

Service	Pharmacy Enhanced Service: Nicotine Replacement Therapy (NRT) Voucher Scheme
Authority Lead	Chris Lee
Provider Lead	Contracting Community Pharmacy Provider
Period	1 April 2019 – 31 March 2020
Date of Review	25 March 2019

1. Population Needs

1.1 National/local context and evidence base

Smoking remains the single, greatest cause of preventable illness and death from respiratory disease, circulatory disease and cancer. As stated in the NHS long term plan it is the main risk factor that causes premature deaths in England. Smoking rates have fallen significantly but smoking still accounts for more years of life lost than any other modifiable risk factor. Around 6.1 million people in ENGLAND still smoke.

Smoking accounts for approximately 5.5% of the NHS budget, with admissions for smoking related conditions placing a large demand on NHS resources. Smokers see their GP over a third more often than non-smokers, and smoking is linked to nearly half a million hospital admissions each year. In 2016/17 there were estimated to be 484,700 hospital admissions attributable to smoking. This is up from 474,300 in 2015/16 (an increase of 2%), and from 444,700 in 2006/07 (an increase of 9%). (NHS Digital, 2018).

One in two lifelong users die prematurely as a result of smoking, half of these in middle age. On average, each smoker loses 20 years of life and experiences many more years of ill health than a non-smoker. Adult smoking prevalence for Lancashire (14.8%) is at a similar level to the national estimate (14.9%). However there continues to be significant differences of smoking prevalence within the County at a district level, smoking prevalence estimates range from 20.2% in Pendle and Preston to 7% in the Ribble Valley. Applied to the latest population estimates (ONS, 2016) suggests there are over 150,000 adults (18+) smokers who live in Lancashire. However, two thirds of smokers (56%) want to quit and welcome the support to do so. One in six (13.9%) women in the Lancashire county continue to smoke during pregnancy, significantly above the England level (10.8%).

The national tobacco plan for England reasserts the government commitment to the provision of the local Stop Smoking Services (SSS) tailored to the needs of local communities, particularly groups which have high prevalence, as a contribution to reducing health inequalities in health. There are three distinct priority areas;

- Long term conditions
- Mental health
- Smoking in Pregnancy

All of which are mirrored in the PAN Tobacco Free Lancashire Strategy. The national plan focusses on the need to de-normalise smoking and how we can work towards a smoke-free generation.

The objectives of the tobacco control aim to:

- reduce the number of 15yr old's who regularly smoke from 8% to 3% or less
- reduce smoking among adults in England from 15.5% to 12% or less
- reduce the inequality gap in smoking prevalence, between those in routine and manual occupations and the general population

- reduce the prevalence of smoking in pregnancy from 10.5% to 6% or less

The aim is to achieve these objectives by the end of 2022.

The Tobacco Control Plan for England reasserts the government's commitment to the provision of local Stop Smoking Services (SSS) tailored to the needs of local communities, particularly groups which have high prevalence, as a contribution to reducing health inequalities in health. There is strong evidence, which demonstrates that (SSS) are highly effective both clinically and in terms of cost. Smokers are four times more likely to quit with support from (SSS) than going it alone. Further to this, Department of Health guidance recommends that all smokers should be routinely offered advice to quit and a referral to the (SSS).

Cigarettes are highly efficient nicotine delivery devices and are as addictive as drugs such as heroin and cocaine. NICE recommendations advocate the use of Nicotine replacement therapy (NRT), Varenicline (Champix) and Bupropion (Zyban) alongside behavioural support as part of a smoking cessation programme. NRT has been shown to be both clinically and cost-effective and doubles the chances of a smoker wishing to achieve abstinence.

NRT aims to replace the nicotine in cigarettes with another form of delivery. It provides a background level of nicotine and alleviates the short-term difficulties smokers' experience when trying to stop smoking by reducing craving and withdrawal symptoms. Forms of NRT currently available are patch (16 hour and 24 hour), inhalator, nasal spray, mouth spray, gum and lozenge Mouthstrips and sublingual tablets not available – please refer to formulary on PharmOutcomes

NRT is currently available on FP10 prescribed by a General Practitioner or Non-Medical prescriber and can be bought as a general sale item. Adults can use a single NRT product or a combination of a patch with an oral product if they are heavily dependent smokers. Young people aged over 12 years are limited to a single NRT product. Duration of treatment with NRT is usually 12 weeks for a cessation attempt.

The Lancashire Stop Smoking Services use a voucher scheme, whereby Stop Smoking Advisors issue Service User with a voucher to obtain NRT from a Community Pharmacy to enable them to receive NRT on the NHS without the need for a prescription. This provides holistic care to the Service User whilst reducing the need for unnecessary GP consultations. Service Users exempt from prescription charges may receive NRT free from participating pharmacies, whilst those Service Users who are not exempt from prescription charges may also receive NRT at the same cost as a prescription. Each voucher covers between one- and four-week's supply of NRT and can be issued for up to 14 weeks per cessation attempt (2 weeks reduction, 12 weeks quit). Smokers unable to stop whilst on NRT should be discharged from the service and invited to re-attend when they are ready to make another quit attempt.

Varenicline and Bupropion are not available through the pharmacy enhanced service NRT voucher scheme because these are Prescription Only Medicines and the patient's medical history is required to ensure there are no contra-indications. Therefore, the pharmacological assessment, decision for treatment and prescribing of these products is undertaken by the individual's G.P practice.

2. Key Service Outcomes

2.1

The service contributes to the following Public Health Framework outcomes:

- Smoking status at time of delivery (2.3)
- Smoking prevalence – 15yr old's (2.9)
- Smoking prevalence – adult (over 18s) (2.14)

- Low birth weight of term babies (2.1)
- Infant mortality (4.1)
- Mortality from causes considered preventable (4.3)
- Mortality from all cardiovascular diseases (including heart disease and stroke) (4.4)
- Mortality from cancer (4.5)
- Mortality from respiratory diseases (4.7)
- Excess under 75 mortality in adults with serious mental illness (4.9)
- Sickness absence rate (1.9)

And Lancashire County Council Health and Wellbeing Priorities:

- New and expectant families
- Long term conditions
- Smoking in pregnancy
- Identify those who are at risk of admission into hospital and provide appropriate intervention
- Joined up support for vulnerable families (first pregnancy)

3. Scope

3.1 Aims and objectives of service

The service is designed to meet the following aims for:

Patients

- To improve access to and choice of Stop Smoking Services, including access to pharmacological and non-pharmacological stop smoking aids
- To reduce smoking related illnesses and deaths by helping people to quit smoking
- To improve the health of the population by reducing exposure to second hand smoke
- To reduce waiting times for smoking cessation treatment
- To offer an alternative to a GP consultation
- To remove anxiety about “bothering a doctor”

GPs

- To reduce inappropriate consultations
- To help achieve access targets

Pharmacists

- To provide an opportunity to work more closely with healthcare providers and raise the profile of community pharmacy
- To deliver the vision of the Pharmacy White Paper; Building on Strengths Delivering the future

3.2 Service description/pathway

3.2.1 Service Requirements

3.2.1.1 Pharmacy Criteria

This service may be provided by any authorised community pharmacy within Lancashire, subject to the following:

- The pharmacy contractor must agree to participate in all parts of the service. The pharmacy contractor must complete the ‘Stop smoking – Very Brief Advice’ DoC within 3 months of the current Contract being issued.
- The pharmacy must meet the standards required to deliver advanced services.

- A standard operating procedure (SOP) that clearly defines the roles and responsibilities of relevant staff must be produced and followed for each individual pharmacy.
- A suitably trained member of the pharmacy team may undertake the consultation provided they adhere to the SOP and refer to the pharmacist as appropriate. Overall responsibility and accountability will remain with the pharmacist in charge.
- An accredited pharmacist must be present and accountable for 75% of opening hours, except for annual leave and sick leave, when a locum (accredited or not accredited) may temporarily continue accountability of the service.

3.2.1.2 Pharmacist and Pharmacy Staff Training

Recommendation for training National Centre for Smoking Cessation Training (NCSCT)

- NCSCT online http://www.ncsct.co.uk/pub_training.php The NCSCT training programmes are based on research into what competences (skills and knowledge) are required by stop smoking practitioners and has proven to be effective. There are specific smoking modules on the following;
 - Very Brief Advice
 - Mental health
 - Pregnancy

The NHS Long Term plan and the National Tobacco plan along with the local tobacco plan are prioritising these groups along with long term conditions to stop using tobacco. The online free training can support staff to engage with these Service User groups.

3.2.1.3 Sign Up and Termination

- All pharmacists and pharmacies must agree to the terms of service contained within this service specification.
- Participating authorised pharmacies may withdraw from the scheme at any time. Lancashire County Council may also terminate provision from a pharmacy. Any such intention must be made in writing to the same individual identified on the Enhanced Service agreement form. A notice of 28 days applies.
- If pharmacies withdraw from the scheme, then the accredited pharmacist may continue to provide the service from other authorised pharmacy premises located within Lancashire
- Changes of ownership will require reapplication to provide the service.
- Changes to pharmacy staff (e.g. new manager or regular locum) who are not already accredited will require accreditation to continue provision of the service.

3.2.2 Service Overview

The process can be summarised as follows:

- Service Users of the Stop Smoking Service who have committed to a target stop date and wish to use NRT, and who are assessed as suitable, are issued with a voucher by their smoking cessation advisor.
- The standard duration of treatment on the Pharmacy Enhanced Service NRT voucher scheme is 12 weeks per cessation attempt.
- Initial supply of the NRT should be sufficient to last up to a maximum of 2 weeks after the target stop date. A second voucher should only be issued if the smoker demonstrates a continuing attempt to stop smoking. Best practice dictates that during the first four weeks of the quit attempt, behavioural support should be offered on a weekly basis. The NRT voucher will usually cover one- or two-weeks' supply of NRT. In exceptional circumstances, up to four weeks supply of NRT may be issued on a single voucher.

- Where circumstances dictate e.g. in high level of dependence, up to two forms of NRT may be combined on the same voucher, in accordance with the service specification. Usually this will be a patch plus some form of oral treatment.
- Subsequent vouchers will only be issued where the Service User demonstrates on re-assessment that the quit attempt is continuing.
- The Service User takes the voucher to a participating pharmacy and exchanges this for a supply of NRT. For Service Users who are not exempt from NHS charges, a **non-refundable fee** equivalent to the NHS prescription charge will be levied.
- The voucher will be valid for 14 days from the issue date.
- The pharmacist claims the cost of the product plus VAT and a professional fee of £2.62 per voucher from the Commissioning Support Unit (CSU) – via Pharmoutcomes
- The NRT Voucher scheme may only be used to supply NRT on the NHS to persons undertaking a smoking quit attempt. Supporting persons with a long-term dependency to NRT is outside the scope of the service.
- If appropriate the Stop Smoking Advisor may suggest a reducing to quit programme for up to two weeks. A quit attempt should then be made. Complete cessation must be no later than 14 weeks. The reducing to quit programme is not an appropriate method for pregnant/breastfeeding women who smoke.
- Service Users requiring treatment for longer than the standard 12-week duration will be assessed on an individual basis. Adolescents between the age of 12-18 years, pregnant or breast-feeding Service Users would rarely be treated for longer than the standard 12-week duration.

3.2.3 The Role of The Stop Smoking Services Manager/Deputy Manager

The Manager/Deputy Manager has overall responsibility for use of the NRT voucher scheme within the Stop Smoking Service. This includes:

- Arrange the printing of the voucher, and co-ordinate the distribution to the local advisors.
- Compile a list of signatures of all advisors using the voucher scheme and distribute this list regularly to all participating pharmacists, at least every three months.
- Record serial numbers of voucher pads and who they have been distributed to
- Ensure ongoing competency of the advisor in use of NRT and the voucher scheme
- Provide up-to-date information to advisors and participating pharmacists on the use of NRT and the voucher scheme, as required.

3.2.4 Role of The Stop Smoking Advisor

- Assess Service Users suitability for NRT in accordance with NICE and Department of Health Guidelines
The choice of product(s) must be consistent with the Lancashire NRT Formulary (on Pharmoutcomes).
- Vouchers will normally be issued for 1-2 weeks supply. Up to 4 weeks supply can be issued once the Service User has been co-verified as a successful quitter (at 4 weeks).
- Complete part one of the voucher and inform Service Users of participating pharmacies.
- Indicate on the voucher whether one product or two products are recommended by ticking the relevant box
- Ensure the date of issue is completed on the top copy. Encourage the Service User to obtain treatment within 7 days, and to take proof of eligibility for free prescriptions.
- Retain the bottom (yellow) copy of the voucher within the Service Users' record. This must be stored safely and be available for up to 8 years.
- Vouchers should not be collected by persons other than the Service User. If this poses particular problems for an individual, they should speak with the Stop Smoking Service Manager/Deputy Manager.
- Vouchers cannot be issued after 14 weeks of treatment per quit attempt.
- Forward any spoiled vouchers to the SSS.
- Service User is to be advised to discuss product preferences e.g. flavour of gum with the supplying pharmacist.

- Ask the Service User to present the top (white) copy of the voucher and the treatment card at the pharmacy.

3.2.5 Role of The Pharmacist

All pharmacists should ensure that they have signed up to the Stop Smoking Services NRT Voucher Scheme Service Specification, before supplying NRT under the voucher scheme

If the pharmacist has any concerns or queries over the NRT order on the voucher, they should discuss this with the issuing Stop Smoking Service Advisor **before** supply.

- The Pharmacy Contractor will ensure that Pharmacists and staff make the supply of NRT in accordance with the service specification and produce a standard operating procedure for use in the pharmacy (Appendix 1).
- The Pharmacy Contractor will ensure the service is covered by their indemnity insurance.
- At least one representative from the Pharmacy Contractor must attend the Stop Smoking Service training session and arrange for the information to be disseminated to pharmacy staff.
- The Pharmacy Contractor will display a notice indicating the availability of treatment through the NRT scheme.
- In taking the professional responsibility for the supply of the NRT, the pharmacist should assure him/herself that the NRT therapy is being supplied safely paying particular attention to the Service Users' medical conditions and concurrent medication (including possible side effects, drug interactions and contra-indications).
- Ensure adequate stocks of the NRT products available on the voucher scheme are maintained within the pharmacy.
- All Service Users should present with a voucher and treatment card. However, they may not bring their treatment card with them to the pharmacy. In such a case, the Service User may still receive a supply of NRT providing they have a valid voucher. If a treatment card is presented, it should tally with the voucher. You should document anything out of the ordinary and report to the appropriate service manager
- Ensure the voucher has been completed satisfactorily. If any details are absent contact the Stop Smoking Service.
- Check that the voucher has not expired. **Vouchers are valid for 14 days from the date written on the voucher.** If the voucher has expired, advise the Service User to contact their Stop Smoking Service Advisor.
- Ensure the NRT product requested is appropriate for use by the Service User in accordance with the product licence.
- Discuss any particular Service Users product preferences e.g. flavour of NRT gum or type of patch.
- **Take professional responsibility for the supply of the NRT. The voucher is not a prescription. It is a means of supplying NRT on the NHS. The pharmacist is professionally accountable for the supply. The pharmacist retains professional discretion to judge the suitability of the NRT product recommended and change the product if deemed necessary.** If the pharmacist has a query, they must contact the Stop Smoking Service Advisor. If an amendment to the voucher is necessary, the pharmacist should clearly annotate the voucher with the amendment, signing both copies of the voucher.
- Make an entry on the PMR and label the NRT supply in accordance with RPSGB Labelling Guidelines (now called the GPhC).
- In permanent ink, mark on the box of NRT "*Supplied on the NHS*"
- Complete the relevant section on the voucher. Fill in the pharmacist's name and **stamp with the pharmacy details.**
- Retain the copy of the voucher. This must be made available to the CSU at a later date as part of an audit trail/for audit purposes should this be required. They must be stored safely for 2 years and thereafter confidentially shred.

- Complete the voucher details on the PharmOutcomes database and submit to the CSU within the calendar month if possible but no longer than 3 month's duration from issuing of NRT. Reimbursement may not take place if outside of this period.

3.2.6 Vouchers

A voucher approved by the Lancashire Tobacco and Nicotine Addiction Treatment Service must be used. This will be produced in duplicate (white top copy, yellow bottom copy) in A5 size.

3.2.7 The Procedure for Using the Voucher

- The Stop Smoking Service Advisor completes the relevant sections of the voucher. Amendments should not be made apart from indicating Service User preference for product flavour. If any alteration to the voucher is required, this must be clearly indicated, and the amendments signed on all voucher copies. If necessary, where there is scope for ambiguity, the instruction should be written out in full.
- The Stop Smoking Service Advisor retains the bottom (yellow) copy of the voucher for the records and provides the Service User with one copy) to take to a participating pharmacy.
- Where Service Users are exempt from prescription charges, they must tick the appropriate box on the voucher under exemption categories and sign the declaration.
- The pharmacist must check their proof of exemption.
- If proof of exemption is not seen, place a cross on the back of the voucher and endorse 'proof of exemption not seen'.
- Where the Service User is not exempt from prescription charges, they must complete the declaration. Collect any NHS fees (equivalent to the standard prescription charge) where appropriate in accordance with current Department of Health policy i.e. one charge per item unless it is for different strengths of the same formulation. A till receipt should be issued for the charge made, which should be the current prescription charge. If a Service User is awaiting an exemption certificate do not issue an FP57 as the NRT voucher is not a prescription and therefore this would not be appropriate. If the Service User later presents with a valid exemption certificate a refund should be made providing the till receipt is also presented. The amount of the refund should be claimed back from the CSU. The till receipt should be submitted with the exemption certificate number clearly indicated.
- The pharmacist completes the voucher with the Pharmacist's name and pharmacy stamp, supplying the NRT product for the Service User in return for the voucher. The pharmacist keeps the top (white) copy of the voucher and submits the details to the CSU via PharmOutcomes.

3.2.8 Reimbursement to Pharmacists

Pharmacists will be reimbursed with the current Drug Tariff price for the NRT supplied plus VAT, plus a professional fee of £2.62 per voucher. Any NRT product requested and supplied on the voucher should be in accordance with the NRT voucher scheme formulary as presented on PharmOutcomes. The reimbursement prices for the NRT products are updated automatically.

All enquiries regarding fee payment need to be directed to the CSU:

Contracts Management Team

NHS Midlands and Lancashire Commissioning Support Unit

Jubilee House

Leyland

Lancashire

PR26 6TR Tel: 01772 214141 Email: enhancedserviceslcsu@nhs.net

3.2.8 Role of the CSU

- Arrange reimbursement to pharmacies.
- CSU produce monthly Performance Reports to support the monitoring of the countywide scheme for Lancashire Tobacco and Nicotine Addiction Treatment Service and Lancashire County Council.

3.2.8.1 Financial Arrangements with the CSU

A financial system has been set up in order to calculate and make appropriate payments to pharmacies. We will only pay claims up to three months after the claim period. The following data will be collected by PharmOutcomes:

- Supply date
- Patient name, date of birth and address, including postcode
- Pharmacist's and pharmacy details
- Voucher issuing advisor details
- Voucher Number
- Reimbursement cost of the NRT supplied (Plus VAT as appropriate)
- Type of NRT supplied
- Patient exemption status

Reports regarding the number of vouchers and NRT products redeemed will be provided to the Stop Smoking Service and Lancashire County Council on a quarterly basis.

3.2.8.2 Fraud and Audit Procedures

All necessary steps to eliminate the possibilities for fraud at any stage in the voucher scheme will be taken. In summary they will include:

- Ensuring the voucher issued to Service Users who are entitled to free prescriptions can identify their exemption category in section 3 of the voucher.
- Carrying out the necessary checks, including post-supply checks on Service Users who have no evidence of their entitlement to free prescriptions.
- Ensuring that the products are supplied as indicated on the voucher and that the number of vouchers is consistent with the number of Service Users using the service.
- Establishing an audit trail for the vouchers so that they can be tracked from their point of issue to their submission to the CSU.

The voucher has been specifically designed to reduce the possibility of fraud and enables advisors to easily identify Service Users eligible to receive NRT. The Lancashire Tobacco and Nicotine Addiction Treatment Service manager/deputy manager will be responsible for arranging supplies of the A5 copies of the voucher in duplicate and to distribute these appropriately to the advisors. Each copy of the voucher will be in a different colour and the copy carbonated. Each voucher will have a unique serial number so that it can be tracked and audited.

Other aspects of the use of the NRT voucher scheme will be audited periodically in agreement with Lancashire Tobacco and Nicotine Addiction Treatment Service and community pharmacists (via the Local Pharmaceutical Committee).

3.2.8.3 The Penalty Charge

The supply of the NRT free of charge falls within the scope of the penalty charge introduced from November 1999. The penalty charge is a civil fine and is payable in addition to the recovery of the item. Payment can be pursued by civil recovery action if necessary. Where Service Users have claimed the free NRT incorrectly or fraudulently, the cost of the item should be recovered, and the penalty charge will apply. Guidance on the penalty charge administration will be issued by the Department of Health.

3.2.8.4 Other Counter Fraud Measures

The CSU will need to be able to satisfy themselves that products are being supplied as indicated on the voucher, that the NRT provided is supplied in accordance with the clinical need of the Service Users, and that the number of vouchers is consistent with the number of Service Users using the service.

3.2.8.5 Audit Trail

The CSU has established an audit trail for the vouchers so that they can all be individually tracked from the point of issue at the pharmacy through to their submission to the CSU. A sample audit of the vouchers may be carried out.

3.2.8.6 Business Continuity

The provider should ensure that sufficient staffing is available for the effective running of the scheme, including contingency planning for times of sickness, absences or any other occurrence that may jeopardise the delivery of the scheme to Service Users at levels sufficient to meet the performance objectives and service standards of the scheme as outlined in this agreement.

3.2.8.7 Buildings and Accommodation

The provider will be responsible for sourcing buildings that have the appropriate planning permission for delivering public health services.

The service provider will be responsible for the maintenance costs of any buildings occupied for delivering services, which includes fittings, equipment, repairs and alterations. The provider will be responsible for any costs associated with the replacement of furniture, maintenance and calibration of equipment and the safe disposal of the same, and provide consumables required for the smooth operation of the building.

3.2.8.8 Communication and Marketing

All costs in relation to communication and marketing will be met by the provider.

3.3 Population covered

The Pharmacy Enhanced Service NRT voucher scheme is available to any tobacco using person aged 12 years and over, registered with a G.P practice in Lancashire County. The individual must be sufficiently motivated to quit and must have received specialist stop smoking advice and support from the countywide Lancashire Tobacco and Nicotine Addiction Treatment Service.

The scheme recognises that many smokers will require multiple attempts to quit⁹ and therefore offers vouchers to support recurrent cessation treatments.

The scheme will be non-stigmatising and non-discriminatory, providing fair and equitable access. The service will comply with the Equality Act 2010.

3.4 Any acceptance and exclusion criteria and thresholds

People working in Lancashire County but not registered with a GP within the area, are eligible to access the countywide Lancashire Tobacco and Nicotine Addiction Treatment Service for behavioural support but will need to obtain their NRT through a prescription from their own GP and not the Pharmacy Enhanced Service NRT voucher scheme.

3.4.1 Exclusion Criteria for the NRT Voucher Scheme

The supply of NRT through the voucher scheme is specifically for those smokers who are not contraindicated to NRT products. Those smokers who are contraindicated to these products will be referred back to their GP for assessment. It is anticipated that these numbers will be few. The community pharmacist operating the scheme maintains professional responsibility to ensure that the NRT supplied is safe and suitable for the patient.

The following individuals are excluded from NRT treatment through the voucher scheme:

- Individuals with known hypersensitivity to nicotine
- Individuals with renal or hepatic impairment

- Individuals with oesophagitis, gastritis, gastric or peptic ulcers should use **oral** NRT preparations with caution. If appropriate patches can be supplied.
- Individuals with uncontrolled hyperthyroidism should use NRT preparations with caution
- Individuals with phaeochromocytoma (tumor of cells secreting hormones which regulate heart rate and blood pressure) should use NRT preparations with caution
- Individuals under the age of 12 years
- When intervention with bupropion or varenicline might be more appropriate
- Individuals hospitalised in the previous 4 weeks as a result of myocardial infarction, severe dysrhythmia or CVA. Any Service Users in this category or those with severe or unstable conditions under the care of the cardiac specialist should be referred to their G.P.
- Individuals with any contraindication to NRT

The Stop Smoking Advisor will routinely check that the Service User does not meet any exclusion criteria (as listed above) prior to issuing a voucher. If the Service User meets one or more of the exclusion criteria the Stop Smoking Advisor will complete the 'Referral to G.P Practice for Assessment of Pharmacological Intervention' form. The Service User will continue to receive support from the Stop Smoking Advisor, however provision of smoking cessation treatment will be at the doctor's discretion and if appropriate treatment will be supplied through a prescription.

Pharmacists providing the NRT voucher scheme maintain professional responsibility for the safe and appropriate supply of NRT to all Service Users. Therefore, it is important that both the Stop Smoking Advisor and the Pharmacist verify that the Service User does not meet any exclusion criteria. When presented with a voucher and a Service User that meets the exclusion criteria the pharmacist should not supply the product and refer the Service User back to the Stop Smoking Advisor to enable the advisor to complete the 'Referral to the G.P Practice for Assessment of Pharmacological Intervention' form and make future arrangements for that Service User.

3.4.2 Criteria for Informing the GP of an Attempt to Quit

The majority of Service Users accessing the Lancashire Tobacco and Nicotine Addiction Treatment Service will receive NRT through the voucher scheme without their GP being notified.

However, there are some instances when the Stop Smoking Advisor is required to notify the Service Users' GP. These include:

- Service User is pregnant
- Service User is breastfeeding
- Service Users with Type I or Type II diabetes
- Service Users taking warfarin, theophylline, chlorpromazine, clozapine, olanzapine or insulin

For these specific Service Users, the attempt to stop smoking and the use of NRT should be recorded in the patient medical records held at the G.P practice. This will be achieved by completion of the 'Information for patient records' form which is faxed to the Service Users GP by the Stop Smoking Advisor.

Pharmacy staff will be made aware that this requirement has been fulfilled through the annotation on the voucher under the Advisors Signature.

Information for patient record sent to GP because.....

The Service User will continue to receive support and treatment from the Stop Smoking Advisor as appropriate, unless the GP informs the Stop Smoking Advisor otherwise.

Community pharmacists operating the scheme maintain professional responsibility for the safe and appropriate supply of NRT to all Service Users. If any criteria listed above are identified by the pharmacist and the voucher not annotated with information for patient record sent to GP, the pharmacist may supply the product providing the Stop Smoking Advisor is informed without delay and the 'Information for Patient Records form' is completed and faxed to the G.P practice by the Stop Smoking Advisor.

3.5 Interdependencies with other services

Community pharmacists will need to work in partnership with the Lancashire Tobacco and Nicotine Addiction Treatment Service, the CSU, the Local Pharmacy Committee and Lancashire County Council as outlined in 3.2.

3.6 Any activity planning assumptions

Please see 3.2.

4. Applicable Service Standards

4.1 Applicable national standards e.g. NICE

The NRT Voucher Scheme will be underpinned by the evidence base contained within the following documents:

- Department of Health Local Stop Smoking Services: Service Delivery and Monitoring Guidance 2011/12.
- Department of Health Local Stop Smoking Services: key updates to the 2011/12 service delivery & monitoring guidance for 2011/12.
- National Centre for Smoking Cessation and Training (2014). Local Stop Smoking Services, Service and Delivery Guidance 2014. London: NCSCCT.
- NICE Guidance on the Use of NRT and Bupropion
- NICE Guidance on the use of Varenicline
- NICE Guidance on smoking cessation services in primary care, pharmacies, local authorities and workplaces, particularly for manual groups, pregnant women and hard to reach communities
- NICE Smokeless tobacco cessation-South Asian Communities
- NICE Guidance on tobacco: harm-reduction approaches to smoking
- NICE Guidance Stop smoking interventions and services (2018)
- All NICE Technological Appraisals for Smoking related Pharmacotherapy, including Champix

And any others which are developed.

4.2 Applicable local standards

Please see 3.2.

5. Location of Provider Premises

The Provider's Premises are located at: As per the address on the Public Health Contract in which this service specification is embedded

6. Required Insurances

Employers Liability Insurance (£10m)
Public Liability Insurance (£5m)
Clinical Negligence Insurances (£5m)
Professional Indemnity Insurances (£5m)

**STANDARD OPERATING PROCEDURE FLOWCHART: LANCASHIRE
PHARMACY ENHANCED SERVICE NRT VOUCHER SCHEME**

