-assessment of competence and outlines the recommended learning to enable self-declaration.

The **training requirements** to meet the competencies in this DoC and enable self-certification to deliver the Public Health commissioned **Stop Smoking Services** in Sunderland are set out below in boxes 1 and 2:

Box 1: Learning and Assessments - Safeguarding**Safeguarding Children and Vulnerable Adults Knowledge**

- Complete the CPPE Safeguarding children and vulnerable adults e-learning (1 hour).
- Pass the safeguarding e-assessment.

Or:

Basic Awareness (Alerter) Training in Safeguarding Adults (level 1)

- Complete the [Sunderland Safeguarding Adults Board e-learning](#) (45 minutes).

Basic Awareness (Foundation) Training in Safeguarding Children

- Complete the Sunderland Safeguarding Childrens Board approved Training <https://www.safeguardingchildrensunderland.com/p/training-1/e-learning> in Safeguarding Children (1 to 2 hours)

And:

- Read and understand the Gillick Competence and are able to assess young people under the age of 16 years for Gillick Competence. Refer to www.cqc.org.uk/content/nigels-surgery-8-gillick-competency-and-fraser-

Box 2: Learning and Assessments – Service Delivery

Consultation Skills for Pharmacy Practice (3 hours)

- Complete the CPPE Consultation Skills e-learning or distance learning.
- Pass the consultation skills e-assessment.

Stop Smoking National Centre for Smoking Cessation and Training (NCSCT) practitioners assessment: knowledge and skills (8 hours)

- The NCSCT provides assessment, certification and training for stop smoking service providers. This NCSCT Training Programme will provide you with a good understanding of the factors involved in smoking and smoking cessation, and will link this theoretical understanding to professional practice. It has been developed for experienced professionals working for Stop Smoking Services who want to update or improve their knowledge and skills - as well as newcomers to the profession.
- The NCSCT has recently changed the assessment. There were previously two assessments, stages 1 and 2. These two assessments have now merged into one knowledge and skills based on line assessment.
- If you have previously completed the stage 1 assessment you will be able to access a shortened version of the new assessment (15 questions).
- For anyone new to the assessment, you will need to register first with the NCSCT and then read the materials before attempting the *Practitioners assessment – knowledge and skills*, which has 25 multiple choice questions. All the assessments are timed and there is a 70 % pass mark. If you don't achieve a pass you will not be able to access the assessment again for three days.

and

- Complete the Sunderland Stop Smoking Service New Adviser Training provided by the Specialist Stop Smoking Service

Staying up-to-date

- Attend annual Sunderland Stop Smoking Refresher Training co-ordinated by the Specialist Stop Smoking Service

Standard Operating Procedures for Self-Certification

The Community Pharmacy will:

1. Review this DoC self-assessment tool to identify any learning needs and refer to the training requirements for guidance.
2. Complete any necessary training.
3. Print and sign or electronically sign this Declaration of Competence statement.
4. Upload the following documentation and send to Specialist Stop Smoking Service, ABL Health, The Software Centre, 1 Tavistock Place, Hendon, Sunderland SR1 1PB or email to: sunderland.stopsmokingservice@nhs.net :
 - Signed Declaration of Competence statement;
 - Course certificate(s).

The Council will issue a letter of authorisation to enable provision of the Service on receipt and approval of all of the above documentation.

This DoC is valid for three years. If however it is necessary to vary the delivery of the Service, the Community Pharmacy may be required to revisit the DoC and resubmit the form. The Community Pharmacy may choose to attend a course to revise knowledge, skills and behaviours to ensure the DoC criteria are met.

I have the necessary knowledge and skills to provide the Stop Smoking Service and can demonstrate these skills. I acknowledge that it is my responsibility to update my knowledge and skills on an on-going basis and to formally renew my Declaration of Competence for the Service every 3 years.

Signed

(Scanned or typed signature acceptable)

Name

Position

Date

For and on behalf of

Address of Organisation

Email Address

DECLARATION OF COMPETENCE - NStop Smoking Services in Community Pharmacy – non-clinicians

Sunderland City Council is using a locally developed Declaration of Competence (DoC) system to review health professionals' competence to deliver locally commissioned services and to gain assurance that they have the appropriate knowledge, skills and behaviours to deliver high-quality, consistent services.

Each Public Health service has a framework that sets out the core professional competencies required for that service. The framework allows self-assessment of competence and outlines the recommended learning to enable self-declaration.

The **training requirements** to meet the competencies in this DoC and enable self-certification to deliver the Public Health commissioned **Stop Smoking Services** in Sunderland are set out below in boxes 1 and 2:

Box 1: Learning and Assessments - Safeguarding

Safeguarding Children and Vulnerable Adults Knowledge

- Complete the CPPE Safeguarding children and vulnerable adults e-learning (1 hour).
- Pass the safeguarding e-assessment.

OR

Basic Awareness (Alerter) Training in Safeguarding Adults (level 1)

- Complete the [Sunderland Safeguarding Adults Board e-learning](#) (45 minutes).

Basic Awareness (Foundation) Training in Safeguarding Children

- Complete the Sunderland Safeguarding Childrens Board approved Training <https://www.safeguardingchildrensunderland.com/p/training-1/e-learning> in Safeguarding Children (1 to 2 hours)

And:

- Read and understand the Gillick Competence to enable assessment of young people under the age of 16 years for Gillick Competence. Refer to www.cqc.org.uk/content/nigels-surgery-8-gillick-competency-and-fraser-guidelines

Stop Smoking National Centre for Smoking Cessation and Training (NCSCT) practitioners assessment: knowledge and skills (8 hours)

- The NCSCT provides assessment, certification and training for stop smoking service providers. This NCSCT Training Programme will provide you with a good understanding of the factors involved in smoking and smoking cessation, and will link this theoretical understanding to professional practice. It has been developed for experienced professionals working for Stop Smoking Services who want to update or improve their knowledge and skills - as well as newcomers to the profession.
- The NCSCT has recently changed the assessment. There were previously two assessments, stages 1 and 2. These two assessments have now merged into one knowledge and skills based on line assessment.
- If you have previously completed the stage 1 assessment you will be able to access a shortened version of the new assessment (15 questions).
- For anyone new to the assessment, you will need to register first with the NCSCT and then read the materials before attempting the *Practitioners assessment – knowledge and skills*, which has 25 multiple choice questions. All the assessments are timed and there is a 70 % pass mark. If you don't achieve a pass you will not be able to access the assessment again for three days.

and

- Complete the Sunderland Stop Smoking Service New Adviser Training provided by the Specialist Stop Smoking Service

Staying up-to-date

- Attend annual Sunderland Stop Smoking Refresher Training co-ordinated by the Specialist Stop Smoking Service

Standard Operating Procedures for Self-Certification

The Community Pharmacy will:

1. Review this DoC self-assessment tool to identify any learning needs and refer to the training requirements for guidance.
2. Complete any necessary training.
3. Print and sign or electronically sign this Declaration of Competence statement.
4. Upload the following documentation and send to Specialist Stop Smoking Service, ABL Health, The Software Centre, 1 Tavistock Place, Hendon, Sunderland SR1 1PB or email to: sunderland.stopsmokingservice@nhs.net
 - Signed Declaration of Competence statement;
 - Course certificate(s).

The Council will issue a letter of authorisation to enable provision of the Service on receipt and approval of all of the above documentation.

This DoC is valid for three years. If however it is necessary to vary the delivery of the Service, the Community Pharmacy may be required to revisit the DoC and resubmit this to the Council. The Community Pharmacy may choose to attend a course to revise knowledge, skills and behaviours to ensure the DoC criteria are met.

I have the necessary knowledge and skills to provide the Stop Smoking Service and can demonstrate these skills. I acknowledge that it is my responsibility to update my knowledge and skills on an on-going basis and to formally renew my Declaration of Competence for the Service every 3 years.

Signed

Click or tap here to enter text.

(Scanned or typed signature acceptable)

Name

Position

Date

For and on behalf of

Address of Organisation

Email Address