COMMUNITY PHARMACY
STOP SMOKING SERVICE

April 2010- March 2011

EN4 Stop Smoking

Wandsworth PCT Commissioning Strategic Goals

CSP 1 - Improve life expectancy over and above the expected trends and focus on a greater health gain for those in deprived wards.

CSP 2 - Young People will enter adulthood in a state of health that enables them to reach their full potential.

CSP 4 - Improve access to, and the responsiveness of, GP and other Primary Care services.

CSP 5 - Improve the quality of services for people living with complex and long term conditions.

Date June 2010
Review Feb 2011

NHS Wandsworth acknowledges the Competencies and Training Framework For NW England Harmonisation of Accreditation of Pharmacy services.
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1. **INTRODUCTION**

Smoking is the single greatest cause of preventable illness and premature death in the UK. The effects on health from smoking have been known for many years and are well documented with 80% of the deaths from lung cancer being related to smoking. For smokers who give up, the chances of developing serious conditions or diseases are greatly reduced. This indicator is crucial to securing improvements in public health.

Community Pharmacists and the pharmacy team have an important Public Health role to play in Smoking cessation through brief advice and intervention, counseling and advice on pharmacotherapy around stop smoking. There is a strong emphasis for communication and forging strong professional working relations between the Community Pharmacists and the Stop Smoking Team Public Health and the Local Pharmaceutical Committee.

This service is a form of the locally enhanced service under the pharmacy Contractual Framework (Appendix 1) and contributes to the following NHS Wandsworth Commissioning Strategic Plans:

- **CSP 1** - Improve life expectancy over and above the expected trends and focus on a greater health gain for those in deprived wards.

- **CSP 2** - Young People will enter adulthood in a state of health that enables them to reach their full potential.

- **CSP 4** - Improve access to, and the responsiveness of, GP and other Primary Care services.

- **CSP 5** - Improve the quality of services for people living with complex and long term conditions.

The service level agreement is for 12 months and will be reviewed annually.

2. **AIMS OF THE SERVICE**

The service is to improve access to a Community based Stop smoking service.

- To increase awareness among the population of the harmful effects of smoking, the smoking cessation services available and to reduce smoking prevalence in the registered population of NHS Wandsworth.

- To increase the number of patients who received support for stop smoking.

- To deliver cessation services in line with Department of Health guidance (2007, revised 2009).

- To offer those wishing to stop smoking appropriate help either through practice-based support or referrals to specialist services outside the practice.

- To provide accurate, complete and timely data on cessation activity to inform NHS Wandsworth Stop Smoking Services and submission to the Department of Health.

- It is intended that both the Community Pharmacy and the NHS Wandsworth Stop Smoking Service will hold regular update and monitoring meetings.
 Requirement of Practices.

- Provide the participating Community Pharmacy a carbon monoxide monitor.

- Offering Cessation support and advice to all patients who access the pharmacy through brief advice.

- Work towards achieving the allocated PCT smoking cessation target agreed with the PCT.

- Nominate a lead for the service who will attend Level 1 and / or level 2 and level Update training. If this is not the same person as above, identify the person who will deliver cessation advice and support to quitters and ensure that the named staffs attends level 1 and 2 and Update training as required.

- Ensure Level 2 (L2) Advisers are up to date in cessation interventions and maintains contact with the Stop Smoking Service to receive update reports and support to deliver effective services.

- The nominated adviser must also inform the Stop Smoking Service if they change role or no longer work for the practice.

- Agree to work within Department of Health Guidelines on stop smoking services (Appendix 2).

- Provide accurate, complete and timely monthly data reports (Appendix 4) on smokers identified, advised, supported and their outcomes through practice-based. Regular collection of data will help practices assess their activity against their target, and enable the PCT stop smoking service to collate and analyse the data and advise practices. (Appendix 8)

- Submit fully completed cessation activity reports on a monthly basis according to the calendar of monthly deadlines issued at the start of the year.

- Ensure that verbal consent to this data being transferred to NHS Wandsworth Stop Smoking Service (as per template), is discussed with and obtained from patients, using the Information Sheet for Patients. (Appendix 7)

- Refer clients to the services outside the Community Pharmacy i.e. Stop Smoking groups, Community based clinics, Pharmacists GP practices. Clinics aimed at black and minority ethnic communities, and Stay Stopped Groups to meet the needs of the patient as appropriate and to avoid patient lists.

- Maintain contact with smokers in the Community Pharmacy by periodically reminding them of the Stop Smoking services available to them should they decide to stop smoking, and or to help encourage people to stop smoking.

- It is intended that both the Community Pharmacy and the NHS Wandsworth Stop Smoking Service will hold regular update and monitoring meetings each month to review and update both parties, and make sure if any failure to meet targets joint actions will be taken to re-evaluate and achieve the target.
PCT Obligations and Responsibility- The Trust Stop Smoking Team will provide:

- NHS Wandsworth will provide free training for all participating Community Pharmacies and Carbon Monoxide (CO) monitors (on loan to practices) and mouthpieces for the verification of quit status.

- A named specialist from the NHS Stop Smoking team who will provide advice, support and feedback to assist the Community Pharmacy achieve their quit target.

- Annual Level 1 and Level 2 update training for all nominated staff to raise awareness of smoking and its impact on health and health inequalities in Wandsworth (L1); enable appropriate staff to train in advice and support techniques to offer cessation services (L2), or to maintain their professional Community Pharmacy training through continuing professional development (L2 Update). The dates and venues for training will be disseminated at the start of the year.

- The target figure for quitters from each participating Community Pharmacy and the deadlines for the submission of activity returns on an annual basis. The target figure will be notified to participating Community Pharmacies no later than March of each year.

- Monthly reminders to submit data returns of cessation activity resulting from practice-based support (the deadlines for the year for the submission of monthly cessation activity will be circulated at the start of the year).

- Publicity and produce local advertising and campaigns, including information on local services and campaigns to promote cessation services in Wandsworth.

- Information on local services other than those in Community Pharmacy to assist with the appropriate referral of patients where required. This includes Level 1 and Level 2 update training for staff as necessary.

- Regular contact with the named stop smoking lead at the Community Pharmacy to support the achievement of PCT smoking cessation targets.

- Quarterly feedback achievement against the annual target to the Community Pharmacy.

- Feedback to Commissioners, the Primary Care Trust and the Department of Health to inform the Annual Contract Review, and other performance monitoring processes.

3. SERVICE DESCRIPTION

3.1 Service provision

The Pharmacy service falls into two components:-

- **Stop smoking counselling** – training provided by the PCT stop smoking team.

- **Medicines Management** - Supply of medication by direct supply to patient (Nicotine Replacement therapy) and Prescription only medication (Veranacline and Zyban) through prescriptions or by patient group direction as set up by the PCT. The provision of smoking cessation service and where appropriate supply of NRT by participating pharmacy or by a member of the pharmacy team (Pharmacy technicians and Counter Assistants) through a Protocol supervised by the Responsible Pharmacist. (See Appendix 6)
Drop in clinics may refer clients for NRT supply to participating pharmacies.

This will follow the PCT policy on Smoking Cessation Prescribing Guidelines 2009.

3.2 The Community Pharmacy Contractual Framework

The Essential part of the Community Pharmacy Contractual Framework can add value and support a PCT locally commissioned service. The Service will be supported by the Community Pharmacy contractual framework where the following services will be provided:

- **Signposting** – The PCT will provide pharmacists with general information, named individuals and details for the following services
  - PCT stop smoking Team
  - To other stop smoking providers
  - Specialist stop smoking services where appropriate

Information supplied will be regularly reviewed and updated by the PCT

- **Health Promotion** - All Community Pharmacy providers will take part in PCT health campaigns around Stop smoking health and provide appropriate health promotion messages.

3.3 Supplying Nicotine Replacement Therapy (NRT)

**Pharmacists** – all preparations of NRT fall within the Pharmacy Medicine (P) or General sales List (GSL) category. Pharmacists are therefore qualified to supply this medication without a protocol. Supply of NRT will be as follows for patients who have entered the stop smoking service and are motivated to quit.

<table>
<thead>
<tr>
<th>Session 1: 30/40 minutes</th>
<th>Assessment</th>
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<td>Session 2: Quit date- 15/20 minutes</td>
<td>2 weeks supply of NRT- supplied weekly or fortnightly</td>
</tr>
<tr>
<td>Session 4: 2 weeks post quit date- 15/20 minutes</td>
<td>2 weeks supply of NRT -- supplied weekly or fortnightly.</td>
</tr>
<tr>
<td>Session 6: 4 weeks post quit date- 15/20 minutes</td>
<td>4 weeks supply of NRT if successfully stopped at 4 weeks</td>
</tr>
<tr>
<td>Further follow up:</td>
<td>If the client is successfully stopped at 8 weeks then another 4 weeks supply can be made - IF REQUIRED</td>
</tr>
<tr>
<td>Further follow up: SELF CARE- post successful quit.</td>
<td>If the client requests supply after the maximum of 12 weeks, they can be advised to buy it OTC</td>
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Supply of NRT can be made weekly or fortnightly according to patient’s needs and patient compliance. If a patient pays for their medication charges then the pharmacist can supply 4 weeks’ worth of NRT but supply on a weekly or fortnightly basis. Pharmacists are allowed to supply a top up dose of NRT as breakthrough for those patients who have no medical complications and are not pregnant, not medically unstable, no recent cardiovascular or cerebrovascular events. Pharmacists are
encouraged to discuss NRT therapy with the patient’s GP if they have any clinical concerns. For patients who are not exempt of prescription charges can purchase top up doses of NRT over the counter.

**Pharmacy front line staff** – Non Pharmacist staff (front line counter staff and technicians) are allowed to supply GSL NRT preparations and P NRT preparations under the supervision of a pharmacist. Pharmacy staff must have competed their Interact or NVQ 1 or 2 training and Level 2 counselling.

Only one NRT product can be supplied by pharmacy staff, if a top up dose is required the responsible pharmacist must approve and authorise the product selection.

**NRT referral from Drop in Clinics/Out-reach clinics** – Community pharmacies may receive referrals from Stop smoking drop in or outreach clinics to supply NRT. This will only available to pharmacies who provide stop smoking services. The same NRT supply protocol will be followed.

4. **CLINICAL GOVERANCE**

4.1 Core Competencies

These core competencies have been linked, where appropriate, to the general pharmacist competences of the Royal Pharmaceutical Society of Great Britain which are shown in [ ] and are mapped to the General Level Framework (www.codeg.org).

- Understands smoking prevalence and patterns as a function of age, gender, ethnic origin and social class. [G1]
- Is aware of the health risks, behavioural and pharmacological determinants of smoking behaviour and perceived benefits of stopping smoking. [G1]
- Is aware of the effects of stopping smoking and appreciates why stopping smoking can be difficult. [G1]
- Understands how to assess a patient’s nicotine dependence, readiness to quit and willingness to use appropriate treatments. [G7]
- Is aware of the principles and effectiveness of the specialist services involving behavioural support and medication. [G1,G3]
- Understands how to select the most appropriate treatment and the referral pathways to other specialist services / prescribers where necessary. [G1,G7]
- Understands how to deal appropriately with lapses and with full relapse during treatment, and when to refer clients to other local services. [G8]
- Is able to counsel, facilitate goal setting and advice clients appropriately and sensitively. [G1]
- Understands the pharmacotherapy for the full range of available medication treatments and appropriate clinical guidance. [G1]
- Understands and is able to apply the medico-legal aspects of medicine provision in accordance with a Patient Group Direction. [G5]
- Able to demonstrate knowledge of the clinical content of the relevant Patient Group Direction(s) if applicable. [G1]
- Able to support the Pharmacy Team in the delivery of a safe and effective service. [G6]
4.2 Training & Accreditation

A pharmacist must attend and complete (to the PCTs satisfaction) the PCT training & accreditation programme comprised of the following elements:

- Attendance at a PCT accreditation Level 2 training.
- Complete the CPPE course in stop smoking unless the pharmacist has been providing stop smoking for the last 4 years.
- Registration with the PCT as a provider.
- Attendance in the NRT and any further pharmacotherapy training protocol.

Records of completion of these packs must be kept within the pharmacy and can be seen on request by the PCT.

4.3 Service promotion

It will be important that clients receive accurate information about Pharmacies who provide the service. Pharmacy provider details may be displayed on PCT websites. Participating Community Pharmacies must inform the PCT if there is a change of staffing if any trained staff leave.

4.4 Premises

All services must be provided in an approved pharmacy, with a PCT approved private consultation area as defined within NHS Pharmaceutical Services 2005 for the provision of Advanced Services. The pharmacy will be required to provide dedicated window space to advertise the availability of the service from that pharmacy, and an appropriately placed poster within the pharmacy.

4.5 Service Continuity

It is the responsibility of the Community Pharmacy Provider to ensure continuity of service. All members of the pharmacy team including locum pharmacists, new pharmacists, pharmacy technicians and staff should be aware of the service content and commissioning requirements of this LES. If a Community Pharmacy has a change in staffing where the new Community Pharmacist does not meet the competency requirements defined within the LES the Community Pharmacy Provider must inform the PCT giving a minimum of 4 week notice along with a proposal for continuity of service learning no more than a 4 week break.

4.6 Patient sensitivity and Confidentiality

A pharmacist’s duty of confidentiality is outlined in Part 2 of the Code of Ethics. It states that:

‘The public is entitled to expect that pharmacists and their staff respect and protect the confidentiality of information acquired in the course of their professional duties. The duty of confidentiality extends to any information relating to an individual, which pharmacists or staff acquires in the course of their professional activities. Confidential information includes personal details and medication, both prescribed and non-prescribed’.

Due to the nature of the service, all Community Pharmacy providers must provide an understanding and supportive environment. This will require that all members of the pharmacy team and made aware of the responsibilities of this service and the importance of providing a conducive and supportive environment.

Clients of all ages, including those aged under 16, are entitled to a confidential consultation with a pharmacist.
4.7 You’re Welcome” Quality Criteria

All young people are entitled to receive appropriate health care wherever they access it. The You’re Welcome quality criteria lay out principles that will help health services – both in the community and in hospitals – to ‘get it right’ and become young people friendly. Through agreement with the PCT, a pharmacy must meet the you’re welcome quality criteria or have an action plan in place to support the delivery of these services within this service in line with this criteria.

4.8 Clinical Support

The competent pharmacist should not be working in isolation and must feel confident to refer to other sources of information and support including other participating pharmacies, the PCT stop smoking Team and GP practices subject to the requirement for confidentiality. Contacts details will be supplied and updated by the PCT to support pharmacists.

4.9 Reciprocal Arrangements

Wandsworth PCT may recognise the training received by a registered pharmacist from another PCT. Final approval will be based a local decision on a case by case basis by a PCT Officer. Competent Pharmacists who have been trained and accredited by other PCTs will have to follow the Wandsworth PCT Pharmacotherapy policy for Stop Smoking and Patient Group Direction and service Level agreement.

4.10 IT

All Community Pharmacy providers of the service will be expected to be compliant with Information Governance requirements, to have an NHS net Email account and an IT system with an N3 connection and MS Office. In addition the use of PCT approved service software e.g. quit manager.

4.11 Eligibility

Any willing Community Pharmacy provider must be compliant with the Essential part of the Community Pharmacy contractual framework and contract monitoring in this PCT or the host PCT where the Community Pharmacy is located. Essential services must be delivered to a high standard. All Community Pharmacy providers must be compliant with the components of section 4.

5. Indemnity

The pharmacist must ensure that their professional indemnity cover is either provided by the National Pharmaceutical Association (NPA) or other organisation who has confirmed that this activity will be included in their policy.

6. Information Governance, Confidential information and data protection

The named pharmacist shall not, whether during or after their appointment, disclose or allow to be disclosed to any person (except on a confidential basis to their professional advisers) any information of a confidential nature acquired by the pharmacist in the course of carrying out their duties under this Agreement, except as may be required by law or as directed by their PCT.
The pharmacist must protect personal data in accordance with the provisions and principals of the Data Protection Act legislation and must ensure the reliability of the staff that has access to such data.

All participating Community Pharmacies will be compliant with information Governance requirements.

7. **Payment Structure**

Participating community pharmacists will be reimbursed by the following means.
- Patient Counselling – patients who successfully quit will be paid £70/successful quit.
- Supply of NRT A Professional fee of £2.00/supply will be paid to the pharmacy in addition to drug costs and VAT.

Payment is also dependant on legibly and fully completed proformas (Appendix 4) being sent in to the PCT on a regular basis.

8. **Audit**

The audit for the service should provide information on the following criteria: -
- Demand for the service, number of quits and drop out.
- Incidents where Community Pharmacists could not provide the service due staff turnover.

9. **Variation**

The services and fee structure or any aspect of this agreement may be varied if:
- The parties agree in writing, or
- Upon request by the PCT where there is a change in the Trust’s service priorities or where there is a change in the way in which this agreement is required to work as requested by:
  - Changes in legislation, guidance or directions from the Department of Health,
  - Changes to PCT prescribing guidance on Pharmacotherapy. or
  - Other exceptional circumstances.
- Proposals to vary the service may be initiated by any party. A request to vary the service will require at least one-month’s written notice unless the parties agree otherwise.
- If there are local or national changes to National or local guidelines on Stop smoking.
10. Default and termination

Any party may terminate this agreement by immediate notice to the other parties if any of the other parties refuses or fails to carry out any of its obligations, if the matter complained of is:

Incapable of rectification, or Capable of rectification, but has not been rectified within 14 days of the notice being sent to the reasonable satisfaction of the non-defaulting party serving the notice.

If the pharmacist has failed to perform the services in accordance with this agreement or is otherwise in breach of this agreement, and the pharmacist has not remedied the breach where it is capable of being remedied within such a time as may have been notified to the pharmacist, the PCT may terminate this agreement in respect of the services only and provide or procure a third party to provide such services.

Note pharmacies that do not provide any service activity in a quarter, fall below their allocated target or fail to inform the PCT of staff turnover resulting in lack of service continuity will be sent notice of decommissioning. Service retainers will be charged back to the pharmacy and the PCT will remove the allocated carbon monoxide meter.

The PCT may terminate this agreement by immediate notice if the pharmacist ceases to provide pharmacy services from the Pharmacy or they are withdrawn or removed from the Pharmaceutical list, by whatever means. Upon termination of this agreement each party shall return to the relevant party all the other party’s documents and materials and all copies thereof which are of a confidential nature.

The pharmacist shall co-operate fully with the PCT during any handover leading to termination of this agreement. This co-operation shall extend to full access to all documents, reports, summaries and any other information reasonable required by the PCT to achieve an effective transition without disruption to routine operational requirements.

The pharmacist shall not be entitled to assign or sub-contract its rights or obligations under this agreement to any person without prior written consent of the PCT.

Signatures of Parties

The signatures below will constitute an agreement between the Community Pharmacy Community Pharmacy and PCT for the provision of this LES. The agreement will be reviewed annually

Community Pharmacy

Lead Pharmacist: ________________________________

Signature: ___________________________ Date: ______________

NHS WANDSWORTH

Community Pharmacy Lead David Tamby Rajah

Signature: ___________________________ Date: 23rd September 2010
1. **Service description**

1.1 The Stop Smoking service is one in which pharmacies will provide one to one support and advice to people who want to give up smoking. When commissioned, the service will help to increase choice and improve access to NHS Stop Smoking Services, especially for ‘hard to reach’ groups, such as pregnant mothers and young people.

1.2 The pharmacy will provide one to one support and advice to the user and referral to specialist services if necessary.

1.3 The pharmacy will help facilitate access to, and where appropriate supply, appropriate stop smoking drugs and aids.

1.4 This Enhanced service reflects the one to one NHS stop smoking service and is to be provided in addition to the Essential service ‘Promotion of healthy lifestyles (Public Health)’ (ES4).

2. **Aims and intended service outcomes**

2.1 To improve access to and choice of stop smoking services, including access to pharmacological and non-pharmacological stop smoking aids.

2.2 To assist in the delivery of the Public Service Agreement (PSA) targets included in the NHS Improvement Plan.

2.3 To reduce smoking related illnesses and deaths by helping people to give up smoking.

2.4 To improve the health of the population by reducing exposure to passive smoke.

2.5 To help service users access additional treatment by offering referral to specialist services where appropriate.

3. **Service outline**

3.1 The part of the pharmacy used for provision of the service provides a sufficient level of privacy and safety and meets other locally agreed criteria.

3.2 The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service.

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

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

- pharmacy referral as a result of the ‘Promotion of healthy lifestyles (Public Health)’ or ‘Signposting’ Essential services;
- direct referral by the individual; or
- referral by another health or social care worker.

The pharmacy would have to confirm the eligibility of the person to access the service, based on local guidelines.

3.5 The **initial assessment** should include:

- an assessment of the person’s readiness to make a quit attempt; and
- an assessment of the person’s willingness to use appropriate treatments.

3.6 The **initial consultation** should:

- include a carbon monoxide (CO) test and an explanation of its use as a motivational aid;
- include a description of the effects of passive smoking on children and adults;
- include an explanation of the benefits of quitting smoking;
3.7 If considered appropriate, the pharmacist may supply treatment from a locally agreed formulary and will advise on its use. Direct supply, Patient Group Directions or Supplementary Prescribing are all routes which may be used for supply.

3.8 Supply of treatment must be recorded on the person’s pharmacy medication record. Consideration should be given to communicating this information to the person’s GP where clinically appropriate, e.g. Buproprion interactions.

3.9 **Follow up consultations**, in line with NICE guidelines, should be agreed with the person and will include smoking status validation using a CO test. A further supply of treatment could be made at these consultations.

3.10 The **4-week follow up** should include self-reported smoking status, followed by a CO test for validation.

3.11 People not wishing to initially engage or those who choose not to complete the programme may be offered appropriate health literature or referral to an alternative stop smoking service.

3.12 A successful quitter is as defined by the DH stop smoking guidelines.

3.13 The pharmacy should maintain appropriate records to ensure effective ongoing service delivery and audit.

3.14 A completed record consists of the minimum data set as defined within the ’NHS smoking cessation services: service and monitoring guidance’ Appendix 1 (www.dh.gov.uk/assetRoot/04/07/81/16/04078116.pdf).

3.15 The materials and equipment required, including CO monitors and disposable mouthpieces, are supplied free of charge to the pharmacy by the PCO.

3.16 The PCO reimburses the pharmacy for the cost of NRT or other treatments supplied.

3.17 The PCO will need to provide a framework for the recording of relevant service information for the purposes of audit and the claiming of payment.

3.18 The PCO 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 the public.

3.19 The PCO should consider obtaining or producing health promotion material relevant to the service users and making this available to pharmacies.

3.20 The PCO will need to provide details of relevant referral points which pharmacy staff can use to signpost service users who require further assistance.

3.21 The PCO should arrange at least one contractor meeting per year to promote service development and update the knowledge of pharmacy staff.

4. **Suggested Quality Indicators**

4.1 The pharmacy has appropriate PCO provided health promotion material available for the user group and promotes its uptake.

4.2 The pharmacy reviews its standard operating procedures and the referral pathways for the service on an annual basis.

4.3 The pharmacy can demonstrate that pharmacists and staff involved in the provision of the service have undertaken CPD relevant to this service.

4.4 The four week quit rate meets the PCTs target.
4.5 The pharmacy participates in an annual PCO organised audit of service provision.
4.6 The pharmacy co-operates with any locally agreed PCO-led assessment of service user experience.

**Background information – not part of the service specification**

Enhanced service 10 – Patient Group Directions may be used in association with this service, for example for the supply of Buproprion (template PGD available at: www.pharmacyhealthlink.org.uk/pdf/pgd/Smoking-Cessation.pdf).


NHS smoking cessation services: service and monitoring guidance (www.dh.gov.uk/assetRoot/04/07/81/16/04078116.pdf)

**CPPE training which may support this service:**

Public Health: Smoking Cessation workshop
Smoking cessation CD ROM open learning.
Appendix 2

Department of Health guidance

Guidance from the Department of Health for the delivery of Stop Smoking Services was introduced in 2001 (revised 2007, 2009). It stresses the importance of Stop smoking services in primary care and their contribution to health improvement, and sets the benchmark for quality that all services must work together to achieve. This fits well with the notion of an enhanced service.

The guidance maintains the following core requirements of an NHS stop smoking service:

- weekly support should be offered for at least the first four weeks of a quit attempt
- four week follow-up should be carried out promptly
- stop smoking advisers should be appropriately trained to provide appropriate therapeutic support
- A minimum DH data set must be maintained to inform monitoring and evaluation

Definition of a quitter (DH, 2007: 17-18)

A treated smoker = a smoker who has received at least one session of a structured, multi-session intervention on or prior to the quit date and sets a quit date with their adviser. Smokers who participate in an assessment session but fail to attend for treatment should not be counted but those who have consented to a programme of treatment, attended their first session and have set a quit date should be included.

A CO verified 4 week quitter = a self-reported quitter (who has set a quit date as above) whose expired air carbon monoxide (CO) reading is assessed 28 days from their quit date (± 3 days or + 14 days) and whose CO is found to be less than 10ppm.

The 25-42 day inclusion criteria = The ±3 or + 14 day time range permitted for follow-up allows for cases where it is impossible to carry out the follow-up at the 4 weeks. In most cases it is expected that follow-up will be carried out at 4 weeks from the quit date. This means that follow-up must occur 25 to 42 days from the quit date to qualify for inclusion.

A self-reported 4 week quitter = a smoker who has received at least one session of a structured, multi-session intervention (delivered by the service or one of its trained agents), whose quit status at 4 weeks from their quit date (or within 25 to 42 days of the quit date) has been assessed (face to face, by telephone or by postal questionnaire).

Exceptions:

Smokers who have already stopped smoking when they first come to the attention of the service, may only be counted as having been ‘treated’ if they have quit within the last 14 days and attend at least one session of a structured multi-session intervention within 14 days of their spontaneous quit date (which should be recorded as the designated quit date). Services should note the results of spontaneous quitters separately, as they will have higher success rates than other service users.
Appendix 3-FURTHER INFORMATION

NHS Wandsworth Stop Smoking Website

http://www.smokefreewandsworth.nhs.uk/

NHS Wandsworth Pharmacotherapy policy for Stop Smoking

NHS STOP SMOKING SERVICES - Service and monitoring guidance 2010/11


Department of Health Tobacco


This training and competency framework supports the competencies required to achieve the "" produced by the Health Development Agency latterly adopted by NICE.

College of Pharmacy Community Pharmacy(details as of June 2010) http://www.cppe.manchester.ac.uk/bookings/FulllearningPort.asp?ByTheme=true

<table>
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<tr>
<th>Relevance</th>
<th>Category</th>
<th>Reference Availability</th>
<th>Study Hours</th>
<th>Published</th>
<th>Title</th>
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<tr>
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<td>38702 P,T,PR</td>
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<tr>
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<td>37026 P,T,PR</td>
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<tr>
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<td>37205 P,T</td>
<td>4</td>
<td>2006</td>
<td>Stop smoking - learning@lunch module</td>
</tr>
</tbody>
</table>

Management of LES
David Tamby Rajah
Community Pharmacy Lead
Tel: 020 8812 7770
david.tambyrajah@wpct.nhs.uk

Support
Fadi Dexter
Primary Care Support Manager
Tel: 020 8812 7922
Maxine.Hastings@wpct.nhs.uk

Stop Smoking Team
Maureen Vidal
Stop Smoking Administrator
Tel: 020 8812 7794
Maureen.Vidal@wpct.nhs.uk

Stop Smoking Service
(Please complete; these details are used to update our records).

**Pharmacy Name:**

____________________________________________________

**Pharmacy Address:**

____________________________________________________

**Community Pharmacy Telephone Number:**

_________________________________________

**Community Pharmacy Fax Number:**

_________________________________________

**Email address:**

_________________________________________

**Staff member responsible for overseeing the Enhanced Service:**

_________________________________________

Date last trained: Level 2 ___________Level 2 update____________

Level 2 advisor number is:

Signed lead Pharmacist: ______________________________

Signed: Nominated Cessation Adviser: ______________________
## CLIENT DETAILS

<table>
<thead>
<tr>
<th>First name</th>
<th>Date of Birth</th>
<th>Gender:</th>
<th>Pregnant?</th>
<th>Breastfeeding?</th>
<th>Pay for Prescriptions?</th>
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<th>Pregnant?</th>
<th>Breastfeeding?</th>
<th>Pay for Prescriptions?</th>
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## MEDICAL HISTORY/DETAILS

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<tr>
<th>GP Name</th>
<th>Historic Conditions</th>
<th>GP Address</th>
<th>Current Conditions</th>
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<tbody>
<tr>
<td></td>
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</table>

## CLIENT ADDRESS/CONTACT DETAILS

<table>
<thead>
<tr>
<th>Postcode</th>
<th>Can send mail?</th>
<th>Telephone (Landline)</th>
<th>Address (Line 1)</th>
<th>Telephone (Mobile)</th>
<th>Email Address</th>
<th>Preferred Method Contact?</th>
<th>Town</th>
<th>County</th>
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</thead>
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<table>
<thead>
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<th>Postcode</th>
<th>Can send mail?</th>
<th>Telephone (Landline)</th>
<th>Address (Line 1)</th>
<th>Telephone (Mobile)</th>
<th>Email Address</th>
<th>Preferred Method Contact?</th>
<th>Town</th>
<th>County</th>
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</tbody>
</table>

## ETHNIC GROUP

| White British | Employed- Managerial | Pharmacy | 1:1 (Pharmacy) |
| White Irish   | Employed - Professional | Doctor | 1:1 (GP Surgery) |
| White - Other | Employed-Intermediate | Nurse/Health Assistant | 1:1 (Other) |
| Mixed Caribbean | Employed- Routine or Manual | Hospital | Drop-In Clinic(GP Surgery) |
| Mixed African | Full-time Student | Dental Practice | Drop-In Clinic (Hospital) |
| Mixed Asian   | Carer | Newspaper/Magazine | Drop-In Clinic (Library) |
| Mixed Other   | Retired | Radio | Group (GP Surgery) |
| Indian        | Never worked | TV | Group (Hospital) |
| Pakistani     | Long Term Unemployed | Leaflet | Group (Workplace) |
| Bangladeshi   | Short Term Unemployed | Website | Group (Other) |
| Chinese       | Sick/Disabled & Unable to Work | National Quit Line | |
| Other Asian Background | Other: | NHS Direct (Phone or Mail) | |
| Black Caribbean | Unable to Code | Street Campaign | Program Outline |
| Black African | School | Weekly Appointments | |
| Other Black Background | Unable to Code | Workplace | Readiness & Preparing to Quit |
| Any other.    | | Family / Friend | Treatment & Medication |
| Not Stated    | | Previous User | Quit Date Set |

## SMOKING HISTORY

<table>
<thead>
<tr>
<th>Daily Amount Smoked</th>
<th>How soon after waking is the first smoke?</th>
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<table>
<thead>
<tr>
<th>Type Smoked</th>
<th>Time of day when smoke the most</th>
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</thead>
<tbody>
<tr>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>How many years smoking?</th>
<th>How many other smokers in the household?</th>
</tr>
</thead>
<tbody>
<tr>
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## ADVISOR DETAILS

<table>
<thead>
<tr>
<th>Venue</th>
<th>Advisor Number</th>
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<table>
<thead>
<tr>
<th>Name</th>
<th>Contact Number</th>
</tr>
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</table>

## SIGNATURES

I ___________________________ consent to the treatment that has been proposed and understand that my personal details will be shared with Wandsworth NHS Stop Smoking Service and my GP as required. I am also willing to be contacted by an advisor in order for follow up to be made during and after the program to check on my progress and offer additional support if appropriate. Signed: ___________________________

Advisor Signature

## TREATMENT OUTCOME

<table>
<thead>
<tr>
<th>NOT QUIT</th>
<th>LOST CONTACT</th>
<th>QUIT (CO READING TAKEN)</th>
<th>QUIT (CO READING NOT TAKEN)</th>
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<tbody>
<tr>
<td></td>
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18
### SESSIONS & TREATMENT

<table>
<thead>
<tr>
<th>QUIT DATE</th>
<th>Contact (Face or Phone)</th>
<th>No. smoked in past 7 days</th>
<th>Date of Last Smoke</th>
<th>CO Level ppm</th>
<th>N R T</th>
<th>ADMINISTRATION</th>
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<tbody>
<tr>
<td>1&lt;sup&gt;st&lt;/sup&gt; Session (Initial Visit)</td>
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<tr>
<td>2&lt;sup&gt;nd&lt;/sup&gt; Session (Quit Day)</td>
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<tr>
<td>3&lt;sup&gt;rd&lt;/sup&gt; Session (1 week Quit)</td>
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<tr>
<td>4&lt;sup&gt;th&lt;/sup&gt; Session (2 week Quit)</td>
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<tr>
<td>5&lt;sup&gt;th&lt;/sup&gt; Session (3 week Quit)</td>
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<tr>
<td>6&lt;sup&gt;th&lt;/sup&gt; Session (4 week Quit)</td>
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</table>

### ADMINISTRATION

- **For Pharmacies:** The completed [Original Monthly NRT Invoice Claim (Form C)](#) to be sent to:
  
  For the attention of: Mary Clarke  
  Pharmaceutical Team  
  PCSS,  
  187 Ewell Road,  
  Surbiton, Surrey KT6 6AU.

- **For Pharmacies:** The completed [Original copy of the Individual NRT Invoice Record (Form B)](#) and a [Copy of the Monthly NRT Claim Invoice (Form C)](#) that make up the monthly NRT claim are to be sent or faxed to*:
  
  For the attention of: Mr Fadi Dexter  
  Wandsworth PCT  
  3<sup>rd</sup> Floor Wimbledon Bridge House  
  1 Hartfield Road, Wimbledon SW19 3RU

- **For Pharmacies & GP Surgeries:** The [Original Client Monitoring Record (Form A)](#) are to be sent to*:
  
  For the attention of: Maureen Vidal  
  Wandsworth Stop Smoking Service  
  3<sup>rd</sup> Floor Wimbledon Bridge House  
  1 Hartfield Road, Wimbledon, SW19 3RU

*Forms for Fadi Dexter & Maureen Vidal may be sent in the same envelope to Wimbledon Bridge House, to arrange a pick up please call 020 8812 7794.

### DATE |

### NOTES |
APPENDIX 4 Paperwork – PATIENT NRT SUPPLY FORM (FORM B)
Wandsworth SSS Individual NRT Invoice Record (Form B)
PLEASE DISPENSE IN INSTALLMENTS 14 DAYS.
MAXIMUM OF 12 WEEKS SUPPLY

<table>
<thead>
<tr>
<th>PHARMACY NAME</th>
<th>PHARMACY ADDRESS</th>
</tr>
</thead>
</table>

**DISPENSING CHARGE DECLARATION IF EXEMPT**
This section to be completed by the client in BLOCK CAPITALS at the TIME THE VOUCHER IS ISSUED

### CLIENT DETAILS

<table>
<thead>
<tr>
<th>First Name:</th>
<th>Last Name:</th>
<th>Gender:</th>
<th>Date of Birth:</th>
<th>Telephone Number:</th>
<th>Postcode:</th>
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<tr>
<td></td>
<td></td>
<td>M/F</td>
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### I DO NOT HAVE TO PAY FOR PRESCRIPTIONS BECAUSE…

- I am 18 and in full time education  
- I get full Working Families Tax Credit* or credit reduced by £70 or less
- I have a maternity exemption certificate  
- I am 60 years of age or older
- I have a medical exemption certificate  
- I get full Disabled Person’s Tax Credit* or credit reduced by £70 or less
- I get Income Support*  
- I get income-based Jobseeker's Allowance*
- I have a prepayment certificate  
- I am named on a current HC2 charges certificate

* If benefit or tax credit is paid to your partner or someone else for you, give their details here:

### DETAILS OF PARTNER OR OTHER WHO IS RECEIVING BENEFIT OR TAX CREDIT

<table>
<thead>
<tr>
<th>First Name:</th>
<th>Last Name:</th>
<th>Date of Birth:</th>
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<tbody>
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I have received free of charge an initial supply of the NRT product(s) as detailed below. I declare that the information I have given on this form is correct and complete and I understand that if it is not, action may be taken against me. For the purposes of verifying entitlement to NRT free of charge I consent to the disclosure of relevant information about me, including to and by the Inland Revenue and Local Authorities.

Client’s signature: ............................................ Date: .................

### DATE OF SUPPLY

<table>
<thead>
<tr>
<th>DATE OF SUPPLY</th>
<th>NRT PRODUCT</th>
<th>NRT COST (A)</th>
<th>Plus</th>
<th>VAT(B) @ 5%</th>
<th>Plus</th>
<th>SUPPLY FEE (C) £2.00</th>
<th>Less</th>
<th>DISPENSING CHARGE (D) £7.20</th>
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<tbody>
<tr>
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<td>£</td>
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</table>

**TOTAL**

| TOTAL          |             | £            | £    | £           | £    | £                   | £    | £                        |

**TO OBTAIN NRT TOTAL =** NRT COST Plus VAT Plus DISPENSING Minus DISPENING CHARGE  

£
APPENDIX 4 Paperwork - End of cycle NRT return form (FORM C)

<table>
<thead>
<tr>
<th>PAYEE NAME &amp; ADDRESS/PHARMACY ADDRESS</th>
<th>Pharmacy OSC Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>No. of forms in this claim:</th>
<th>Total Product Costs (A)</th>
<th>Plus</th>
<th>Total VAT (B)</th>
<th>Plus</th>
<th>Total Supply Fees (C)</th>
<th>Less</th>
<th>Total Dispensing Charges (D)</th>
<th>£7.20</th>
<th>GRAND TOTAL*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>+</td>
<td>£</td>
<td>+</td>
<td>£</td>
<td>-</td>
<td>£</td>
<td></td>
<td>£</td>
</tr>
</tbody>
</table>

*GRAND TOTAL = Total Product Cost Plus Total VAT Plus Total Supply Fee Minus Total Dispensing Charges

For Data Extraction; Send Copies of Individual NRT patient forms (Form B) and a Copy of the Monthly NRT Claim Invoice (Form C) to:

**Mr Fadi Dexter**
Primary Care Support Manager
Wandsworth Primary Care Trust
3rd Floor Wimbeldon Bridge House
1 Hartfield Road, Wimbeldon SW19 3RU

For Payment; Please submit the Monthly NRT Claim Invoice (Form C) **by the 8th of each Month** to ensure prompt payment to:

**Mary Clarke**
Pharmaceutical Team
Primary Care Support Service,
187 Ewell Road,
Surbiton, Surrey KT6 6AU.

- PLEASE FILL IN ALL RELEVANT FIELDS
- KEEP A COPY FOR YOUR OWN RECORDS
- PLEASE SUBMIT BY THE 8TH OF EACH MONTH BY POST
- SEND ONLY THE MONTHLY NRT CLAIM INVOICE (Form C) TO PCSS SURBITON FOR PAYMENT

<table>
<thead>
<tr>
<th>Payment Received</th>
<th>Payment Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>£</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX 5 COMMUNICATIONS STRATEGY

In order to ensure success for this service an effective communications strategy must be designed. This will ensure that the terms and conditions of the service in promoted and understood by Primary Health Care workers. The Critical success factors to this service are: -

- Understanding the role of stakeholders involved in Stop Smoking
- Compliance with the Medicines Act around supply of NRT and working to a Patient Group Direction
- Building strong professional working relationships. E.g.
  - GP’s and Community Pharmacy staff
  - Drop in Clinics, specialist services
  - District Nurses, School nurses
  - Wandsworth PCT Public Health
  - Wandsworth Council

The Patient
Improved care,
Sensitive to patients
needs.
Convenience
Health Promotion

OTHER STOP SMOKING PROVIDERS
Drop in clinics,
GP practices, Specialist services

COMMUNITY PHARMACY STOP SMOKING SERVICE
Communication & Relationships

PCT STOP SMOKING SERVICE
Training, return of date, performance.

PCT
Audit of service
Improved access and service Quality,
CSP Objectives
Appendix 6 NRT supply Protocol front line Pharmacy staff

Nicotine Replacement Therapy Patient Assessment Protocol

Is the patient motivated to quit and set a quit date in the next 2 weeks?

YES...

Is the client currently taking Zyban or Champix

YES  NO

NO

Zyban/Champix Cannot be combined with NRT

Please tick the appropriate box for each query:

1. Pregnant/Breastfeeding? YES  NO
2. Aged 12 yrs and below? YES  NO
3. Thyroid disease? YES  NO
4. Cardiovascular disease? YES  NO
5. Serious cardiac event/hospitalisation for a cardiovascular complaint in the last 2 weeks? YES  NO
6. Uncontrolled hypertension? YES  NO
7. Currently taking Theophylline? YES  NO
8. Diabetic? YES  NO
9. Currently taking a mental health medication? YES  NO

NRT Cannot be given to clients aged Under 12 years.

Avoid patches in clients with chronic skin conditions e.g. psoriasis, or those who have had a previous skin reaction to patches/plasters.

Avoid gums or lozenges in clients with stomach ulcer.

Discuss products and recommend client’s choice. Based on Level of Addiction and Dependency. Combination Therapy is recommended but Not more than 2 products at a time.

☐ I have checked client’s motivation to Quit smoking and explained NRT treatment. They would like to use the following product(s):

NRT Details:
Type of product: .................................................................
Brand (if available): ................................................................
Batch number: ....................................................................
Strength: ..............................................................................
Number of weeks treatment to be supplied: 1 week 2 weeks
Week of treatment (e.g. week 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12): ..............................................................

Adviser’s Name: ....................................................................
Adviser’s Signature: ..............................................................
Client’s Name: .....................................................................
Client’s Signature: ..............................................................

Venue: .............................................................................
Date: ..............................................................................

Protocol to be used by a Level 2 (Sessional) Advisor and for Patches, Gums and Lozenges only.
The Use of Nicotine Replacement Therapies

**Pregnancy.** NRT is likely to be safer than continued smoking and so its use can be justified in pregnant women who are finding it difficult to stop smoking. NRT products that are taken intermittently (such as gum, lozenge, inhalator) are preferred to patches. This is to minimise the exposure of nicotine to the unborn baby. Avoid liquorice-flavoured NRT products.

**Breastfeeding.** The amount of nicotine that gets into breastmilk is probably similar whether the mother smokes or uses NRT. Breastfeeding within one hour of smoking or taking an NRT product can significantly increase the levels of nicotine in breast milk. Therefore, NRT products that are taken intermittently are probably best if NRT is used during breastfeeding. Avoid using the NRT for at least one hour before breastfeeding.

If your client is taking a theophylline medicine (used for some lung conditions), or a mental health medication and stops smoking, the blood level of these medications will increase. (The chemicals in cigarette smoke interfere with this medicine.) It is likely that the dose they need to take will need to be reduced. Please do not give NRT to these clients, they should be referred to their GP.

<table>
<thead>
<tr>
<th>Product</th>
<th>Advantages</th>
<th>Disadvantages</th>
<th>Cautions</th>
<th>Customer Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buccal Nicorette Microtabs Nicotinell Lozenges</td>
<td>Fast acting Oral stimulation Discreet Good control</td>
<td>Hiccups Mouth and throat irritation Cough Nausea Dyspepsia</td>
<td>Gastric or peptic ulcer</td>
<td>For light to moderate smokers and those reducing from a high strength product</td>
</tr>
<tr>
<td>2 &amp; 4mg Gum Nicorette Nicotinell</td>
<td>Fast acting Oral stimulation Good control</td>
<td>Some dislike chewing gum Taste May be difficult for dentures Increased salivation Mouth or throat irritation Hiccups</td>
<td></td>
<td>Peptic Ulcer Gastritis Oesophagitis Pharyngitis Low strength – light to moderate smokers and those reducing from a high strength product High Strength – heavily dependent smokers</td>
</tr>
<tr>
<td>16 Hour Patches Nicorette</td>
<td>Once daily application Discreet</td>
<td>Relatively slow acting Erythema and itching Adhesives can cause allergies</td>
<td>Chronic skin conditions</td>
<td>For those who smoke regularly through the day</td>
</tr>
<tr>
<td>24 Hour Patches Nicotinell Niquitin CQ Niconil</td>
<td>Once daily application Discreet 24 hour cover (no breakthrough craving)</td>
<td>Nightmares, sleep disturbance Adhesives can cause allergies Relatively slow acting Erythema and itching</td>
<td>Chronic skin conditions</td>
<td>For regular smokers who light up within 20 minutes of waking</td>
</tr>
</tbody>
</table>

Protocol to be used by a Level 2 (Sessional) Advisor and for Patches, Gums and Lozenges only
Appendix 7 Information for Patients  
(April 2009-March 2010)

Smoking is one of the biggest causes of death and illness in the UK. Every year 11,000 people die of smoking related diseases. This means 2000 deaths a week or 13 deaths every hour.

Wandsworth Primary Care Trust has a range of Stop Smoking Service services which are designed to provide more support and advice for smokers who would like to give up. All staff that give advice and support to smokers within this service have received training. When you talk to someone in the service about smoking they will need to find out a little more about you, as these help us to help you and give all smokers a better service. These are the reasons for collecting this information:

- Your postcode, age, ethnic group and this information will help us whether or not you have a disability or long-term condition.
- Types of smokers in Wandsworth

If you are a woman, whether you are pregnant. - If you are pregnant, your choices of treatment will be different to other smokers

A record of your treatment - This information will ensure that we keep notes of our meetings with you, and what took place. It will also help us to find out how many people are successful, and measure the demand for services.

Your occupation - We know that people from some occupation groups find it more difficult to give up. This information will be used to measure how successful we are at helping people to quit from these groups

The information provided will be used by the Stop Smoking Service for statistical analysis and monitoring by the Department of Health. It will be entered into a secure i.e password-protected computer database (a system for storing and analysing information). The analysis will help us to measure how well we are doing in helping smokers to give up, and compare our success with others part of the country.

If you have any questions about the service or about what will happen to the information we collect, please contact the Stop Smoking Service on freephone 0800 093 9030 or speak to your adviser.
Appendix 8- Data Reporting

Data reporting

The Department of Health Gold Standard requires that Stop Smoking Service collect the following:

- Postcode
- Ethnicity
- Gender
- Age (the Stop Smoking Service has changed the EMIS template during 2008/9 so that date of birth is not recorded)
- Occupation (this was introduced in April 2008)
- Pregnancy status (only if it is positive)
- Disability or long-term condition
- Quit date
- Treatment (NRT, bupropion, varenicline etc.)
- CO validation (in 85% of cases)
- Treated Smokers (i.e. Lost to Follow Up)
- Final Outcome (Quit Smoking, Lost to Follow Up, or Still Smoking)

The full guidance can be found at: www.dh.gov.uk/publications