**This is the link to the edited/cut version of the webinar 24TH Jan 2024** [** SCS WEBINAR 24th January 2024.mp4**](https://teamsuffolklpc-my.sharepoint.com/%3Av%3A/g/personal/myra_suffolklpc_org_uk/EctSPuiJoIRDrvqHZNW_SmABKhZ3kR88b_eDM9PLOsVtCw)

**Guest; How do I sign up to Smoking Cessation Service SCS (at hospital discharge)**

*In MYS*

**Guest; What training do I need to provide the service?**

*Essential Training*

*The pharmacy contractor will keep evidence that smoking cessation practitioners\* involved in the provision of the service have successfully completed the relevant training and this may be requested by NHS England and Improvement.*

*Practitioners must have satisfactorily completed the below training and passed the associated assessment (where applicable):*

 *• the National Centre of Smoking Cessation Treatment (NCSCT) Stop Smoking Practitioner Certification (pharmacists that are already certified do not need to repeat their training for the purposes of this service);*

*• Specialist NCSCT modules to support treatment for people with a mental health condition and pregnant women (these must be completed after the NCSCT Practitioner training has been successfully completed); and*

*• the NCSCT module on using e-cigarettes.*

*Please note – Anyone wishing to become an accredited practitioner for the service that has already successfully completed any of the modules above, does not need to repeat those modules for the purposes of delivering this service.*

*Practitioners must have read the NCSCT Standard Treatment Programme (STP), which will be used to support consultations.*

*Additional Support Available*

*The NCSCT offers a Clinical Enquiries Service which supports clinical practice. The enquiries team can be emailed clinical enquiries that are usually triaged and sent to a specialist clinical consultant:* *enquiries@ncsct.co.uk*

\* Currently a practitioner as an NCSCT accredited pharmacist or pharmacy technician.

**Question/reply in the Webinar by Guest;**

Steve you asked can pharmacies deliver? Last year my answer would have been yes. Now? capacity is at best slim.

**Question/reply in the Webinar by Guest;**

Key question... is Colchester Hospital interested? not engaged till now on this or DMS, no point us putting in prep if they aren’t going to actually refer patients in.

***Group Answer***

*As a trust, ESNEFT are ‘live’, in that they are able to make referrals. At present however, only Ipswich hospital are sending referrals to pharmacies. Colchester hospital have minimal referrals going to pharmacies currently. MLCSU and the ICB are working with them, seeking to increase referrals to community and pharmacy services.*

*The Royal Papworth, West Suffolk and East Trusts are making regular referrals which will not only benefit patients, but should help make the service financially viable. In addition, Mid & South Essex trust is ‘live’ at two of the acute sites (Southend and Basildon) however, we are not certain if they are sending referrals at this point.
If you are a pharmacy in those areas ready to accept referrals but have not received any, please contact the trust or LPC to build awareness and increase referrals to ready to provide providers.*

**Comment by Guest;**

Most pharmacies have forgotten about the service as no referrals... they will need a refresh campaign, which is going to be difficult as most are saturated with Pharmacy First (PF) tasks. may be better putting off for 6-8 weeks?

**Reply**

***Lisa Lovell CPE******-*** *For SNEE Pharmacies if you need a refresh just ask and the healthy Living Provider Company will support.*

***Hulbert Jessica WSHT -*** *We referred single figures for the first 3 months and have now made over 100 referrals to community pharmacy from West Suffolk Hospital Trust.*

***Lisa Lovell CPE -*** *I am being provided with access within Mid to provide support for pharmacies.  This was discussed for NEE and would like to re visit this.*

***Myra CPS -*** *WSHT and ESNEFT (not including Colchester) are sharing data with Suffolk LPC RE referrals so we can support Suffolk Contractors. I am sure if referrals were going to SNEE you would also receive the data Lisa.*

***Hulbert Jessica WSHT -*** *We do refer all over for both pharmacy and community stop smoking services.*

***Myra CPS -*** *Feel Good Suffolk are now making referral within the community giving patients an alternative route in the community to have their quit supported. Provide are in place as a community offer in NEE and Norfolk.*

***Steve MLCSU –*** *Our advice (and that of NHS England) is not to delay commencement of SCS referrals because of PF. As Jessica pointed put, the number of referrals at service start was low. That is reflected nationally too. When a trust launches referrals, they do so within the constraints of their resources which usually limits their capacity. Our understanding is that PF will also launch with low number of referrals which may build over time.*

*We do not anticipate that running SCS in tandem with PF is likely to put an undue burden on an individual pharmacy. As with any service, there are likely to be local differences in uptake for both SCS and PF. If it’s the case that an individual pharmacy does not have the capacity to delivering both, they are able to put a temporary hold on accepting SCS referrals.*

*There are a number of concerns/considerations over delaying SCS because of PF. 1/ delaying launch, even though the capacity of a number of pharmacies to currently deliver both services means that that some pharmacies put a temporary hold on accepting SCS referrals, could penalise other pharmacies and restrict access to patients who wish to be referred to a pharmacy that is able to deliver SCS. 2/ Delaying launch of SCS referrals may make introduction more difficult at a later date. In truth, there will never be a perfect time to introduce a new service. 3/ The SCS service specification is under review and one of the proposed changes would increase both capacity and resilience to deliver SCS.*

**Guest;**

Thank you! very informative!