GP Locally Commissioned Service (LCS)
Smoking Cessation Service Specification

Service	**Smoking Cessation Service (also referred to as Stop Smoking Service)**
Service Specification No.	**1**
Authority Lead	**Marina Chrysou Marina.Chrysou@islington.gov.uk**
Period	**1st April 2020 – 31st March 2023**
Date of Review	**10th January 2020**

1. Purpose

1.1 Introduction

Smoking in the UK remains the leading cause of avoidable premature death and ill health; the second leading factor of years lived with disability and a major cause of health inequalities. Half of all life-long smokers die prematurely or lose on average around 10 years of life. More people die of smoking every year than obesity, alcohol, suicide, traffic accidents, drug abuse and HIV combined. Smoking contributes towards the development of many diseases, but is most commonly linked with coronary heart disease, stroke, lung cancer, mouth and throat cancers, asthma and chronic obstructive pulmonary disease.

In Camden smoking prevalence is showing a downward trend. The latest data indicates the following:

- Data from the GP dataset 2015 shows that 20% of Camden's registered population aged 16 and over currently smoke. This equates to approximately 38,165 current smokers aged 16+.
- Recent estimates of smoking rates from the Annual Population Survey 2018, suggest a lower prevalence than the GP data, of 11% for smokers aged 18+.
- Rates of smoking in people from lower socio-economic groups are declining but not as fast as the general population.
- Rates of smoking in people with long term mental health conditions remain stubbornly high (30.5%, GPPS, 2018/19)

More information on local trends and prevalence is in appendix 1.

Stopping smoking is often the single most effective method of improving current health and preventing illness and disability for smokers.

General Practice is normally the first point of contact for residents accessing health services and so is uniquely placed to proactively make every contact count and treat tobacco dependence. Prompts by healthcare professionals are the second most common reason for a smoker to make a stop smoking attempt. It is therefore important to ensure that General Practice identifies smokers routinely and offers evidence based smoking cessation interventions.

At a time of intense demand on primary care services, treating tobacco dependence, particularly in smokers with long-term conditions, adds value to every clinical contact and improves their care.

Key legislation and policy documents can be found in appendix 1.

1.2 Community Stop Smoking Service overview

Camden and Islington Public Health Department currently commissions Solutions 4 Health to deliver the community stop smoking service in Camden and Islington, named ***Breathe – It's about living***. Responsibility for the local training of stop smoking practitioners (Level 2 advisers), supporting and quality assuring smoking cessation services in primary care and community pharmacies, data recording and reporting of all smoking cessation activity to commissioners and NHS Digital, and achieving the annual 4-week quit target lies with this organisation.

Since April 2017, Breathe has operated a new three-tiered model that offers people who would like to stop smoking the opportunity to access various levels of support suited to their lifestyle and individual preferences. The service is 'e-cigarette friendly' and offers support to people wishing to stop smoking with the help of self-purchased e-cigarettes.

This GP LCS refers to the provision of a tier 2 service.

Summary of the three-tiered service model

	Tier 1 **Self-support**	**Tier 2** **Brief support**	**Tier 3** **Specialist support**
Who is it for?	Smokers who are interested in stopping smoking, but do not want professional help from a stop smoking practitioner.	Smokers who want help with stopping smoking with support and appropriate medication provided by trained professionals in the community.	Smokers who are highly dependent on nicotine and who are likely to have had multiple failed quit attempts and/ or multiple/ complex needs, want help to quit and are willing and able to put in the time and effort needed to be successful.
What does it involve?	Clear, easy-to-access information and advice on how to quit is available on the website and through printed materials.	A clinical service for smokers, using behaviour change techniques and optimum medication. This includes a minimum of 2 face-to-face sessions and weekly contact over six weeks with a trained stop smoking practitioner. The intensity of the intervention is tailored to individual needs. The weekly sessions can be conducted face-to-face, online or by telephone	Smokers will need to commit to a minimum of 6 weekly sessions, with further sessions over a longer period of time offered if required. The intervention is delivered by highly trained stop smoking practitioners and includes psychological input and optimum medication. Each session could last around one hour, but this should be tailored to individual circumstances. Ideally, these sessions will be face-to-face, but the intervention will be tailored to suit the needs of the

		to fit the client's lifestyle and circumstances.	individual, e.g. video chat or telephone may replace some face-to-face sessions.
Who delivers it?	In Camden and Islington through Breathe website: www.breathestopsmoking.org Nationally through www.nhs.uk/smokefree and www.stopsmokinglondon.com	A range of organisations and health professionals including: • General Practices • Pharmacy • Breathe community service • Health professionals within secondary care and the mental health trust.	Breathe stop smoking service.

Contact details:

Solutions 4 Health/ Breathe
Breathe helpline: 020 3633 2609 Breathe Office: 020 7424 7895 breathe.team@nhs.net (for patient identifiable data) info@breathestopsmoking.org (for general enquiries) www.breathestopsmoking.org

1.3 Evidence base

Evidence-based stop smoking services are highly effective in both cost and clinical terms. This evidence base is summarised in the following guidance:

- National Centre for Smoking Cessation and Training (NICE). Stop smoking interventions and services. NICE guidance NG92. March 2018.
- The National Centre for Smoking Cessation and Training, Local Stop Smoking Service and delivery guidance, 2014.
- Health matters: stopping smoking – what works? September 2018.

NICE guidance for Smoking Cessation and COPD, Cardiovascular Disease, and Cancers, the Public Health Outcomes Framework (PHOF), Department of Health (DH), and the National Centre for Smoking Cessation and Training (NCSCT) set the expected standards for treatment, outcomes and quality to be achieved in the care of patients who seek support to stop smoking (appendix 2).

This smoking cessation LCS for General Practice will support primary care to meet these standards for the engagement, treatment and management of patients who are tobacco dependent. Clinical teams and staff delivering the service are advised to refer to these when treating patients seeking support to stop smoking.

2. Key Service Aims and Outcomes

2.1 Service aims

This LCS aims to:

- Contribute to the prevention and management of long term conditions to extend both length and quality of life and reduce health inequalities
- Increase the number of patients receiving treatment for their tobacco dependence from General Practice
- Deliver an evidence based smoking cessation service in line with NICE, DH and NCSCT guidance (appendix 2)
- Improve the management of patients who want to stop smoking from General Practice
- Support and improve smoking clinical leadership and learning in practices
- Improve the use of pharmacotherapy in smoking cessation to achieve better outcomes for smokers. See appendix 6 for nicotine replacement therapy (NRT) prescribing guidance.

2.2 Service outcomes

There is a downward trend in recent years in the numbers of smokers who access services and stop smoking, seen both nationally and locally. In 2018/19 Camden reversed this trend. The overall number of quits increased by 16% in 2018/19 compared to 2016/17 and by 49% compared to 2017/18.

Patients who successfully stop smoking through this LCS will contribute towards an aspirational target of the Department of Health's recommended 5% of smokers quitting per year, which equates to 1,610 quits in Camden in 2019-20.

In addition, treating patients who are tobacco dependent helps in the delivery of a number of core health and well-being outcomes (below).

Direct public health outcome indicators	Indirect public health outcome indicators
2.03: Smoking at the time of delivery	4.03: Mortality from preventable causes
2.14: Smoking prevalence – adults	4.04: Premature mortality from all cardiovascular disease
	4.05 Premature mortality from Cancer

This LCS will also contribute to commitments and targets of local and regional strategies:

- Camden's Joint Health and Wellbeing Strategy refresh 2019:

- Ensuring good mental health for all; improve the physical health of people with mental ill health

- Camden Plan 2018-2022:

  - Give young people the best start in life
  - Intervening early and preventing long term conditions
  - Improving poorer health outcomes among residents in social housing

- The North Central London Sustainability and Transformation Plan 2017:

  - Healthier Choices commitments: Upscale the delivery of smoking cessation in all parts of the system; additional support for pregnant women to quit smoking, including the expansion of CO monitoring; closing the health and wellbeing gap.
  - Deliverables: Reduce smoking prevalence, increase the number of 4-week smoking quitters per year and reduce smoking related hospital admissions.

- The commitment of the Smokefree Camden and Islington Strategy 2016-2021 to achieve a smoke free borough by 2030 (adult smoking rate less than 5%).

Reducing the prevalence of smoking among routine and manual workers, some minority ethnic groups and disadvantaged communities, will have a significant impact in terms of reducing health inequalities. A high level of intervention is vital to deliver effective, cross-social group reach on this vital public health issue.

3. Duration

This LCS is available to providers until further notice but will be subject to revisions. Furthermore, Public Health reserves the right to amend this LCS from time-to-time to reflect changes to national guidance and priorities.

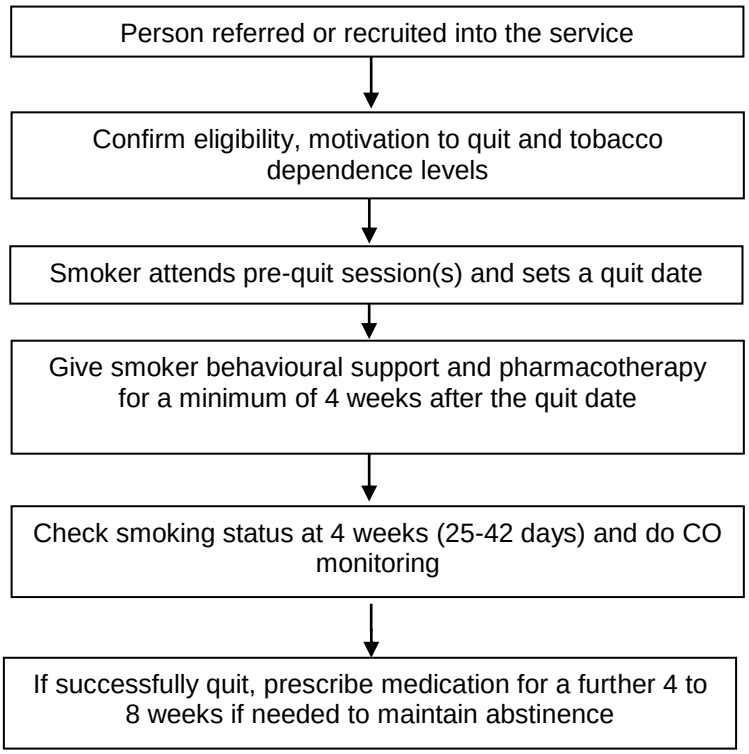
3. Service to be provided under the LCS

3.1 Service description

The core elements of the service are the provision of behavioural support and pharmacotherapy. Success is assessed by the number of smokers that are reported as successfully quit at 4 weeks from their quit date, with CO validation where possible; and the numbers of smokers who quit from specific communities, disease groups and socioeconomic classifications.

Interventions are delivered by a stop smoking practitioner (Level 2 adviser), who is certified by the National Centre for Smoking Cessation and Training (NCSCT) or has received local face-to-face stop smoking training that meets the national NCSCT published standard – 2018 update version.

Figure 1: Stop smoking service in General Practice outline



3.2 Service Objectives

- Make every contact count by advising all patients who smoke to stop smoking and refer those motivated to quit for support from the most appropriate setting for them. Very Brief Advice (VBA) training for clinicians is available from NCSCT.
- Record all patients' smoking status as required by QOF.
- Offer motivated smokers seeking support through General Practice an evidence-based intervention with behavioural support for up to 6 weeks, provision of pharmacotherapy for a maximum of 12 weeks, with their smoking status recorded 25-42 days after their set quit date (4-week outcome).
- Proactive follow up of patients during the treatment period to reduce lost to follow up and increase quit rates.
- Record socio-economic status at assessment and CO monitor readings at each appointment and achieve a reading of less than 10ppm at 4 weeks (25-42 days).
- Achieve a quit rate above 35% and work to keep lost to follow up rates 20% or less.
- Submit fully completed (electronic) smoking cessation activity reports to the appropriate email address on a monthly basis, in accordance with the calendar of monthly deadlines issued at the start of the year by Breathe Stop Smoking Service.

3.3 Referral Routes

3.1 Referrals into the service

Registered smokers meeting the eligibility criteria may be referred to in-practice smoking cessation support or may elect to refer themselves. Practices will also receive referrals for continued smoking cessation support within discharge notes, indicating that the patient

received a stop smoking intervention whilst in secondary care and requires follow up by their GP.

3.2 Referrals out to other services

Practice staff should maintain contact with patients who continue to smoke by reminding them of the support available to them should they decide to stop smoking, and/or to help encourage them to stop smoking. Smokers who do not opt to use in-practice smoking cessation may be referred to services outside the practice, e.g. Breathe Stop Smoking Service, Pharmacies (signed up to a locally commissioned service for smoking cessation) or telephone helplines, to meet the needs of the patient as appropriate.

3.4 Location(s) of service delivery

The service will be provided within the London borough of Camden's General Practice settings. Treatment should be delivered from a space that provides sufficient privacy and confidentiality to enable the assessment of nicotine dependence and need for psychological support, sufficient to determine whether and how much pharmacotherapy is appropriate.

3.5 Equipment

It is expected that stop smoking practitioners (Level 2 advisers) routinely take and record carbon monoxide (CO) readings throughout the treatment period to monitor continuous abstinence from smoking from the quit date to the 4-week outcome point.

All practices delivering the smoking cessation LCS will be supplied with a CO monitor which is loaned from the community service, Breathe. Practices are responsible for the care and maintenance of any new CO monitor loaned from the community service for the duration of the LCS for which a one-off deposit of £100 is required. This also applies to any practice where a new or replacement monitor is issued. The deposit will be deducted from the first activity payment due in the first year of delivering this LCS, and will be reimbursed if the service is terminated with no intention of future participation in the locally commissioned service, and the CO monitor is returned to the community service in working condition.

If the monitor develops a fault during the loan period or is faulty, it will be replaced with no charge by Breathe Stop Smoking Service. The deposit will be forfeited if the monitor is lost or damaged during the duration of the loan. If the practice does not achieve an activity payment of £100 or more in the first quarter, then the practice will be invoiced directly for the deposit by Breathe.

Monitors will be calibrated annually by Breathe Stop Smoking Service and there is no cost associated with this calibration service. Breathe will arrange with practices to calibrate the CO monitor on site or at update or level 2 training events.

3.6 Service promotion

Practices should make every contact count by promoting the availability of in-practice smoking cessation support, involving the entire practice team in identifying patients recorded as smokers and referring to the service.

3.7 Accessibility/ acceptability

Camden and Islington Public Health is committed to ensuring that its services are equitable and reflect local need. This commitment applies to all facets of diversity including age, gender, sexuality, ethnicity, religion, beliefs and disability and applies to the service provided under this agreement.

3.8 Whole system relationships and interdependencies

Practices should establish and maintain close working relationships with all services within the care pathway, relevant secondary care professionals, local health and social care services, education services and youth service providers to enable effective referrals into and out of the service. Practices should also be aware of the 3-tiered model of smoking cessation provision and be able to refer smokers to the most appropriate setting for treatment to suit their needs and level of tobacco dependence.

The service is an integral part of the tobacco control programme in Camden & Islington and is therefore dependent upon provision of brief interventions and referrals to in-practice support, outward referral to community based smoking cessation support and self-referrals.

4. Eligibility criteria

4.1 Eligibility criteria for practices

All General Practices signed up to deliver the long term conditions LCS may be commissioned to deliver the smoking cessation LCS. Eligibility criteria for delivering the long term conditions LCS may include adherence to smoking cessation training and compliance with this LCS. Please read both documents carefully.

To deliver this LCS General Practices must:

- Provide care to meet the requirements of this LCS and ensure that they comply with the delivery model of a structured individual stop smoking intervention as outlined by the National Centre for Smoking Cessation and Training (NCSCT) treatment programme.
- Offer evidence based smoking cessation support and advice to all registered smokers in the practice as detailed in DH and NICE guidance, and from the skills learned as a Level 2 stop smoking practitioner.
- Code activity using appropriate SNOMED codes (appendix 7) to enable ease of data extraction for reporting and reimbursement
- Return all reporting data as required by the commissioner to Breathe Stop Smoking Service, and actively participate in evaluation or health promotion activities conducted.
- Supply monthly data submissions to help assess their activity against their target, and enable the Stop Smoking Service to collate and analyse the data and provide tailored support to practices to maximise the quality and outcomes from smoking cessation interventions.
- Maintain the smoking status lists of their practice populations to provide a baseline measurement of their cessation activity**.** This will support practices to meet their QOF targets.
- Work towards achieving the allocated practice smoking cessation target. The formula for setting targets is based on the DH recommended 5% of the smoking population quit target, and the size of the registered practice smoking population. The Commissioner will advise practices of their smoking cessation targets at the start of the local service each year.

General Practices will be expected to achieve a minimum performance of the following over the length of this agreement:

- Quit rate ≥ 35%

- Lost to Follow up[1] ≤20%
- CO recording ≥85%
- A locally trained stop smoking practitioner (Level 2 adviser) with up to date stop smoking practitioner training confirmed by June 30th in each year of this agreement **or**
- Evidence that all staff delivering the LCS have completed stop smoking practitioner (previously called Level 2) training with the National Centre for Smoking Cessation Training (NCSCT) by March 31st in the year preceding the start of this LCS.
- New advisers complete the NCSCT online training module and receive local training specific to aspects of delivery (delivered by Breathe).

General Practices commissioned in the current year to deliver the smoking cessation service will be asked to confirm continued delivery of the service in the following year.

General Practices not commissioned or decommissioned in the previous commissioning year may be commissioned again when invited to apply if they are able to:

- Demonstrate the strategies that will be in place to address how they will meet the baseline criteria.
- Provide evidence of continuing professional development i.e. Level 2 trained staff to meet the delivery standards specified.
- Demonstrate how they will meet the standards required within this service specification.

4.2 Eligibility criteria for patients: smokers

Any smoker aged 13 or over registered with a Camden GP who is motivated to quit is eligible to receive the smoking cessation locally commissioned service.

4.2.1 Smokers using electronic cigarettes (or 'vaping')

If a smoker is assessed as motivated to quit, is seeking support to quit and it is known that they are using electronic cigarettes as part of a quit attempt, they are eligible for treatment in line with this service specification and Public Health would encourage this.

The number of smokers using electronic cigarettes to quit tobacco is increasing. Evidence shows that electronic cigarettes can help people to stop smoking and that concurrent behavioural support and nicotine replacement therapy may improve their chances of stopping smoking.

There are no electronic cigarettes licensed as medicines by the Medicines and Healthcare products Regulatory Agency (MHRA) currently on the market or expected to be available in the near future. Should a licensed electronic cigarette become available in future, it is *not* recommended that stop smoking practitioners prescribe it to smokers who are making a quit attempt until further assessments have been made regarding safety, efficacy and cost effectiveness analysis.

4.2.2 Smokers who are pregnant

Smokers who are pregnant can be treated under this LCS, but we would encourage practices to consider referring pregnant women to Breathe Stop Smoking Service for more specialist advice and support.

4.2.3 Target population groups

Smoking is a major cause of health inequalities. Smoking rates are highest in the most disadvantaged communities and groups and in certain ethnic groups. Reductions in smoking rates have been slower in these communities than other population groups. Wider

[1] The "Lost to Follow Up" classification is applied to patients treated for whom no treatment outcome is recorded at the 25-42 day outcome measure

determinants of health such as socioeconomic classification, education and poverty indicate that a crosscutting approach to tobacco control, of which smoking cessation is a key component, must be sustained to reduce smoking prevalence.

Activity to reduce smoking prevalence to improve health outcomes is reinforced through increased payment for smokers from specific population groups who successfully quit (see section 7).

5. Exclusion criteria

5.1 Any smoker not registered with a Camden GP

These smokers should be referred to the relevant borough's community stop smoking service or the nearest commissioned Healthy Living Pharmacy. Smokers who live, work or study in Camden or Islington are eligible to access the community service, Breathe.
For up to date information on stop smoking service provision in other London boroughs visit: https://stopsmokinglondon.com/support-services

5.2 Not motivated to quit

Any smoker requesting stop smoking support should have their motivation and best route to quit assessed *before* completing the service registration process. Smokers enquiring about support to quit should be made aware of service options (i.e. three tiers of support to suit individual preference and lifestyle, and different settings, such as pharmacy or community-based clinics) and referred as part of offering patient choice, as appropriate.

5.3 Highly dependent smokers/ complex needs

Patients assessed to be requiring behavioural support for longer than 6 weeks, or relapse prevention, should be referred to Breathe Stop Smoking Service for tier 3 support.

5.4 Smokers with multiple previous quit attempts

Smokers that report four or more quit attempts in the preceding year may require additional behavioural support and should be referred to Breathe Stop Smoking Service for tier 3 support.

5.5 Young smokers under 13 years of age

These smokers can be given clinically appropriate advice and support, at the discretion of the clinician, but will fall outside the scope of this LCS.

6. Training requirements

The practice should nominate the person(s) responsible for the delivery of the local service.

All staff delivering the smoking cessation LCS must:

- Hold National Centre for Smoking Cessation and Training (NCSCT) Stop Smoking Practitioner certification and complete a 1-day stop smoking practitioner (level 2) training locally in the last 12 months.

Or,

- Have completed stop smoking practitioner (level 2) training in Camden or Islington, before April 2016 (i.e. had face to face level 2 training for 1.5 to 2 days) and had annual updates.

All new stop smoking practitioners (Level 2 advisers) must complete and pass the NCSCT Stop Smoking Practitioner online training certification prior to attending local training.

All staff delivering the smoking cessation LCS must attend annual Level 2 update training, within a year of having completed their certification.

Local training will be provided by Breathe Stop Smoking Service. A list of upcoming courses is available and can be booked on the Breathe website.

Practices should notify Breathe Stop Smoking Service if the responsible stop smoking practitioner changes role or no longer works for the practice during the term of this agreement.

7. Key performance indicators and payment

7.1 Payment by results (PBR)

Key performance indicator	Payment	Frequency of payment
Assessment, registration & quit date set	£10	Quarterly
Outcome: Lost to follow up or still smoking @ 25-42 days	£0	Quarterly
Outcome: 4 week quit	£20	Quarterly
CO verified quit (in addition to the assessment and 4-week quit payments)	£20 per recorded reading less than 10ppm	Quarterly
Target communities: • Routine & manual occupation • Unemployed • BME- i.e. Irish, Black African, Black Caribbean, Mixed White-Black Caribbean, Bangladeshi • Pregnant women.	£15 for any one of these groups	Quarterly
Disease groups: • Respiratory disease • Diagnosed mental health condition • Diabetes • Hypertension • Lung cancer diagnosis ≤5 years	£25 for any of these diseases/conditions	Quarterly
Minimum amount payable per quitter	£30	As above
Maximum amount payable per quitter	£90	As above

7.2 Target incentive

A bonus payment of up to £500 (pro rata per practice list size) in any year will be made annually in quarter 1 of the subsequent financial year to any practice achieving the following based on their performance (without external contributions) by year end:

- The practice overall quit rate is above 35% as required by NICE and DH.
- The practice meets or exceeds its smoking cessation target no later than quarter 4 each year.
- The practice achieves an overall lost to follow up rate of ≤20%.
- Practices achieving their targets before year-end will continue to qualify for payment by results for the remainder of the year.

PBR payments are calculated and verified by the stop smoking service quarterly in arrears for Public Health to process and send on to each CCG for payment.

Queries for activity related to payments should be sent to:
Meghna.vithlani@solutions4health.co.uk

8. Reporting Requirements

8.1 Patient consent

Practices delivering the service should ensure that the patient consents to treatment and to their data being shared with Breathe Stop Smoking Service (person-identifiable data on the electronic record, currently Quit Manager); and with Camden and Islington Public Health (anonymised, non-identifiable data) for reporting purposes. The data collected and its use should be explained to the patient using a copy of the information leaflet (appendix 3). It is the responsibility of the Practice to maintain copies of the information leaflet for use in consultations. Consent should be recorded using the EMIS smoking template (see appendix 7 for SNOMED codes).

8.2 Recording

Practices are required to accurately record all their smoking cessation activity. Practices should use the EMIS WEB smoking template to do so. Practices may also elect to use the bespoke web based Quit Manager software, in addition to EMIS (see 8.2.2).

8.2.1 Recording on EMIS WEB

The service delivery model requires the recording of smoking status 25-42 days after the quit date set by the patient, which using the template will help to manage. The person responsible for recording activity must be conversant with using the EMIS WEB smoking template and/or access training to become proficient; this will ensure accurate patient records, data collection, reporting and payments.

The nominated staff member is required to have a good working knowledge of and access to the EMIS WEB smoking template to run searches, queries and create accurate activity reports for submission on a monthly basis (this may change in year if remote extraction processes are agreed and rolled out). If the person reporting is not the stop smoking practitioner, it is recommended that this person is Level 1 trained.

Following stop smoking practitioner (Level 2) training provided by Breathe in Camden and Islington, Breathe staff will train and support practice staff in using the EMIS smoking template. (Contact Breathe for further information). The Clinical Support Unit's GPIT also has technical telephone support available for template users. Contact GPIT, Camden helpdesk on 020 3688 1881 or nelcsu.gpservicedesk@nhs.net.

8.2.2 Recording on Quit Manager

Practices may elect to use the bespoke web based Quit Manager software, in addition to EMIS to record smoking cessation activity under the LCS. Quit manager is used by other commissioned stop smoking services in Camden, such as pharmacies and Breathe Stop Smoking Service, to record smoking cessation activity. This software has several advantages:

- It enables stop smoking practitioners to easily track progress and follow up patients in the smoking cessation programme, ensuring that milestones are not missed.
- It enables practices to monitor payment due for activity
- It enables Breathe Stop Smoking Service to support practices effectively by tracking individual performance
- Practices using Quit Manager do not need to send EMIS reports for monthly reporting (see 8.3)

Contact Breathe Stop Smoking Service, who hold the software license for Camden, for further information. Practices opting to do this are still responsible for ensuring that patient medical records are kept up-to-date on EMIS, as part of good clinical practice and governance.

8.3 Reporting

Practices should use smoking SNOMED codes (appendix 7) to record and submit accurate, fully completed and timely monthly dataset activity reports (appendix 2) on smokers identified, advised, supported and their treatment outcomes through practice-based support (using the EMIS WEB smoking template).

The Practice must complete and return the monthly activity monitoring data required by the Commissioner as described to meet the submission deadlines issued by Breathe Stop Smoking Service at the start of each year.

By signing up to the smoking cessation LCS, Practices agree that their servers may be accessed by the CSU/CCG GPIT team on a monthly cycle, and to data recorded against SNOMED codes (appendix 7) relevant to this LCS, being extracted remotely. The minimum dataset to enable reporting to NHS Digital (formerly the Health and Social Care Information Centre) will be used by the Camden and Islington Public Health team exclusively for payment and evaluation purposes (see appendix 4).

Practices electing to use Quit Manager would *not* need to make monthly data submissions via EMIS reports, as Quit Manager captures all smoking cessation related activity and calculates payments due under the LCS. Practices are reminded that good clinical practice would require that medical records are updated.

9. Monitoring

Local service activity data, including pharmacotherapy dispensed, is used to complete reports for NHS Digital (formerly the Health and Social Care Information Centre, HSCIC). Breathe Stop Smoking Service has responsibility to monitor the accuracy of data recording and report the submitted information to NHS Digital. The information is also used by Public Health and Breathe Stop Smoking Service to analyse performance, achievements, areas for improvement, and to inform future strategy and planning for commissioning.

Each practice will receive performance feedback from the community service no less than quarterly, and may also receive general feedback via Public Health reports to the Local Authority and/or Clinical Commissioning Group. Any provider achieving a quit rate in excess

of 75% may be subject to an audit of activity and / or invited to share their practice with peers contributing to refining clinical practice and overall service improvement.

Details of consenting smokers treated in other settings that are also registered with a Camden GP will be shared with the GP, along with the treatment outcome, to ensure records are kept up to date.

9. Useful Guidance

Please also see:

- Appendix 1: Key legislation, policies and evidence reports
- Appendix 2: Evidence based service delivery model
- Appendix 4: Dataset reporting
- Appendix 5: Public Health guidance for the supply of Nicotine Replacement Therapy (NRT)
- Appendix 6: Quality assurance
- Appendix 7: Smoking clinical management guidelines

10. Acceptance of Terms

Service Specification for 2020/23
General Practice Smoking Cessation Locally Commissioned service (LCS)

Practice Code: **F**…… Name of Practice: ……...

By signing this document, the practice agrees to provide the LCS according to the specification and has both met the training criteria described in section 6 and provided the evidence to the commissioner to support this. This document will become part of the contract documentation between Public Health [Commissioner] and ……... General Practice [Provider] to provide the Smoking Cessation LCS.

I hereby confirm my acceptance of the terms of this service.
(Please sign and date below to confirm acceptance):

Signed on behalf of [Provider]……

Print name…… Date……

Signed on behalf of [Commissioner]……

Print name…… Date……

Appendices

Appendix 1

A. Smoking-related health inequalities in Camden

- Around one fifth of Camden residents smoke (20%, GP dataset, 2015), approximately 38,165 people.
- Men are significantly more likely to smoke than women.
- Prevalence is highest among the most deprived communities in Camden, among people with long term mental health conditions and certain BAME groups, which, in turn, fuels the inequalities gap. Age groups with the highest proportion of smokers are 45-54 and 55-64 years.
- In Camden, the highest smoking prevalence is among the Mixed White and Black Caribbean ethnic group (31%), followed by White Irish (27%). Chinese and Indian ethnic groups have the lowest smoking prevalence (9% and 11% respectively).
- There is a positive correlation between smoking prevalence and level of deprivation: people living in the more deprived areas in Camden are significantly more likely to smoke than those living in the least deprived areas (26% and 14% respectively).
- For occupational groups, the highest proportion of smokers are among those who are sick or disabled or unable to work (44%), never worked or unemployed (38%) and routine and manual workers (29%).
- In Camden there are 9,364 people living with at least one long-term condition that are recorded as a current smoker.
- The two long term conditions with the most recorded smokers are high blood pressure and chronic depression.
- The highest rates of smoking are among people with serious mental illness (47%), COPD (45%), chronic liver disease (40%) and depression (33%).
- In 2018/19, 89 women giving birth were smoking at the time of delivery (3.8%), but for 120 women (4.9%) their smoking status was not recorded. The SATOD rate (smoking at time of delivery) in Camden is lower than London (4.8%) and England (10.6%).
- In 2018/19, 15 pregnant women stopped smoking in Camden.
- In 2018/19 more men (556) than women (409) successfully stopped smoking in Camden.
- Wider determinants of health such as socioeconomic classification, education and poverty indicate that a cross-cutting approach to tobacco control in Camden must be sustained to reduce smoking prevalence.

B. Local trends and prevalence sources

- https://www.camden.gov.uk/joint-strategic-needs-assessment
- https://fingertips.phe.org.uk/profile/tobacco-control

C. Key legislation, policies and evidence reports

- HM Government. Advancing our health: prevention in the 2020s – consultation document. 2019.
- McNeill A, Brose, LS, Calder R, Bauld L, Robson D. Vaping in England: evidence updated summary. Public Health England 2019.

- National Centre for Smoking Cessation and Training (NICE). Stop smoking interventions and services. NICE guidance NG92. March 2018.
- HM Government. Towards a Smokefree Generation: A Tobacco Control Plan for England. 2017.
- Action for Smoking and Health. Cost of smoking in the social care system in England. 2017.
- Camden and Islington Public Health. Camden JSNA: Focus on smoking. 2017
- Action for Smoking and Health. The Stolen Years. The Mental Health and Smoking Action Report. 2016.
- McNeill, A., L. S. Brose, R. Calder, S. C. Hitchman, P. Hajek, and H. McRobbie. E-cigarettes: an evidence update. A report commissioned by Public Health England, 2015
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- National Centre for Smoking Cessation and Training. Local Stop Smoking Services. Service and Delivery Guidance 2014.
- National Institute for Clinical Excellence (NICE). Smoking: Acute, Maternity and Mental Health Services (PH48). 2013.
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- Marmot M, Allen J, Goldblatt P, Boyce T et al. 2010. Fair Society, Healthy Lives: Strategic Review of Health Inequalities in England post 2010.

Appendix 2: Evidence based service delivery model

Please refer to the best practice guidance from the National Centre for Smoking Cessation and Training (NCSCT):

- Service Delivery Guidance

  http://www.ncsct.co.uk/publication_service_and_delivery_guidance_2014.php

- Standard Treatment Programme

  https://www.ncsct.co.uk/usr/pub/standard_treatment_programme.pdf

- Competencies required for delivering a Standard Treatment Programme

  http://www.ncsct.co.uk/publication_NCSCT-competences-for-STP.php

- Training Standard (2018 update)

  http://www.ncsct.co.uk/publication_ncsct-training-standard-learning-outcomes-for-training-stop-smoking-practitioners.php

Appendix 3: Information leaflet for patients on use of their data

This information should be shared with patients prior to consenting to treatment. It should be given to the patient after the details have been explained and discussed.

Camden ISLINGTON

Working in partnership

STOP SMOKING SERVICE: YOUR INFORMATION AND HOW IT IS USED

Your personal information

Camden and Islington Public Health have set up services to provide local support and advice for smokers who would like to stop smoking. All staff who give advice and support to smokers within this service, including this General Practice, have received training. When you talk to someone in the service about smoking (a stop smoking adviser), they will need to take some information about you and will ask your consent to process this information and to contact you in future about the service you receive.

These are the reasons for processing and/ or sharing this information:

Name, date of birth, gender, address and contact number

This is the minimum person identifiable information your adviser needs to be able to provide the service to you.

Ethnicity and occupation

This information is anonymised and Camden and Islington Public Health analyse it to know if the service is reaching Camden smokers from all backgrounds equally.

Health conditions and prescription medications

Your adviser will ask you if you have any diagnosed health conditions and if you are taking any prescription medications. This is so they can give you advice about what stop smoking treatments are suitable and safe for you.

If you are a woman, whether you are pregnant

This helps your adviser recommend what stop smoking medications might work best for you. We also want to know how many pregnant smokers are using the service, because this is a high priority nationally and locally.

How your information is stored and processed

With your permission, your stop smoking adviser will add the above information onto a secure electronic database. This database is stored in a secure system, in line with council and NHS information governance frameworks. It will also be accessed by the Camden and Islington's stop smoking service provider, 'Breathe', who are responsible for analysing this information. Only a small number of Breathe employees will have access to your information. It will be used to produce the figures for service evaluation.

Commissioners at Camden and Islington Public Health cannot access any of your person identifiable information, e.g. name, address, phone number, date of birth. Anonymised data only will be used in evaluating the service your adviser has provided to you.

The electronic records held by Breathe with your name, address, date of birth and phone number will be securely destroyed after 6 years of you receiving this service.

Your rights

You have a right to view, amend or delete your personal information held in electronic records by Breathe, at any time, by contacting Solutions 4 Health Ltd, the company who provides Breathe Stop Smoking Service in Camden and Islington.

Solutions 4 Health
Address: Unit 1 Thames Court, Richfield Avenue, Reading, TG1 8EQ
Telephone: 0118 334 1861
Email: info@solutions4health.co.uk
Website: www.solutions4health.co.uk/contact-us

If you also wish to view, amend or delete the record that your GP holds about you, you should contact your GP directly with your request.

Further advice and support

You can contact your adviser or Breathe, Camden & Islington's Stop Smoking Service, to receive more advice about your smoking at any point.

Breathe – It's about living
Address: 85-87 Bayham Street, London NW1 0AG
Tel: 020 3633 2609
Email: info@breathestopsmoking.org
Website: www.breathestopsmoking.org

For more information about your information rights, please refer to the Information Commissioner's website at https://ico.org.uk/for-organisations/health/

Appendix 4: Dataset reporting

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

- Postcode
- Ethnicity
- Gender
- Age
- Occupation (85% recording threshold)
- Pregnancy status (only if it is positive)
- Disability or long-term condition
- Quit date
- Treatment (NRT, bupropion, varenicline etc.)
- CO validation (85% recording threshold)
- Treated Smokers (number accessing the service)
- Final Outcome (Quit Smoking, Lost to Follow Up, or Still Smoking)

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

References / Guidelines

- National Centre for Smoking Cessation and Training: Local Stop smoking Services, Service and delivery guidance 2014 http://www.ncsct.co.uk/publication_service_and_delivery_guidance_2014.php
- National Institute for Health and Care Excellence: Stop smoking interventions and services (NG92). https://www.nice.org.uk/guidance/ng92

For any commissioning queries, contact Marina Chrysou, Smokefree Project Officer, Camden and Islington Public Health on marina.chrysou@islington.gov.uk or on 020 7527 6706.

For any payment queries, contact pbc.secure@nhs.net.

Appendix 5: Public health guidance for the supply of Nicotine Replacement Therapy

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Public Health Guidance for the supply of Nicotine Replacement Therapy (NRT) in Locally Commissioned Services 2020/23

For use in General Practice by those authorised to deliver Stop Smoking Services. This guidance may be updated during the year to reflect the latest clinical guidance.

Indication	This guidance refers to the supply of NRT as an aid to treating tobacco dependence in smokers receiving specialist stop smoking advice and support from General Practices commissioned to deliver stop smoking services in Camden.
Best practice	There is evidence to support combination NRT dispensing as cost effective and most likely to achieve a positive outcome at 4 weeks: http://www.ncsct.co.uk/publication_Effectiveness_of_Smoking_Cessation_Services.php The available evidence recommends a combination of transdermal patch plus oral product, although in certain circumstances 2 oral products can be combined.

Informed consent	• Patients should be given information regarding how their data is stored and processed when they access this stop smoking service, including that:
	  ○ Person identifiable information will be shared with Breathe Stop Smoking Service.
	  ○ Anonymised, non-identifiable information will be shared with Camden and Islington Public Health. This will be for purposes such as audit, payment or research.
	
	• Patients should be given the leaflet in appendix 3, which details how their information is stored and shared and outlines their rights under GDPR to view, amend, or delete their personal information and who to contact to do so.
	
	• The patient's informed consent **must be obtained** before information can be stored and/or shared.
	
	• If there is no informed consent, then the patient is excluded from the scheme and advised to contact the NHS Smokefree/ Stop Smoking London helpline: 0300 123 1044. The helpline is open 9am-8pm Monday to Friday, and 11am-4pm at weekends. Or, visit https://stopsmokinglondon.com/

Inclusion criteria	Tobacco users identified as motivated to quit i.e. willing to set a quit date and receive weekly support for a minimum of 4 weeks. NRT may be supplied outside the terms of the SPC based on advice from the MHRA to (all SPCs have been updated to include pregnancy and breastfeeding):

	• Pregnancy Ideally, pregnant women should stop smoking without using NRT but, if this is not possible, NRT may be recommended to assist a quit attempt as it is considered that the risk to the foetus of continued smoking by the mother outweighs any potential adverse effects of NRT. The decision to use NRT should be made following a risk-benefit assessment as early in pregnancy as possible. The aim should be to discontinue NRT use after 2-3 months. Intermittent (oral) forms of NRT are preferable during pregnancy although a patch may be appropriate if nausea and/or vomiting are a problem. If patches are used, they should be removed before going to bed at night. • Breastfeeding NRT can be used by women who are breast-feeding. The amount of nicotine the infant is exposed to from breast milk is relatively small and less hazardous than the second-hand smoke they would otherwise be exposed to if the mother continued to smoke. If possible, patches should be avoided. NRT products taken intermittently are preferred as their use can be adjusted to allow the maximum time between their administration and feeding of the baby, to minimise the amount of nicotine in the milk. • Young people under 16 years of age Patients who are under 16 but over 12 years of age require an assessment to ensure that they comply with Fraser Guidelines. There is limited data on the safety and efficacy of NRT in this age group. • Cardiovascular disease NRT is a lesser risk than continuing to smoke. Advisers must be assured that a patient presenting with CVD is stable (physically and medicines prescribed). This should be confirmed by both clinically interviewing the patient and reviewing their medication. If the patient's status is unclear, then exclude and refer on as appropriate. • Diabetes Patients with diabetes should be informed to monitor their blood glucose more closely when initiating NRT due to the release of catecholamines • Renal or hepatic impairment. NRT should be used with caution in patients with moderate to severe hepatic impairment and/or severe renal impairment, as the clearance of nicotine or its metabolites may be decreased, with the potential for increased adverse effects. • Other Patients with thyroid disease, peptic ulcer disease who are not in the exclusion criteria below.
Exclusion criteria	• Patients who refuse to give consent for their personal information to be shared as outlined in the information leaflet in appendix 3. • Tobacco users not motivated to quit or use NRT. • Tobacco users who continue to smoke. • Patients who are under 13 years of age.

	• Patients with a myocardial infarction (MI), severe dysrhythmia or recent cerebrovascular accident (CVA) in the last 4 weeks. • Patients who have uncontrolled hypertension. • Patients already taking bupropion (Zyban) or varenicline (Champix). • Patients with previous serious reaction to NRT or any of the other ingredients contained in the products, e.g. glue in patch. • *Patches only* – clients with chronic generalised skin disease such as psoriasis, chronic dermatitis and urticaria; clients who have had a previous reaction to transdermal patches. • *Nasal spray only* – clients with chronic nasal disorders such as polyposis, vasomotor rhinitis and perennial rhinitis. • Liquorice flavoured products are excluded during pregnancy. • Patients using NRT products that have relapsed and returned to smoking – an assessment of motivation to quit should be conducted before a new quit date is set and a referral to Breathe for tier 3 support should be considered.
Action if patient is excluded	• Smokers 13 years or over who are motivated to quit: consider using a different type of stop smoking medication (e.g. varenicline or zyban) if clinically appropriate, and/ or consider referral to Breathe Stop Smoking Service for long-term behavioural support. • Smokers under 13 years. NRT products may be used by adolescents aged 12 to 18 years old. Smokers under 13 years should be treated at the discretion of their clinician, but this would be outside the scope of this LCS.
Additional information	Where patients would benefit from more intensive behavioural support refer to Breathe Stop Smoking Service T: 020 3633 2609 E: breathe.team@nhs.net W: www.breathestopsmoking.org
Drug details	See below
Name, form & strength of medicine	NRT may be supplied in the following forms (all products are GSL): **Gum:** 2mg and 4mg Patch: 5mg /16 hrs 10mg /16 hrs 15mg /16 hrs 25mg / 16 hrs ('Invisipatch') 7mg /24 hrs 14mg /24 hrs 21mg /24 hrs **Lozenge:** 1mg, 2mg and 4mg

	Mini Lozenge: 1.5mg and 4mg **Sublingual Tablet:** 2mg **Inhalator:** 10mg / cartridge **Nasal spray:** 500 micrograms / metered spray
Dosage, Route, Method	• **Gum** Oral administration (as resin). Treatment should be continued for at least 3 months followed by a gradual reduction in dosage if necessary. ***Specific advice to patient*** Gum should be chewed until the taste becomes strong and then 'parked' between the gum and cheek until the taste fades. Recommence chewing once the taste has faded. This 'chew-rest-chew' technique should be applied for 30 minutes. **Gums 2mg and 4mg** For individuals smoking 20 cigarettes or less daily – one 2mg piece chewed slowly for 30 minutes on urge to smoke. For individuals smoking more than 20 cigarettes a day – one 4mg piece chewed slowly for 30 minutes on urge to smoke. Nicorette – Maximum of 15 x 2mg or 15 x 4mg Nicotinell – Maximum of 25 x 2mg or 15 x 4mg "Own brands" – follow SPC dosages ***Specific side effects*** Throat irritation, increased salivation, hiccups. • **Inhalator** Oral administration (nicotine-impregnated plug in mouthpiece) Each cartridge can be used for approximately 3 sessions, with each one lasting approximately 20 minutes. Inhale when urge to smoke occurs. Advise using 6-12 cartridges (10mg/cartridge) daily for up to eight weeks. ***Specific side-effects*** Throat irritation, cough, rhinitis, pharyngitis, stomatitis, dry mouth ***Specific advice to patient*** Air should be drawn into the mouth through the mouthpiece. Patients should be warned that the inhalator requires more effort to inhale than a cigarette and that less nicotine is delivered per inhalation. Therefore, the patient may need to inhale for longer than with a cigarette.

	The inhalator is best used at room temperatures as nicotine delivery is affected by temperature. Used cartridges will contain residual nicotine and should be disposed of safely. Advise the patient to keep them in the case and dispose of them in household rubbish. • **<u>Lozenge</u>** Oral administration (nicotine as bitartrate). **Nicotinell** Maximum of 30 x 1mg or 15 x 2mg lozenges in 24 hours **Niquitin CQ 2mg and 4mg** Weeks 1-6 1 lozenge every 1-2 hours Weeks 7-9 1 lozenge every 2-4 hours Weeks 10-12 1 lozenge every 4-8 hours The 2 mg lozenge is suitable if the patient has their first cigarette after 30 minutes of waking, the 4 mg lozenge is suitable if the patient has their first cigarette within 30 minutes of waking. **Niquitin Minis Lozenge** If smoking more than 20 cigarettes per day suck one 4mg lozenge when urge to smoke. If smoking less than 20 cigarettes per day suck one 1.5mg lozenge when urge to smoke. Maximum 15 x 1.5mg or 15x4mg lozenges per day. ***Specific side-effects*** Throat irritation, increased salivation, hiccups ***Specific advice to patient*** Lozenge should be sucked until the taste is strong and then 'parked' between the gum and the cheek until the taste fades. Once faded then the sucking should recommence. Simultaneous use of coffee, acid drinks and soft drinks may decrease absorption of nicotine and should be avoided for 15 minutes prior to sucking lozenge. • **<u>Nasal Spray</u>** Nasal administration (500 micrograms / metered spray). Apply one spray into each nostril as required up to a maximum of: o Twice per hour, over a 16-hour period (= maximum of 64 sprays daily) for a period of 8 weeks. Recommended period of treatment: 3 months **Specific side Effects** Nose and throat irritation, nosebleeds, watering eyes, ear sensations. ***Specific advice to patient*** Advise on correct use of spray. Warn of possible local effects but also that these tend to lessen within a few days.

CAUTION – the nasal spray should not be used whilst driving or operating machinery as local effects can predispose to an accident.

- **Patches**

Nicorette 15, 10, 5
Daily treatment commences with one 15mg patch applied on waking (usually in the morning) and removed 16 hours later. Treatment should continue for 8 weeks, with a weaning off period of an additional 4 weeks.

Nicorette Invisipatch 25
NB Invisi Patch only available as '25' strength. Supply plain patches for all other strengths.

- For individuals smoking 10 or more cigarettes daily; initially 25mg patch for 16 hours daily for 8 weeks, then if abstinence achieved 15mg patch for 16 hours daily for 2 weeks, then 10mg patch for 16 hours daily for 2 weeks.

- For individuals smoking less than 10 cigarettes per day; initially 15mg patch applied for 16 hours daily for 8 weeks then 10mg patch for 16 hours daily for 4 weeks.

NB Patients who experience excessive side effects with the 25mg patch that do not resolve within a few days should be switched to the 15mg patch for the remainder of the 8 weeks before switching to the 10mg patch for the final 4 weeks.

Nicotinell TTS 10, 20, 30
For individuals smoking 20 cigarettes or more a day, it is recommended that treatment be started with Nicotinell TTS 30 (Step 1) once daily. Those smoking less than this are recommended starting with Nicotinell TTS 20 (Step 2). Apply a new patch every 24 hours. Use treatment period of 3 – 4 weeks for each size patch. The treatment is designed to be used continuously for 3 months but not beyond.

Niquitin CQ 7, 14, 21
NiQuitin CQ therapy should usually begin with NiQuitin CQ 21 mg and be reduced according to the following dosing schedule:

Dose		**Duration**
Step 1	NiQuitin CQ 21 mg	First 4 weeks
Step 2	NiQuitin CQ 14 mg	Next 2 weeks
Step 3	NiQuitin CQ 7 mg	Last 2 weeks

Cutting down: No clinical evidence that this is more effective than staying on same dose for full eight weeks if necessary. Forced or premature reductions can often lead to a relapse.

Light smokers (e.g. those who smoke less than 10 cigarettes per day) are recommended to start at Step 2 (14 mg) for 6 weeks and decrease the dose to NiQuitin CQ 7 mg for the final 2 weeks.

For optimum results, the 10-week treatment course (8 weeks for light smokers or

	patients who have reduced strength as above), should be completed in full. It should not extend beyond 10 consecutive weeks. **"Own brands"** Follow SPC dosages ***Specific side Effects*** Skin reactions. Discontinue use if severe. Exercise may increase absorption of nicotine and therefore the side effects. The patch should be applied once a day, normally in the morning, to a clean, dry, non-hairy area of skin on the hip, chest or upper arm. Allow several days before replacing the patch on a previously 'used' area. Place the patch in the palm of the hand and hold onto the skin for 10-20 seconds. Patches should not be applied to broken or inflamed skin. Once the patch is spent it should be folded in half and disposed of carefully. Clients should not try to alter the dose of the patch by cutting it up. • **<u>Sublingual Tablet</u>** Oral administration (sublingual) – 2mg. For individuals smoking 20 or less cigarettes daily – 2mg per hour. For patients who fail to stop smoking or have significant withdrawal symptoms consider increasing to 4mg per hour sublingually. For individuals smoking more than 20 cigarettes a day – 4mg per hour. Maximum dose: 80mg per day Treatment should be continued for at least three months up to a maximum of six months. Dosage should be gradually reduced after three months. ***Specific side-effects*** Throat irritation, unpleasant taste. ***Specific advice to patients*** Tablets should be placed under the tongue and allowed to dissolve slowly **Nicorette Combi Patch and Gum** Pack contains 7x15mg Nicorette Invisipatch and 70 x 2mg gum Initially one patch applied for 16 hours daily for 12 weeks with gum as required; maximum 15 pieces of gum per day. Then discontinue the patch and use gum as required up to a maximum of 15 pieces per day, gradually weaning use after 12 weeks. For side effects and advice see individual sections above.

Adverse reaction / side effects	As above. These are usually transient but may include the following, some of which are a consequence of stopping smoking: nausea, dizziness, headaches, cold and flu-like symptoms, palpitations, dyspepsia and other gastro-intestinal disturbances, hiccups, insomnia, vivid dreams, myalgia, chest pain, blood pressure changes, anxiety and irritability, somnolence and impaired concentration, dysmenorrhoea. Product-specific side effects are detailed in the SPC.
Duration of treatment	Maximum length of treatment under this guidance is 12 weeks. Most individual Summary of Product Characteristics (SPC) state 12 weeks. **All smokers in treatment who:** • **quit and may be at risk of relapsing following treatment for 12 weeks;** • **or who have not quit and may require on-going support or medication for longer than 12 weeks** **must be prepared as part of this treatment for referral to the Breathe Stop Smoking Service's tier 3 support, T: 020 36332609, breathe.team@nhs.net**
Quantity to supply/ administer	Fortnightly supplies to be given for 4 weeks with the offer of weekly support. Maximum supply is 12 weeks. If the smoker is successful in stopping smoking at the 4-week outcome point (preferably with carbon monoxide validation), treatment is to be given for another 4 weeks to maintain abstinence. If the smoker remains abstinent at 8 weeks, additional NRT can be supplied up to a further 4 weeks to minimise the risk of relapse. If the smoker is unsuccessful in stopping smoking at the 4-week outcome point, then discontinue treatment and suggest they make a fresh start when they are ready to set another Quit Date. Discuss other routes to quit that are available in the borough and consider referral to Breathe Stop Smoking Service for tier 3 support.

Advice to patient/ carer	Advice to patients should include specific product advice plus the following general advice regarding:
	
	• Symptoms resulting from nicotine cravings.
	
	• Possible changes in the body on stopping smoking, e.g. weight gain, and how to access local services for weight management support.
	
	• The effects of smoking tobacco whilst using NRT – particularly in vulnerable groups, e.g. pregnant women, patients with cardiovascular disease.
	
	• Follow-up and obtaining further supplies of NRT.
	
	• Written information on products supplied, self-help leaflets and where to obtain more information, in particular:
	
	  • NHS Smokefree https://www.nhs.uk/smokefree
	  • Stop Smoking London https://stopsmokinglondon.com/

	• Breathe Stop Smoking Service: www.breathestopsmoking.org
Special considera-tions / additional information	**Drug Interactions** Tobacco smoking increases the metabolism of ***theophylline***. Thus stopping smoking may cause theophylline plasma levels to rise. Stopping smoking may alter the circulating drug levels of the following (but not normally enough to cause therapeutic problems): • Insulin • Adrenergic agonists and antagonists • Fluvoxamine • Clozapine • Clomipramine • Imipramine • Olanzapine • Flecainide • Tacrine • Pentazocine
Records/ audit trail	All patient details and treatment sessions conducted including exclusion from prescription charges, the dose, form and quantity of NRT supplied must be recorded using the EMIS Web smoking template. The software allows for the recording of any adverse drug reaction and actions taken including reporting to the doctor and/or Committee on Safety of Medicines if appropriate.
References / Resources and feedback	**Please direct feedback specifically relating to information within this NRT guidance to:** **Medicines Management** **NHS Camden Clinical Commissioning Group** **14th Floor** **Euston Tower** **286 Euston Road** **London NW1 3DP** **020 3688 1700** **Camccg.enquiries@nhs.net** *References:* 1. Summary of Product Characteristics: https://www.medicines.org.uk/emc 2. British National Formulary: www.bnf.org 3. MIMS Online: https://www.mims.co.uk/ 4. NICE guidance: www.nice.nhs.uk 5. NCSCT service and delivery guidance: http://www.ncsct.co.uk/ 6. Advice on use of nicotine replacement therapy (NRT): wider access in at-risk populations, 29/12/2005. https://webarchive.nationalarchives.gov.uk/20141205212102/http://www.mhra.gov.uk/Safetyinformation/Safetywarningsalertsandrecalls/Safetywarningsandmessagesformedicines/CON2022933

Appendix 6: Quality Assurance

Requirements for stop smoking practitioners (level 2 advisers)	
Specialist competencies or qualifications	Has undertaken appropriate stop smoking practitioner training with the NCSCT and local training (Level 2) by Breathe Stop Smoking Service, and has been approved to deliver smoking cessation interventions in order to carry out clinical assessment of patient leading to diagnosis that requires treatment according to the indications listed in this guidance. Attends annual Level 2 Update training to maintain their skills.
Continuing education & training	The stop smoking practitioner should be aware of any change to the recommendations for the medicines listed, and report these to Public Health and the CCG Medicines Management for updating the guidance. It is the responsibility of the individual to keep up-to-date with continued professional development. The practitioner is required to attend training (Level 2 update) provided by Breathe Stop Smoking Service at least annually and at interim intervals where significant changes are made to the licensed products, or the service specification as advised. The practitioner is also required to attend any training that may become mandatory (either at national or local level) during guidance and the associated Service Specification and Locally Commissioned Service.

Appendix 7: Smoking clinical management guidelines

Table indicating SNOMED codes to be used

Description	EMIS WEB code	SNOMED code
Smoking status at 4 weeks	13p1	390902009
Never smoked tobacco	1371	266919005
Pipe smoker	137h	82302008
Passive smoker	137I	43381005
Cigar smoker	137J	59978006
Stopped smoking	137K	160617001
Electronic cigarette user	1PC	722499006
Ex electronic cigarette user	1PD	908781000000104
Rolls own cigarettes	137M	160619003
Cigarette smoker	137P	65568007
Ex-smoker	137S	8517006
Ready to stop smoking	137b	394872000
Not interested in stopping smoking	137d	394873005
Negotiated date for cessation of smoking	13p0	390901002
Smoking cessation therapy	745H	710081004
Nicotine replacement therapy	8B2B	313396002
Nicotine replacement therapy – not part of a quit attempt		
Nicotine replacement therapy refused	8I39	315022003
Top managers	01	265911003
Management support professions	02	158758004
Education/welfare/health professional	03	265930003
Literary/artistic/sports occupation	04	159049007
Professional Scientist/engineer/technologist	05	265950004
Managerial occupations	06	159326004
Clerical occupations	07	159483005
Selling occupations	08	159606005
Security/protective services	09	265981008
Catering/personal services	0A	159681002
Farming/fishing occupations	0B	159812002
Materials processors excluding metal	0C	159864008
Making/repairing excluding	0D	159921002
Metal/electrical workers	0E	266024006
Painters/product assemblers	0F	160096008
Product inspectors/packagers	0G	160120005
Construction/mining workers	0H	160144007
Transporting/moving/storing	0I	266061002
Other occupations	0Z	14679004
Student	133A	65853000
Informed consent for national audit	9M0	413149001
Informed dissent for national audit	9M1	113121000000105
Carbon monoxide reading at 4 weeks	13p6	413753009
Result	9c0C	394617004
DNA – Did not attend smoking cessation	9N4M	25261000000107