

## PRIMARY CARE PUBLIC HEALTH SERVICES- SERVICE SPECIFICATION

<b>Service Specification</b>	<b>Community Pharmacy Smoking Cessation Service</b>
<b>Service</b>	<b>Stop Smoking Service</b>
<b>Authority Lead</b>	<b>Matthew Cole</b>
<b>Provider Representative</b>	<b>Community Pharmacy</b>
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<b>Period</b>	<b>April 2016 – March 2018</b>
<b>Date of Review</b>	<b>March 2017</b>

### 1. Population Needs

#### 1.1 National/local context and evidence base

##### *National Context*

Smoking remains one of the most significant contributors to premature mortality and ill health.

Reducing the number of people who smoke is a key public health priority. Deaths caused by smoking are more numerous than the next six most common causes of preventable death combined (i.e. drug use, road accidents, other accidents and falls, preventable diabetes, suicide and alcohol abuse)<sup>1</sup>.

Healthy Lives, Healthy People: A tobacco control plan for England describes how tobacco control will be achieved within the public health system. With a focus on reducing prevalence and supporting local areas to achieve tobacco control it sets out the following national ambitions:

- **Reduce smoking prevalence among adults:** to reduce adult (aged 18 or over) smoking prevalence in England to 18.5 per cent or less by the end of 2015 (from 20 per cent)
- **Reduce smoking prevalence among young people:** to reduce rates of regular smoking among 15 year olds in England to 12 per cent or less (from 11 per cent) by the end of 2015.
- **Reduce smoking during pregnancy:** to reduce rates of smoking throughout pregnancy to 11 per cent or less (from 12.7 per cent) by the end of 2015 (measured at time of giving birth).

## *Local Context*

Public Health England smoking health profiles indicate Barking and Dagenham is performing worst in smoking prevalence of adults (23.1%), smoking attributable mortality (384 per 100,000 population aged 35+) and smoking attributable hospital admissions (1,928 per 100,000 population aged 35+) compared to England and London.

Smoking prevalence of adults in Barking & Dagenham is the highest (23.1%)<sup>2</sup> in London and is a major reason for the boroughs high levels of premature morbidity and mortality and account for the boroughs health inequalities. There has been an upward trend in prevalence of adult smokers since 2010 to 2013 in Barking & Dagenham (22.5 % to 23.1%) unlike London (19.4% to 17.3%) and England (20.8% to 18.4%) which has seen a downward trend for the same period.

In Barking & Dagenham more people die from Lung cancer (86.1 per 100,000) and COPD (86.9 per 100,000) as a result of smoking according to the PHE smoking related mortality profile (2011 -2013). The prevalence for routine and manual groups in Barking & Dagenham is 5<sup>th</sup> highest in all London boroughs at 29.7% and higher than London (24.9%) and England (28.6%).

About 12% of pregnant women in Barking and Dagenham smoked in 2012/13, lower than 2011/12 (13%) however, significant number of pregnant women in Barking & Dagenham smokes at time of delivery (12%, 2012/13) than London average (6%, 2012/13) though similar to England in the same year (13%). This places Barking & Dagenham second highest in London with Havering being the first highest at 13%<sup>3,4</sup>.

Public Health is committed to commissioning services which meet the needs of the local population and strive to provide an integrated approach to care across the primary care horizon. The borough has a comprehensive work plan to reduce the prevalence of smoking. Part of this includes the commissioning of accessible and effective stop smoking services. There is a strong body of evidence supporting cessation services to be delivered within primary care and currently majority of primary care providers are providing some level of service. It is our intention to build on this and improve quality of delivery in primary care.

### *Evidence Base:*

Smoking cessation is the most important lifestyle factor in reducing mortality, morbidity, and health inequalities. Within 15-20 years of stopping smoking, the risk of lung cancer is almost the same as the risk for people who have never smoked. The reduction in risk for CHD is particularly rapid, with the risk falling within a year or so.

Tobacco does not only affect those individuals who smoke. Evidence shows that there is a clear link between exposure to environmental tobacco smoke and a 25% increased risk in non-smokers of developing CHD and lung cancer and a 75% risk of stroke<sup>5</sup>, 37% of children in England are exposed to tobacco smoke within the home. Children's exposure to tobacco smoke leads to an increased risk of sudden infant death syndrome, developing respiratory disease, glue ear and coronary heart disease in later life<sup>6</sup>.

### *Smoking Causes:*

- 80% of chronic obstructive pulmonary disease
- 80% of all cases of lung cancer
- 30% of all deaths from cancer,
- 90% of peripheral vascular disease (causing 2,000 amputations each year)
- 17% of cases of coronary heart disease

The landscape for smoking cessation therapies has shifted recently; according to Public Health England the use of electronic cigarettes as an alternative and much safer source of nicotine, has real potential to reach smokers who are currently resisting existing smoking cessation approaches<sup>7</sup>. However even with the rising popularity of e-cigarettes, the evidence and NHS endorsement for more traditional smoking cessation pharmacotherapies such as NRT remains since evidence still shows on that using local stop smoking services is by far the most effective way to quit<sup>8</sup>.

One of national key commitments is to encourage more smokers to quit by using the most effective forms of support, through local stop smoking services. There is strong evidence for the provision of smoking cessation support and NHS Stop Smoking Services are a key part of tobacco control and health inequalities policy both at local and national level<sup>9,10</sup>. Evidence based Stop Smoking Services are highly effective both clinically and in terms of cost. They should therefore be offered to all smokers.

What is shown to be effective is:

- Brief opportunistic advice from a GP to stop smoking (now known as very brief advice, VBA) results in an increase in the likelihood of giving up smoking by 3%.
- Intensive 1:1 or group based behavioural support with NRT or bupropion and varenicline (levels 2 and 3 interventions) results in a fourfold increase in the likelihood of giving up smoking.
- Active referral for specialist support as opposed to simply sign posting to services.

## 2. Key Service Outcomes

Level two smoking cessation service will strive to achieve the following outcomes:

- Reduce smoking prevalence in the London borough of Barking and Dagenham and improve the health of the population
- Reduced smoking related hospital admissions and smoking related deaths
- Improve to stop smoking support in clinical and community settings
- Improve targeting of hard to reach and higher risk groups consequently resulting in reduction in health inequalities;
  - Routine and manual workers
  - Long-term unemployed, never worked groups
  - Pregnant women and their partners
  - Smokers residing in disadvantaged areas
  - Black and Minority Ethnic communities
  - Smokers within Acute and Mental Health Trusts
  - Smokers within substance misuse services
- Improved patient satisfaction
- Improved coordination and access to services
- Improved information about stop smoking support and interventions
- More frontline staff engaging with Stop Smoking Services and referring or delivering stop smoking interventions
- Integration into the wider tobacco control agenda
- The service outcome to be aligned with Public Health Outcomes Framework Indicator

### 3. Scope

#### 3.1 Aims and objectives of service

The aim of the service will be to provide a comprehensive and consistent smoking cessation treatment for smokers in Barking & Dagenham who wish to quit, which is equitable and accessible and which meets local authority targets and aspirations.

The stop smoking cessation service in primary care will aim to achieve the following objectives:

- Reduce smoking prevalence by provision of evidence based and proactive cessation advice and support
- Increase the number of patients that receive primary care general support to stop smoking
- Provide smokers with effective, flexible and quick access to stop smoking support including access to pharmacological stop smoking support
- Developing in house stop smoking services provided by appropriately trained staff to provide intensive behavioural support to patients wishing to give up smoking
- Increase the proportion of successful quitters that are verified by CO monitoring
- Reduce the proportion of patients lost to follow up
- Provide targeted interventions in areas or groups with high prevalence, as a contribution to reducing inequalities in health related to smoking
- Engage with smokers to provide services that are responsive, communicate key health harms as a result of smoking and offer appropriate lifestyle support and treatment
- Raise awareness of the harms associated with smoking and awareness of stop smoking support through local promotion in clinics
- Refer patients to level 3 services, the specialist programme for those patients with co-morbidities, higher levels of dependence, pregnant smokers and those living with SMI.
- Provide regular service user feedback to inform service improvements via provider/commissioners performance reviews and conducting regular audits where possible

#### 3.2 Service Description/ Pathway

The Service will operate within the framework of a behaviour change model which is evidence based, and will comply with the quality principles for the provision of Stop Smoking Services set out by the Department of Health guidance<sup>11</sup>.

##### ***Standards for a Stop Smoking Service Provider:***

- This service covers a level 2 smoking cessation support service.
- A Level 2 Stop Smoking Service should be provided on a one-to-one basis, by staff trained and accredited as level 2 stop smoking advisors, and within a confidential setting.
- Stop Smoking advisors must be appropriately trained in accordance with Department of Health – National Centre for Smoking Cessation and Training guidelines.
- It is required that providers register the clients onto the 'Quit Manager' or similar IT reporting system where the minimum dataset should be recorded for each client (including age, gender, ethnicity, occupation and pregnancy status). Further details of

the minimum dataset can be found within the best practice guidelines due to be circulated at a later date.

- Weekly support should be offered for at least the first four weeks after setting a quit date.
- Pharmacotherapies provision – NRT, Zyban (bupropion) and Champix (varenicline) in conjunction with behavioural support tailored to the individual's needs should be available to smokers seeking support to quit.
- Carbon monoxide (CO) validation of smoking status should be attempted at each appointment.
- Four-week follow-up (fourth appointment) to be timely to meet the agreed standard of 28 days from quit date (minus 3 days or plus 14 days).

**Level 2 Smoking Cessation Service Process:**

- All patients registering or registered with the practice should have a recorded smoking status.
- For those recorded as smokers, an initial assessment is to be conducted which includes assessing:
  - The person's readiness to make a quit attempt
  - The person's willingness to use the appropriate support treatments

Patients recorded as smokers are to be offered smoking advice, and for those 'routine smokers' who are assessed as eligible (as per above initial assessment), booked into the Level 2 enhanced smoking cessation service offered via this service.

<i>Assessment:</i>	<i>Description</i>
Appointment 1:	<p>Initial assessment to include</p> <ul style="list-style-type: none"> <li>• Eligibility of the client to access the service / information / onward referral as appropriate</li> <li>• The individual person's readiness and motivation to quit</li> <li>• Clients commitment to the programme</li> <li>• Client to be informed of available evidence based treatment options and details of the behavioural support programme, aims, length how it works and its benefits</li> <li>• Description of effects of smoking / passive smoking</li> <li>• Explanation of the benefits of quitting smoking</li> <li>• Describe main features of tobacco withdrawal syndrome and common barriers to quitting</li> <li>• Client signed consent for data collection / prescription charge</li> <li>• Set a quit date with client ,maximise commitment to the target quit date</li> <li>• Pharmacological and behavioural support offered and arranged as appropriate to assist with the quit attempt</li> <li>• A carbon monoxide (CO) test and an explanation of this</li> </ul>

	<p>as a motivational aid</p> <ul style="list-style-type: none"> <li>• Conclude with agreement on chosen care pathway, and client understanding of the ongoing support and follow up</li> <li>• Book the next appointment at a time suitable to client</li> <li>• Complete all data on Quit Manager plus relevant records</li> </ul>
Appointment 2 - 4 onwards	<p><i>These appointments can be face to face, or over the phone.</i></p> <ul style="list-style-type: none"> <li>• Progress on NRT</li> <li>• Plan for the week ahead – any social occasions.</li> <li>• Coping mechanisms.</li> <li>• Keeping motivated.</li> <li>• CO Reading (if face to face appointment).</li> <li>• Completion of Quit Manager record and all paperwork to agreed protocol timescale.</li> </ul>
Final Appointment	<p><b><i>Four week follow up:</i></b></p> <ul style="list-style-type: none"> <li>• Determine whether patient has been successful at quitting (defined as ‘successfully quit smoking at 4 weeks from their quit date or within 25 to 42 days of the quit date’)</li> <li>• CO validation (if face to face appointment).</li> <li>• Completion of Quit Manager record and all paperwork to agreed protocol timescale.</li> </ul>
Follow Up:	<ul style="list-style-type: none"> <li>• Actively following up appointment for non attendees. Three separate attempts to be made to contact clients who do not attend. These attempts must be recorded on quit manager.</li> </ul>
CO Validation	<ul style="list-style-type: none"> <li>• Actively follow up self – reported quitters (i.e. those without CO validation to have a Carbon Monoxide reading for validation of quit).</li> </ul>

### 3.3 Population covered

This service covers all adult smokers registered with a Barking and Dagenham practice that provides Level 2 Smoking Cessation Support.

### 3.4 Any acceptance and exclusion criteria and thresholds

#### *Inclusion criteria:*

- Any registered smoker can be accepted into the programme over the age of 16.
- It is preferable, however, that patients with co-morbidities, higher levels of dependence (including COPD patients), those living with SMI, younger smokers are referred to the level 3 specialist service – healthy lifestyle service (Please see appendix for referral form).
- Smokers using e cigarettes can be supported through the programme to quit smoking, but neither advice nor recommendation of e cigarettes can be given on the

current service treatment protocol.

*Exclusion criteria:*

- The service is not expected to promote the service to children and young people (those aged under 16 years). Request to support any young person under the age of 16 years will be assessed for acceptability on a case by case basis. Parental support is encouraged but not essential.
- Only clients who are unable or unwilling to accept treatment at the time will be excluded.  
However the service can refuse to support individuals who are abusive to staff or cause damage to property or venues, or who fraudulently attempt to obtain medication.

### **3.5 Interdependencies with other services**

- To regularly be in contact with Public Health commissioners and service leads
- Partnership working with the specialist services (Level 3) is required in particular for support and referral for high risk groups of patients
- Linking with data entry support providers to ensure registration and appropriate data entry on to Quit Manager
- All primary care service providers will be expected to identify training needs and book Staff providing the service onto online NCSCCT training or locally commissioned VBA and level 2 training course in line with NICE recommendations
- Ensure linkage is made with lifestyle support programmes like weight management programmes

### **3.6 Any activity planning assumptions**

Local Authority have set a high ambition to reduce smoking prevalence in the borough and have opted out to reach the nationally recommended maximum (10% ) number of local smoking population to be treated by the stop smoking service. This for primary care (level 2) equates to 2000 quits by March 2016 and 1,000 quits by level 3 service. Local authority recognises this is indeed a very ambitious target and has developed a work plan to work towards this; work plan includes more engagement with primary care providers by commissioners, increasing the current number of providers and delivering a series of training and support to enable our primary care providers to work towards achieving this activity target.

Activity targets set for each provider will be based on current practice lists prevalence and number of providers within primary care, this will be set once the final number of providers of this service has been ascertained for the duration of this service specification. We are likely to be looking at a 5% treatment target from each provider as a minimum in line with NICE guideline (i.e. 5% of the a providers registered smoking population to have received & quit smoking).

## 4. Applicable Service Standards

### 4.1 Applicable national standards

All services delivering should comply with the national guidance and should be underpinned by the evidence base contained within the following documents:

- Healthy Lives, Healthy People: A tobacco control plan for England. (HM Government March 2011)  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/213757/dh\\_124960.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213757/dh_124960.pdf)
- Local Stop Smoking Services: key updates to the 2011/12 service delivery & monitoring guidance for 2011/12 (Department of Health, October 2012)  
<https://www.gov.uk/government/publications/stop-smoking-service-monitoring-and-guidance>
- Healthy lives, healthy people: Improving outcomes and supporting transparency, Department of Health, January 2012  
<https://www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency>
- Great Britain. Department of Health (2013) Public Health Outcomes Framework  
<https://www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency>

To qualify as an NHS Stop Smoking Service provider, providers must meet minimum quality standards. The Stop Smoking Service will be underpinned by evidence based Practice from authoritative sources in particularly those listed in Appendix 1.

Applicable local standards:

- Service provider to work closely with Public Health
- Provider smoking lead identified and works with Public
- Provider smoking lead has undertaken level two training, all other provider staff who undertake this service should be skilled and competent to level 1 (VBA) and all leads of service providers in level 2 smoking cessation standards
- Staff providing the service to have complete online VBA training and attend refresher training on an annual basis
- All provider smoking leads to be able to use Quit Manager IT system for recording smoking data, with timely recording of data, patient outcomes to be recorded within 6 weeks of the patients quit date
- Providers must ensure clients/patients are issued with two weeks of supply of drugs, in line with counselling support time line and follow-ups
- Providers of this service will receive training to provide a programme of support and help for those who are trying to quit smoking. Alongside offering behavioural support tailored to individual needs, pharmacotherapies such as NRT, are also to be made available. Provision to pilot prescription of Champix will be reviewed in the future once all core elements of smoking cessation programme have fully been imbedded within community pharmacy structures.
- Combination of pharmacotherapies; NICE recommends usage of combination of pharmacotherapies; **this will have to be patch plus flexible oral format.**



consideration should be given to offering a combination of nicotine patches and another form of NRT (such as gum, inhalator, lozenge or nasal spray) to people who show a high level of dependence on nicotine or who have found single forms of NRT inadequate in the past. Additional guidance on administering NRTs can be found here: [http://www.ash.org.uk/files/documents/ASH\\_445.pdf](http://www.ash.org.uk/files/documents/ASH_445.pdf).

- All providers to agree to display health promotion smoking cessation materials in keeping with individual provider policy (i.e. we would not ask you to put posters up if you had a no poster policy)
- Clients should be offered an appointment on the time, day and venue of their choice. The waiting time for an appointment should not exceed 1 week
- All providers to undergo bi-annual review of performance

### **Smoking Relapse**

A smoking relapse is defined as when an attempted quit is disrupted by a client returning to tobacco smoking with no soon intent to remain abstinent.

On relapse, clients should be encouraged to start back on the service when they are ready again to quit. Options such as higher doses of NRT and switching to different forms of medication should be considered by the adviser. After several failed quit attempts within a year, the client should consult with level 3 specialist service for advice and support.

### **Referral onto GP (for CPs)**

Pharmacists without a PGD who desire to prescribe Champix are required to refer their patient onto the GP who will bear the responsibility of prescribing Champix for the patient. Champix first, proceed and ending letter templates will be provided by the commissioners.

### **Carbon Monoxide Monitors**

Barking and Dagenham Stop Smoking Service under the service level agreement will supply a carbon monoxide monitor for the provider's service. Providers must sign a disclaimer that they will maintain the machine according to manufacturers guide lines. The supply of suitable disposable mouthpieces, and appropriate cleansing wipes, can be ordered free from Barking and Dagenham level 2 stop smoking service.

Please note: These resources remain the property of Barking and Dagenham level 2 stop smoking service. In the instance of a provider discontinuing the service, Barking and Dagenham level 2 stop smoking service the provider is to contact the commissioners who will arrange to collect any resources originally supplied to operate the service. It is expected that the carbon monoxide infection control policy will be adhered to by the signatory of the contract.

### **Client confidentiality**

The advisor must not disclose to any person other than authorised by the commissioners any information acquired by them in connection with the provision of the service which concerns: the identity of any client, the medical condition of, or the treatment received by any client. The commissioners reserve the right to access and use logged data.

The advisor will make clients aware that the details of their quit attempt will be shared with the Barking and Dagenham level 2 Stop Smoking Service for their records and may be shared with their GP to record their smoking status.

In the event of a client not wishing for their details to be added onto the service, anonymous data is to be logged onto the system. Details of a client's quit attempt from those who opt out can still be recorded as this data is anonymous

## 5. Location of Provider Premises

The Provider's Premises are located across General Practices and Community Pharmacies in Barking & Dagenham.

## 6. Quality Outcome Indicators / Data Submission

The following table outlines key performance indicators of the service, these are based on the Department of Health Minimum Standards::

Quality Outcomes Indicators	Target	Method of Measurement
Proportion of adult smokers who make a quit attempt with support in the course of the year	Engage 10% of those registered as smokers Treat 5% of those registered as smokers	At least 10% of all adults recorded as smokers will register in smoking cessation and 5% should receive treatment.
Quit rate: proportion of patients who are successful quitters.	40% – 50% of those enlisted into Smoking Cessation services are successful quitters.	Successful quitter defined as 'successfully quit smoking at 4 weeks from their quit date (or within 25 to 42 days of the quit date)
Proportion of successful quitters verified by CO monitoring	At least 85% of all successful 4 weeks quits should have CO validation attempted.	CO validation via face to face appointment.
Proportion of patients lost to follow up	≤ 20% who set a quit date	Patients who do not attend appointment after there have been 3 follow up attempts (i.e. 3 phone calls).
Service user experience and satisfaction	To be recorded annually via online survey.  At least 80% of clients should be satisfied with the service provided.	Either on Quit Manager or once during performance review meeting.

All staff to have completed annual refresher training	<p>Leads delivering stop smoking cessation clinics to have completed Level 2 training.</p> <p>All other staff involved in smoking cessation services including reception staff to have completed either face-to-face VBA training on online at <a href="http://www.SCSCT.co.uk">www.SCSCT.co.uk</a></p> <p>Any one using <a href="https://www.cppe.ac.uk/">https://www.cppe.ac.uk/</a> to ensure they set training completed as 'CP viewer public' to allow Public Health to keep their records up to date</p>	Public Health provider training records to be updated and reviewed at bi-monthly performance review meetings.
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#### *Data submission:*

Providers will be expected to submit/record all relevant data onto Quit Manager or equivalent IT system and report others relevant during bi-annual performance review meetings with Public Health, Health Care Team.

All activity data should be inputted at the point of care during the consultation with client/patient.

## 7. Payment Schedule / Prices

Fees for provision of one-to-one Level 2 services are as follows:

First Appointment	£10
CO Validated quit (Needs to be DH valid quits)	£75 (total of £85)
Non CO Validated quit (Needs to be DH valid quits)	£30 (total of £40)
Bonus payment – for reaching annual target Annual target will be provided upon final expression of interest gained from primary care	£300

Payments are made based on quarterly performance extracted via Quit Manager. Payments will be calculated for client episodes that were closed as of the last day of the quarter.

**NRT for patients that do not receive a level 2 smoking cessation service will not be paid for under this contract.**

**There will be no handling fee for dispensing anti-smoking products through Barking & Dagenham service level agreement.**

## **7. Reporting and Payment**

Recording of all required client information will be done via the specified web based database system, 'Quit Manager', as soon as possible during or directly after each appointment (no later than 5 working days post appointment). The provider is required to maintain up-to-date records on Quit Manager to ensure effective on-going service delivery and audit.

Payments will be made quarterly upon invoice by provider to Public health LBBD.

Performance review meetings shall occur on a bi-annual basis, where possible all service contract meeting will be held together to save time and travel. It shall be the Authority Representative's sole discretion to increase or decrease the frequency of such meetings during the contract period and will be reflected upon performance. The Provider shall, at its own expense, attend all performance review meetings as travel cost or time spent in meeting will not be covered by Public Health LBBD.

The format of the performance reporting meetings is to be decided by the Authority Representative and can include face to face meetings or telephone conferences between the Parties. These meetings will discuss the following:

- Performance and performance targets
- Payment
- Contract terms
- Service-related issues, particularly where suggestions for improvements in the Services are proposed
- Any relevant areas of concerns and any other relevant matters.

### **NRT Remuneration**

Treatment with NRT should be combined with the sessions. Where possible, NRT should be prescribed in no more than 2 week bundles in an effort to encourage clients to return to the service. Behavioural support for clients is encouraged past the 4 week follow up point to ensure abstinence.

Public Health will bear financial costs of up to 12 weeks NRT from a clients quit date. This is based upon evidence that it can take up to 12 weeks for nicotine receptor levels in the brain to normalise post-abstinence<sup>1</sup>. However, subsequent prescriptions should be given only to people who have demonstrated, on re-assessment that their quit attempt is continuing.

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<sup>1</sup> Cosgrove, K.P., et al.  $\beta$ 2-nicotinic acetylcholine receptor availability during acute and prolonged abstinence from tobacco smoking. *Archives of General Psychiatry* 66(6): 666-676, 2009.

**Prescription Charge**

The criteria for eligibility and who is exempt from prescriptions for the smoking service is the same as that for NHS prescriptions.

Clients who are exempt from NHS prescription charges are also exempt from all fees paid under stop smoking service.

Clients who pay NHS Prescription charges, must pay for the first prescription at the initial session. Subsequent NRT prescriptions will be paid for by the level 2 stop smoking service from the second prescription up to prescriptions in week 12.

No recommendation of a specific brand of drug should be made by the adviser.

This commissioned stop smoking service is only for those who commit to total abstinence from their chosen quit date. Payment for harm reduction is not covered under this service. A reduce-before-quitting approach, smoking reduction or any combination of NRT use with continued tobacco use is not encouraged. Prescriptions and activities linked to any harm reduction approach (as opposed to total abstinence) will not be funded by public health.

## Appendix 1

### References

1. The Information Centre for Health and Social Care (2012). *Statistics on Smoking: England, 2012*
2. Department of Health (2011). *Healthy Lives, Healthy People: A Tobacco Control Plan for England*
3. [Tobacco](#) Profiles, PHE, 2013
4. <http://www.hscic.gov.uk/>
5. Scientific Committee on Tobacco and Health Great Britain (SCOTH) (1998) *Report of the Scientific Committee on Tobacco and Health*. London: TSO 1998 and Scientific Committee on Tobacco and Health Great Britain (SCOTH) (2004) *Secondhand smoke: Review of evidence since 1998*. Scientific Committee on Tobacco and Health (SCOTH), November 2004
6. Royal College of Physicians (2010). Passive smoking and children. A report by the Tobacco Advisory Group. London: RCP, 2010
7. Electronic Cigarettes – PHE, May 2014 - [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/311887/Ecigarettes\\_report.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/311887/Ecigarettes_report.pdf)
8. PHE Press release E-cigarettes: an emerging public health consensus <https://www.gov.uk/government/news/e-cigarettes-an-emerging-public-health-consensus>
9. Department of Health (2008) *Excellence in tobacco control: 10 high impact changes to achieve tobacco control*. DH
10. West R. et al (2000) *Smoking cessation guidelines for health professionals: an update*. Thorax 55(2):987-99
11. DH (October 2012), Local Stop Smoking Services: key updates to the 2011/12 service delivery & monitoring guidance for 2011/12
12. NICE Guidance on the Use of NRT and Bupropion <https://www.nice.org.uk/guidance/ta39>
13. NICE Guidance on the use of Varenicline <https://www.nice.org.uk/guidance/ta123>
14. Thorax Guidelines <https://www.brit-thoracic.org.uk/guidelines-and-quality-standards/>
15. NICE Guidance on Workplace Interventions to Promote Smoking Cessation <https://www.nice.org.uk/guidance/ph5>
16. NICE Guidance on Smoking Cessation Services <https://www.nice.org.uk/guidance/ph10>
17. NICE Guidance on Brief Interventions and Referral in Primary Care and other settings <https://www.nice.org.uk/guidance/ph1>
18. 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 <https://www.nice.org.uk/guidance/ph10/resources/smoking-cessation-services-in-primary-care-pharmacies-local-authorities-and-workplaces-particularly-for-manual-working-groups-pregnant-women-and-hard-to-reach-communities-review-proposal-consultation>

19. NICE Guidance on Preventing the uptake of Smoking by Children and Young People  
<https://www.nice.org.uk/guidance/ph14/resources/guidance-preventing-the-uptake-of-smoking-by-children-and-young-people-pdf>
20. NICE Smokeless tobacco cessation-South Asian Communities  
<http://www.nice.org.uk/guidance/ph39/resources/guidance-smokeless-tobacco-cessation-south-asian-communities-pdf>
21. NICE Guidance on tobacco: harm-reduction approaches to smoking  
<http://www.nice.org.uk/guidance/ph45/resources/guidance-tobacco-harmreduction-approaches-to-smoking-pdf>
22. NICE Guidance on smoking cessation in secondary care: acute, maternity and mental health services  
<https://www.nice.org.uk/guidance/ph48/resources/guidance-smoking-cessation-in-secondary-care-acute-maternity-and-mental-health-services-pdf>
23. All NICE Technological Appraisals for Smoking related Pharmacotherapy, including Champix  
<https://www.nice.org.uk/guidance/qs43/resources/guidance-smoking-cessation-supporting-people-to-stop-smoking-pdf>
24. Centre for Pharmacy Postgraduate Education  
<https://www.cppe.ac.uk>
25. National Centre for Smoking Cessation and Training Standard Treatment Programme  
<http://www.ncsct.co.uk/>
26. NICE guidance PH15 Identifying and supporting people most at risk of dying prematurely  
<http://www.nice.org.uk/guidance/ph15/resources/guidance-identifying-and-supporting-people-most-at-risk-of-dying-prematurely-pdf>
27. NICE guidance PH29 Quitting smoking in pregnancy and following childbirth  
<http://www.nice.org.uk/guidance/ph26/resources/guidance-quitteing-smoking-in-pregnancy-and-following-childbirth-pdf>
28. Improving services for tobacco control, Health Care Commission  
[http://www.sepho.org.uk/Download/Public/10673/1/Tobacco\\_control\\_report.pdf](http://www.sepho.org.uk/Download/Public/10673/1/Tobacco_control_report.pdf)
29. *Smoking in England* <http://www.smokinginengland.info/>
30. ASH guidance on Champix/ varenicline  
[http://www.ash.org.uk/files/documents/ASH\\_447.pdf](http://www.ash.org.uk/files/documents/ASH_447.pdf)
31. ASH guidance on Zyban  
<http://www.ash.org.uk/stopping-smoking/for-health-professionals/bupropion-or-zyban>

Any others which are developed.

## Appendix 2

### Healthy Lifestyle Referral Form

To be completed by your GP, Practice Nurse or other health professional, in BLOCK CAPITALS



#### Client Details:

Full name

D.O.B

NHS Number

Address

Town  Postcode

Home Telephone

Mobile Telephone

Email

#### Health Professional Details:

Name of referrer

Practice / Business Name

Address

Town  Postcode

Telephone

Date of Referral

#### Lifestyle Support Required (Tick more than one box if appropriate):

☐ Stop Smoking ☐ Increase Physical Activity ☐ Weight Management

#### Health Conditions (Tick more than one box if appropriate):

☐ Chronic Heart Disease (Risk Factors)

☐ Hypertension

☐ Hypercholesterolemia

☐ Diabetes

☐ Respiratory Disorder

☐ Mental Health Issues

☐ Bone, Joint or Mobility problems

☐ Adult Obesity (BMI 28 and over)

☐ Child Obesity (85th percentile or above)

☐ Neuromuscular

#### Further Details

Please list all medications currently prescribed for the patient named above:

#### Additional Information Required – Please tick if the patient:

☐ Has ever suffered a myocardial infarction or other acute cardiac event. ☐ Is pregnant.

#### Please confirm if the patient has received an NHS health check:

☐ Yes ☐ No

If yes, please list the results below

BMI:  Cholesterol:

Blood Pressure:  CHD risk:

#### Healthy Lifestyle Referral Checklist – Please confirm that your patient:

☐ Is motivated to make a change to their lifestyle in order to improve their health & wellbeing

☐ Is clinically stable and compliant with medications

☐ Has no contraindications to exercise

I recommend that my patient detailed above, could improve their health through receiving support to make a lifestyle change.

Please provide them with support and advice in this area.

Signed (GP, Practice Nurse or other health professional):

Date:

To be completed by the patient

I agree to receive advice and support to make the recommended lifestyle change in order to improve my health and well being. I consent to the doctor releasing relevant medical information.

Signed:

Date:

Once this referral form has been completed please email it to [active.referral@lbbd.gov.uk](mailto:active.referral@lbbd.gov.uk) or give to the client and ask them to contact the Healthy Lifestyle Team to book their first appointment on 020 8724 8018.



**Appendix 3** – This is to be used until automated invoice module is tested & implemented on Quit Manager

## INSERT COMPANY LETTER HEADER/ LOGO HERE

### INVOICE

Invoiced to:	From:
London Borough Barking and Dagenham Accounts Payable 4 <sup>th</sup> Floor, Roycraft House Linton Road Barking IG11 8HE <a href="mailto:accountsforpayment@lbbd.gov.uk">accountsforpayment@lbbd.gov.uk</a>	<i>[insert organisation name and address]</i>

Date:	Invoice number:	PO number:

Quantity:	Description:	Total:
	<i>[insert service delivered]</i>	

<b>Payment by BACS:</b> (Please insert account details)		<b>Subtotal:</b>	
<b>Remittance Address:</b>		<b>Quantity:</b>	
<b>VAT Registration Number:</b>		<b>VAT:</b>	
<b>Company Number:</b>		<b>Total:</b>	