

Locally Commissioned Service Specification for Islington Community Pharmacy Smoking Cessation Services with provision of nicotine replacement therapy medication

April 2021 – March 2022

A Locally Commissioned Service (LCS) between Camden & Islington Public Health and Community Pharmacies in Islington prepared by Camden & Islington Public Health, January 2015 and reviewed in 2016, 2017, 2018, 2019, 2020 and 2021.

This service specification is a continuation of the 2019/21 specification with only minor changes to the following sections:

- Updated prevalence data to reflect most recent public health profiles
- Updated links to online documents
- Update Breathe contact numbers
- Updated patient information leaflet regarding the storing and sharing of information (Appendix 5)

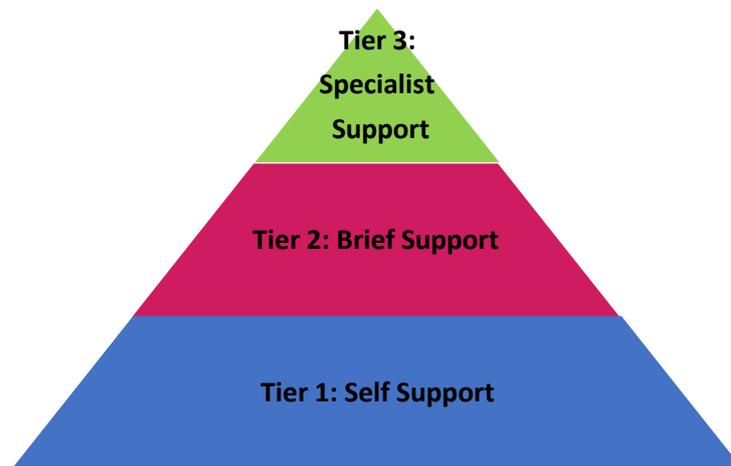
1. Introduction and background

Smoking remains the leading cause of preventable premature death, disease, disability and health inequalities in this country. More people die of smoking every year than obesity, alcohol, suicide, traffic accidents, drug abuse and HIV combined.

GP data indicates that there are 42,994 smokers in Islington aged 16 and over, a prevalence of 23% of the adult population in Islington (GP dataset, 2015). Recent estimates from the national Annual Population Survey 2019 suggest a prevalence of 12.4% in Islington (18 or over).

Camden and Islington Public Health Department commissions Solutions4Health to deliver the community Stop Smoking Service in Camden and Islington, renamed ***Breathe – It's about living***. Responsibility for the local training of advisers, supporting and quality assuring cessation services in primary care, data recording and reporting of all smoking cessation activity, and achieving the annual 4-week quit target lies with this organisation.

Three-tiered Camden and Islington stop smoking service provision as of April 2017:



The new Camden and Islington Stop Smoking Service 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.

The ethos of the service is that the individual smoker will be able to access the level of service they believe they need in a variety of ways that suit their lifestyle, or personality. Smokers will be able to move between different tiers of the service until they find the level of support that enables them to stop smoking for good.

Tier 1 Self-support

Who is this for? Smokers who are interested in stopping smoking, but do not want face-to-face professional help.

What does it involve? Clear, easy-to-access information and advice on how to quit is available on the website and through printed materials. Tier 1 support is provided in Camden and Islington through Breathe, www.breathestopsmoking.org; and nationally through www.nhs.uk/smokefree and <https://london.stopsmokingportal.com/>

Tier 2 Brief support

Who is this for? Smokers who want help with stopping smoking with support and appropriate medication provided by trained professionals in the community.

What does it involve? A clinical service for smokers, using established psychological processes and optimum medication. This includes a minimum of two face-to-face sessions, with weekly contact over six weeks with a trained stop smoking adviser. The intensity of the intervention is tailored to individual needs. The weekly sessions can be conducted face-to-face, online or by telephone to fit the client's lifestyle and circumstances.

Tier 2 support is provided through a range of organisations and health professionals including pharmacy, general practices, Breathe community service and health professionals within secondary care and the mental health trust.

Tier 3 Specialist support

Who is this for? 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 with stopping and are willing and able to put in the time and effort needed to be successful.

What does it involve? 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 specialist advisers 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 individual, e.g. video chat or telephone may replace some face-to-face sessions.

The tier 3 specialist service is delivered by Breathe Stop Smoking Service.

Contact details:

<u>Solutions4Health/ Breathe</u>
Breathe helpline: 020 3633 2609 breathe.team@nhs.net (for patient identifiable data) info@breathestopsmoking.org (for general enquiries) www.breathestopsmoking.org

2. Service delivery

2.1 Overview

Providers may offer a tier 2 service to any eligible smoker, that is any smoker motivated to quit who is aged 13 years or over and lives, works or studies in Islington, and/or is registered with an Islington GP. The tier 2 service consists of evidence-based stop smoking behavioural support and pharmacotherapy (NRT), with the client's smoking status recorded at 4 weeks (25 – 42 days) after their set quit date, as detailed in:

- NCSCT service and monitoring guidance, 2014: http://www.ncsct.co.uk/publication_service_and_delivery_guidance_2014.php
- NICE Guideline: Stop Smoking Interventions and Services, March 2018 (NG92): <https://www.nice.org.uk/guidance/ng92>
- NCSCT Clinical Tools: http://www.ncsct.co.uk/pub_clinical-tools.php

A tier 2 stop smoking intervention consists of 6 one-to-one sessions of behavioural support and advice/ supply of pharmacotherapy, with a minimum of 2 sessions delivered face-to-face (quit date and outcome date). The session delivery should comply with the components of a structured individual stop smoking intervention, as outlined by the National Centre for Smoking Cessation and Training (NCSCT) treatment programme (<http://www.ncsct.co.uk/usr/pdf/NCSCT->

[standard treatment programme.pdf](#)). The time allocated for each session should be as follows:

Session	Minimum time allocated (minutes)
Session 1: Pre-quit	30
Session 2: Quit date	20
Session 3: 1 week post-quit	15
Session 4: 2 weeks post-quit	15
Session 5: 3 weeks post-quit	15
Session 6: 4 weeks post-quit (4-week outcome)	15
Total:	1 hour 50 minutes

Once the smoker has set a quit date and agrees to take part in the behavioural support programme, it is important that they are offered and encouraged to receive weekly support sessions, including carbon monoxide (CO) monitoring and advice on correct and continued use of medication. The client must be advised to have regular contact with the adviser to get the maximum benefit. The number and frequency of sessions should be discussed and agreed with the client to tailor the intervention to their lifestyle and preferences, and a flexible choice of face-to-face or telephone support should be offered.

The focus of the support sessions is to:

- Provide motivation and support
- Supply and advise on correct use of nicotine replacement therapy (NRT)
- Confirm continued abstinence from smoking (sessions 2-6), with CO monitoring where possible

The adviser should discuss what support the client requires after the 4-week quit outcome, to minimise relapse; and may prescribe NRT for a further 6 weeks to minimise the chance of relapse.

A client who is assessed to require intensive behavioural support for longer than 6 sessions and/ or is suitable for using varenicline (instead of NRT) should be referred to Breathe for tier 3 specialist support (see eligibility for tier 3 support on page 7). These referrals can take place after the initial assessment or at any point in the treatment, including if a client requires support or medication after 12 weeks' supply of NRT, or relapses into smoking and is willing to continue with their quit attempt.

Pharmacies are encouraged to develop their own processes for client management to ensure that clients receive a full service and that treatment outcomes are optimised. Regular follow up of clients during the treatment may increase quit rates and reduce lost to follow up rates. All treatment episodes must have an outcome recorded as this

will generate the information from which payment schedules are generated and performance is assessed.

2.2 Nicotine replacement therapy

To minimise the cost for smokers that pay prescription charges, the maximum supply during treatment should be at fortnightly intervals until week 4, after which 4 weeks' supply may be issued, if preferred (see NRT guidance, Appendix 3).

2.3 Carbon monoxide monitoring

The provider should take CO monitor readings at each face-to-face appointment, to monitor continuous abstinence from smoking from the quit date to the 4-week outcome point and achieve a reading of less than 10ppm at 4 weeks (25-42 days) post quit date.

The provider must be responsible for the care and maintenance of a CO monitor loaned from Breathe Stop Smoking Service for the duration of the locally commissioned service.

Monitors will be calibrated annually (if necessary depending on the type of monitor) and there is no cost associated with this service. Breathe will arrange with pharmacies to calibrate the CO monitor on site at the pharmacy or at update or level 2 training events.

The monitor must be returned to Breathe if the service is terminated with no intention of future participation in the local service.

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. If the monitor is damaged or lost while on loan, Breathe will invoice the pharmacy directly for the cost of the repair or the full cost of a replacement monitor if the monitor is beyond repair.

2.4 Recording and Reporting

All clients' treatment should be recorded and reported using the software provided by the commissioner or commissioner's designated agent / representative. Currently the software provided is Quit Manager.

The service delivery model requires the recording of a quit date, pharmacotherapy dispensed, and smoking status 25-42 days after the quit date, which using the software supplied will help to manage.

Best practice advice is that the client receives their intervention in a consultation room while the adviser uses the software to support the intervention and recording process.

The person responsible for recording activity must be conversant with using the software and / or attend training to become proficient, as this will ensure accurate clinical recording, data collection, reporting and reimbursement.

Providers are responsible for ensuring accurate activity recording. This will help pharmacies, Breathe Stop Smoking Service, and Public Health to assess activity, collate and analyse data and provide tailored feedback and support to pharmacies to maximise the quality and outcomes from smoking cessation interventions.

Reimbursement for activity and pharmacotherapy dispensed is dependent on the accurate and timely completion of treatment records, which capture the pharmacotherapy and behavioural support given to each smoker that registers for treatment at the pharmacy.

Treatment records with outcomes i.e. those that have been closed within 25-42 days of the quit date set by the client, will be included in data submissions to NHS Digital, performance reporting to Public Health and to assist with performance management and service improvement by Breathe Stop Smoking Service.

All activity qualifying for payment must be entered onto the Quit Manager database by the end of each calendar month.

It is recommended that NRT dispensed within the last 7 days of the month is entered onto Quit Manager by the last day of each month so that these payments are not rolled over to the following month. This will make it easier to check that payments have been received.

2.5 Prescribing of Varenicline

From February 2016, Islington pharmacists have had the option of prescribing varenicline (brand name: Champix) as an alternative to NRT as part of their stop smoking support. Any pharmacist wishing to supply varenicline can only do so under the Islington Varenicline Patient Group Direction (PGD), for which they are required to attend PGD training and ensure their Level 2 stop smoking training is also up to date.

2.6 Data protection

The provider should ensure the client consents to treatment and consents 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). Consent should be discussed with and obtained from clients and indicated on the data recording software provided.

Consent to share details of treatment for smokers that are registered with an Islington GP should also be sought, but does not exclude the smoker from treatment if not obtained. Details of **consenting** smokers treated in community pharmacy that are also registered with an Islington GP **will** be shared with the GP along with the treatment outcome to ensure records are kept up to date.

The data collected and its use should be explained using a copy of the "Information Leaflet for Service Users" (Appendix 5). It is the responsibility of the Pharmacy to maintain copies of the information leaflet for use in consultations.

3. Eligibility and exclusions

Any smoker aged 13 and over who lives, works or studies in Islington and/or is registered with an Islington GP is eligible to receive the smoking cessation (with NRT provision) locally commissioned service from a community pharmacy.

Any smoker registering for treatment may only be treated in their respective (first contact) borough i.e. a smoker registering in Islington cannot complete their treatment in Camden and vice versa.

Smokers using electronic cigarettes: *if a smoker is assessed as motivated to quit, is seeking cessation support 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 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 advisers prescribe it to smokers who are making a quit attempt until further assessments have been made regarding safety, efficacy and cost effectiveness analysis.

Clients requiring behavioural support after 6 weeks or relapse prevention should be referred for tier 3 specialist support to Breathe Stop Smoking Service T: 020 3633 2609.

3.1 Exclusions

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. Enquirers should be made aware of service options (i.e. three tiers of support to suit individual preference and lifestyle, and different settings, such as GP or community-based clinics) and referred as part of offering patient choice as appropriate.

Young smokers under 13 years of age. These smokers should be referred to their GP for behavioural support to stop smoking.

Smokers with multiple previous quit attempts. Smokers that report 4 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.

Any smoker currently in treatment with another provider may not be issued with NRT, and pharmacies will not be reimbursed for dispensing medication in these cases. The software is configured so that all borough providers (other than those in GP settings) can see minimal client treatment details, sufficient to determine if the smoker is already receiving support elsewhere. The onus is on the pharmacy provider to confirm smoker eligibility prior to dispensing any medication.

4. Requirements to deliver

The service must be supervised by a qualified pharmacist.¹

The setting for the service should be a high street location or popular location with sufficient footfall to maximise access to the service, or be located within the vicinity of a general practice in Camden or Islington, so that registered patients may easily redeem prescriptions for pharmacotherapy for smoking cessation.

The Provider must have a private space for consultations available with an internet connection, for the optimal use of data recording software (currently Quit Manager) and the appropriate provision of behavioural support.

The lead pharmacist will provide assurance through self-declaration that they and their staff understand the legal, regulatory, and good practice aspects of stop smoking support, clinical standards and expectations. They must also be aware and make use of local guidance and resources, and work closely with Breathe Stop Smoking Service which is responsible for ensuring standards for delivery are met and reporting performance from all service providers in the borough.

All staff delivering the smoking cessation locally commissioned service must:

- Have completed Level 2 Stop Smoking Adviser training in Camden or Islington (i.e. had Level 2 face to face smoking cessation training for 1.5 days)

Or,

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

Any new advisers must complete the NCSCT Stop Smoking Practitioner online training module prior to attending local training. http://www.ncsct.co.uk/publication_very-brief-advice.php

Local training will be provided by Breathe Stop Smoking Service.

All staff delivering the smoking cessation LCS must attend annual Level 2 update training (within a year of having last completed training).

The pharmacy Provider is responsible for ensuring that any support staff are aware of the key elements of the service

The Commissioner and Breathe Stop Smoking Service should be notified if the responsible adviser changes role or no longer works for the pharmacy during the term of this agreement.

Pharmacies not previously commissioned or decommissioned for the 2020/21 local commissioned service may be commissioned in 2021/22 on invitation provided they

¹ A Pharmacist must be responsible for supervising the clinical delivery of this local service. The pharmacist and pharmacy must be registered with the General Pharmaceutical Council (GPhC). The Pharmacist must receive training and updates in the clinical and operational aspects of the service as part of their continuing professional development.

are able to demonstrate the strategies that will be in place to address how they will meet the minimum performance criteria.

5. Quality and performance standards

Pharmacies delivering this LCS will be expected to achieve a minimum performance of the following over the length of this agreement:

- Quit rate $\geq 35\%$
- Lost to Follow up² $\leq 20\%$
- Carbon Monoxide (CO) verified quits $\geq 85\%$
- Socio-economic status recording: 100%

The provider must participate in Commissioner, Local Pharmacy Committee or Community service-led evaluations or health promotion activities designed to achieve service improvement or motivate smokers to use commissioned services' support to stop smoking as invited.

Local service activity data, including pharmacotherapy dispensed, is used to complete reports for NHS Digital. It 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 pharmacy will receive performance feedback from Breathe and / or Commissioner no less than quarterly, and may also receive general feedback via Public Health reports to the Local Authority/ CCG.

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.

Any provider not achieving a minimum quit rate of 35% in a year, may be asked to demonstrate how they will improve performance to be eligible to deliver the LCS in subsequent years.

6. Payment

All activity qualifying for payment must be entered onto the Quit Manager database by the end of each calendar month.

Any smoker currently in treatment with another smoking cessation provider should not be issued with NRT, and pharmacies will not be reimbursed for dispensing medication in these cases. The onus is on the pharmacy provider to confirm smoker eligibility prior to dispensing any medication.

At registration the adviser will be prompted to record whether the client is exempt from prescription charges. Where a client is not exempt from prescription charges pharmacists should charge the client the prescription charge and process in line with

² 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.

any other prescription. The software has been configured to deduct the prescription charge for these clients from the overall payment due to the pharmacy.

To minimise the cost for smokers that pay prescription charges, the maximum supply during treatment should be at fortnightly intervals until week 4, after which 4 weeks' supply may be issued, if preferred (see NRT guidance, Appendix 3). (see Payment by Results below).

Pharmacies will be paid for smoking cessation local service activity generated from two areas:

1. **The cost of NRT/ varenicline** supplied (including VAT where applicable)
 - A £1 dispensing fee will be added to the cost of the medication each time varenicline is dispensed. This is in recognition of the additional work required when supplying varenicline in line with PGD requirements.
2. **Payment by Results**

Payments for the activities provided under the locally commissioned service are as follows:

Item	Payment
Assessment, Registration & Quit date set	£10
Outcome: Lost to Follow Up or Still Smoking at 4 weeks/ 25-42 days post quit date	£0
Outcome: Quit at 4 weeks/ 25-42 days post quit date – self reported OR	£20
CO verified quit at 4 weeks/ 25-42 days post quit date	£40 per recorded reading less than 10ppm
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
Disease groups: Respiratory disease, diagnosed Mental Health condition, Diabetes, Hyper-tension, Lung Cancer diagnosis ≤5 years	£25 for any of these diseases/conditions
Minimum amount payable per quitter	£30
Maximum amount payable per quitter	£90

Payment schedules are generated and collated by Breathe Stop Smoking Service for Public Health on a monthly basis. Invoices are not generated by each Pharmacy but calculated by the software on behalf of each provider. Once invoices have been processed onto the Council's finance system, invoices will then be authorised for payment by Public Health. Payment is then made to the Pharmacy within 7-9 working days.

Payment queries: Pharmacies are advised to check that they have recorded activity and treatment accurately before querying payments that may be overdue or inaccurate. Payment queries should be sent to Breathe Stop Smoking Service: Meghna.vithlani@solutions4health.co.uk

7. Review of the Service

Public Health must ensure that the local service is compliant with any guidance issued by DH, NICE or the NCSCT as appropriate, and as such the local service will be revised regularly in line with such guidance as it becomes available.

Public Health will continually review the smoking cessation locally commissioned service to ensure that changes to the local service are informed by best practice to meet the health needs of Camden's and Islington's populations. Commissioner-led in-year updates and notifications will be communicated electronically.

The pharmacy will participate in any Local Authority or Local Pharmaceutical Committee/ Clinical Commissioning Group organised audit of service provision where required and will co-operate with the Local Authorities inspection, monitoring and evaluation procedures which may include inspections to evaluate and/or audit the Service Provider's performance.

The pharmacy will co-operate with any locally agreed Local Authority-led assessment of service user experience.

Contract

Acceptance of Terms: Service Specification for (please tick to indicate borough):

Camden Community Pharmacy, Smoking Cessation Locally Commissioned Service [] or

Islington Community Pharmacy, Smoking Cessation Locally Commissioned Service []

Pharmacy Code: F.....

Name of Pharmacy:

By signing this document, the pharmacy agrees to provide the LCS in accordance with this specification. This document will become part of the contract documentation between Public Health [commissioner] and Pharmacy [provider] to provide the Smoking Cessation NRT Locally Commissioned Service.

I hereby confirm my acceptance of the terms of this Locally Commissioned Service.

Please sign and date below to confirm acceptance:

Signed on behalf of the Pharmacy [provider] by.....

Print name..... Date:

Signed on behalf of Public Health [Commissioner].....

Print name..... Date:

Appendix 1: Equalities and Health Inequalities

- Around a quarter of Islington residents smoke (23%, GP dataset, 2015), approximately 42,994 people aged 16 and over.
- Recent estimates from the national Annual Population Survey 2019 suggest a prevalence of 12.4% in Islington (18 or over).
- Smoking prevalence is highest among the older and most deprived communities in Islington, among people with long-term mental health conditions and certain BAME groups, which, in turn, fuels the inequalities gap.
- The age group with the highest proportion of smokers in Islington for both men and women is 45-59. However, the highest number of smokers are in the 16-34 age group.
- Men are more likely to be current or ex-smokers than women; 28% of men smoke compared to 20% of women (GP dataset, 2015).
- In Islington, White people and those with mixed ethnicity are the groups most likely to smoke (26% and 24% respectively). Black and Asian people are significantly less likely to smoke (18% and 16% respectively are current smokers).
- There is a positive correlation between smoking prevalence and level of deprivation: people living in the more deprived areas in Islington (28%) are more likely to smoke than those living in the least deprived areas (20%).
- Those who have ever smoked are at increased risk of living with a long term condition compared to 'never smokers'. 94% of people with COPD in Islington in 2015 were current or ex-smokers. There is also an increased prevalence of serious mental illness, chronic depression, coronary heart disease and a number of other long term conditions in ever smokers compared to the general population.
- In 2019-20 Islington had a slightly higher proportion of women smoking in pregnancy than London, but significantly lower than England. (5.5% compared to 4.8% in London and 10.4% in England). However, quality issues with the data on smoking at time of delivery mean that the real number of smokers may be higher. In quarter 4 2019/20, 20 pregnant women smoked at time of delivery but a further 128 had no recorded smoking status.
- In 2019/20, half of people (52.5%) who set a quit date in pharmacies and GP practices in Islington were successfully quit at 4 weeks.
- Wider determinants of health such as socioeconomic classification, education and poverty indicate that a cross cutting approach to tobacco control in Islington must be sustained to reduce smoking prevalence.
- For more information please refer to Public Health Intelligence Profile, Smoking in Islington, December 2016, available from:
[https://www.islington.gov.uk/~/_media/sharepoint-lists/public-records/publichealth/qualityandperformance/profiles/20162017/20170302islingtons mokingdemographicsprofile2016.pdf](https://www.islington.gov.uk/~/_media/sharepoint-lists/public-records/publichealth/qualityandperformance/profiles/20162017/20170302islingtons%20mokingdemographicsprofile2016.pdf)

Appendix 2: 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 verification (85% recording threshold)
- Treated Smokers (number accessing the service)
- Final Outcome at 4 weeks post quit date (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: Smoking Cessation and Prescribing guidance 2015: <http://pathways.nice.org.uk/pathways/smoking>
- NICE Guideline: Stop Smoking Interventions and Services, March 2018 [NG92].
<https://www.nice.org.uk/guidance/ng92>
- NICE Varenicline Technology Appraisal: <https://www.nice.org.uk/guidance/ta123>
- [Public Health Intelligence Profile: Smoking in Islington, December 2016:](#)

This smoking cessation locally commissioned service specification was prepared by Camden & Islington Public Health with support from Breathe Stop Smoking Service and Medicines Management for Camden and Islington. It is updated yearly by relevant officers in Public Health.

For any commissioning queries, contact Polly Kwok, Public Health Project Manager, Camden and Islington Public Health on polly.kwok@islington.gov.uk or on 020 7527 3120.

Appendix 3: Public Health Guidance for the Supply of Nicotine Replacement Therapy



Working in partnership

Public Health Guidance for the supply of Nicotine Replacement Therapy Locally Commissioned Service, 2021

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

Clinical Condition	
Indication	<p>Aid to treating tobacco dependence in:</p> <ul style="list-style-type: none">• Clients receiving specialist advice and support from the Community Stop Smoking Service• Clients receiving specialist stop smoking advice and support from pharmacists commissioned to deliver Stop Smoking Services in Camden and Islington
Best practice	<p>There is evidence to support combination NRT dispensing as cost effective and most likely to achieve a positive outcome at 4 weeks post quit date:</p> <p>http://www.ncsct.co.uk/publication_Effectiveness_of_Smoking_Cessation_Services.php</p>
Inclusion criteria	<p>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 up to a maximum of 12 weeks.</p> <p>NRT may be supplied outside the terms of the SPC based on advice from the MHRA http://www.mhra.gov.uk/home/groups/comms-ic/documents/websiteresources/con297583.pdf to: (all SPCs have been updated to include pregnancy and breastfeeding)</p> <ul style="list-style-type: none">• 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 <16 years**
Clients who are under 16 but over 12 years of age require an assessment to ensure that they comply with Fraser Guidelines by following the proforma in appendix 4. 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. Pharmacists must be assured that a client presenting with CVD is stable (physically and medicines prescribed). This should be confirmed by both clinically interviewing the client and reviewing their medication. If the client's status is unclear then exclude and refer on as appropriate.
- **Diabetes**
Clients 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 clients 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**
Clients with thyroid disease, peptic ulcer disease who are not in the exclusion criteria below.

	<ul style="list-style-type: none"> • <i>Amounts to be dispensed</i> <i>The available evidence recommends a combination of transdermal patch plus oral product, although in certain circumstances 2 oral products can be combined.</i>
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Exclusion criteria	<ul style="list-style-type: none"> • Tobacco users not motivated to quit or use NRT • Tobacco users who continue to smoke. • Clients who are under 13 years of age. • Clients with a myocardial infarction (MI), severe dysrhythmia or recent cerebrovascular accident (CVA) in the last 4 weeks. • Clients who have uncontrolled hypertension. • Clients already taking bupropion (Zyban) or varenicline (Champix). • Clients with previous serious reaction to NRT or any of the other ingredients contained in the products, e.g. glue in patch. • <i>Patches only</i> – clients with chronic generalised skin disease such as psoriasis, chronic dermatitis and urticaria; clients who have had a previous reaction to transdermal patches. • <i>Nasal spray only</i> – clients with chronic nasal disorders such as polyposis, vasomotor rhinitis and perennial rhinitis. • Liquorice flavoured products are excluded during pregnancy. <p>Clients 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.</p>
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Action if patient is excluded	Refer to GP or Breathe Stop Smoking Service
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Additional information	<p>Where clients would benefit from more intensive behavioural support refer to Breathe Stop Smoking Service:</p> <p>T: 020 3633 2609</p>
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	E: breathe.team@nhs.net W: www.breathestopsmoking.org
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Refer to doctor	<p>When NRT is thought appropriate but supply through pharmacy is not recommended then the client should be referred to a GP.</p> <p>This might include any of the conditions referred to as exclusion criteria above but also:</p> <ul style="list-style-type: none"> • Clients with serious cardiovascular event/hospitalisation in previous four weeks or uncontrolled hypertension. • Clients taking theophylline (see Drug interactions below). • Where intervention with bupropion or varenicline might be more appropriate. <p><i>This guidance allows the supply of NRT to pregnant smokers who are unable to quit with non-pharmacological interventions. However, before a supply is made the risks and benefits must be discussed with the pregnant smoker. Nicotine is not 100% safe in pregnancy, however, foetal risk is probably lower than that expected with tobacco smoking due to lower plasma nicotine concentration than with inhaled nicotine, no additional exposure to polycyclic hydrocarbons and carbon monoxide, improved chances of quitting smoking by the third trimester.</i></p>
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Drug details	See below
Name, form & strength of medicine	<p>NRT may be supplied in the following forms (all products are GSL)</p> <p>Gum: 2mg and 4mg</p> <p>Patch: 10mg /16 hrs 15mg /16 hrs 25mg / 16 hrs ('Invisipatch') 7mg /24 hrs 14mg /24 hrs 21mg /24 hrs</p> <p>Lozenge: 1mg, 2mg and 4mg</p> <p>Mini Lozenge 1.5mg and 4mg</p> <p>Sublingual Tablet: 2mg</p>

	<p>Inhalator: 15mg / cartridge</p> <p>Nasal spray: 500 micrograms / metered spray</p>
<p>Dosage, Route, Method</p>	<ul style="list-style-type: none"> • <u>Gum</u> <p>Oral administration (as resin). Treatment should be continued for at least 3 months followed by a gradual reduction in dosage if necessary.</p> <p><i>Specific advice to client</i> 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.</p> <p>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.</p> <p>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</p> <p><i>Specific side effects</i> Throat irritation, increased salivation, hiccups.</p> <ul style="list-style-type: none"> • <u>Inhalator</u> <p>Oral administration (nicotine impregnated plug-in mouthpiece) Each cartridge can be used for approximately 3 sessions, with each one lasting approximately 20 minutes.</p> <p>Inhale when urge to smoke occurs. Advise using 6 cartridges (15mg/cartridge) daily for up to 8 weeks (or up to 12 weeks as necessary).</p> <p>Post intervention guidance on dosage: Refer to Breathe Stop Smoking Service: 020 3633 2609, breathe.team@nhs.net</p> <p><i>Specific side-effects</i> Throat irritation, cough, rhinitis, pharyngitis, stomatitis, dry mouth</p> <p><i>Specific advice to client</i></p>

Specific advice to Client

Air should be drawn into the mouth through the mouthpiece. Clients should be warned that the inhalator requires more effort to inhale than a cigarette and that less nicotine is delivered per inhalation. Therefore, the client 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 client to keep them in the case and dispose of them in household rubbish.

- **Lozenge**

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 client has their first cigarette after 30 minutes of waking, the 4 mg lozenge is suitable if the client 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 client

Specific advice to Client

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.

Specific advice to Client

- **Nasal Spray**

Nasal administration (500 micrograms / metered spray).

Apply one spray into each nostril as required up to a maximum of twice per hour, over a 16-hour period (= maximum of 64 sprays daily) for a period of eight weeks (or up to twelve weeks as necessary).

Recommended period of treatment: 3 months

Specific side Effects

Nose and throat irritation, nosebleeds, watering eyes, ear sensations.

Specific advice to Client

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 25, 15, 10

Daily treatment commences with one 25mg patch applied on waking (usually in the morning) and removed 16 hours later. Treatment should continue for 8 weeks (or up to 12 weeks as necessary), with a weaning off period recommended, dependent on progress.

Nicorette Invisipatch 25, 15, 10

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. Clients 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 6 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 clients 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.

Specific advice to Client

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.

Specific advice to Client

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.

- **Sublingual Tablet**

Oral administration (sublingual) – 2mg.

For individuals smoking 20 or less cigarettes daily – 2mg per hour.

For clients 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 clients

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.

As above

<p>Duration of treatment</p>	<p>Maximum length of treatment under this guidance is 12 weeks (most individual Summary of Product Characteristics (SPC) state 12 weeks).</p> <p>https://www.medicines.org.uk/emc</p> <p>All smokers in treatment that may require ongoing support or medication after 12 weeks' supply, must be prepared as part of this treatment for referral to Breathe Stop Smoking Service: 020 3633 2609, breathe.team@nhs.net</p>
<p>Quantity to supply/ administer</p>	<p>Fortnightly supplies to be given for four weeks with the offer of weekly support. Maximum supply is 12 weeks.</p> <p>If the client is successful in stopping smoking at the 4-week outcome point (preferably with carbon monoxide validation) treatment is to be given for another four weeks to maintain abstinence.</p> <p>If the smoker remains abstinent at 8 weeks, additional NRT can be supplied up to a further 4 weeks.</p> <p>If the smoker requires an additional supply of NRT after 12 weeks, refer the client to their GP or contact Breathe Stop Smoking Service to discuss a referral as appropriate.</p> <p>If the smoker is unsuccessful in stopping 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 support options that are available in the borough.</p>
<p>Adverse reaction / side effects</p>	<p>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.</p> <p>Product-specific side effects are detailed in the SPC.</p> <p>Advice to clients should include specific product advice plus the following general advice regarding:</p>
<p>Advice to patient/carer</p>	<ul style="list-style-type: none"> • Client information regarding the treatment given, including person identifiable information will be shared with the Breathe Stop Smoking Service. Anonymised, non-identifiable information will be shared with Camden and

	<p>Islington Public Health. This will be for purposes such as referral, audit, payment or research. Hand out to client the Information Leaflet (Appendix 5) outlining how their information is stored and shared.</p> <ul style="list-style-type: none"> • The client's informed consent must be obtained before information can be stored in the electronic database (currently Quit Managed) or shared. • If there is no informed consent then the client is excluded from the scheme and should be referred back to their GP or 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. • Consent to share details of treatment for smokers that are registered with an Islington GP should also be sought, but does not exclude the smoker from treatment if not obtained. Details of consenting smokers treated in community pharmacy that are also registered with an Islington GP will be shared with the GP along with the treatment outcome to ensure records are kept up to date. • Withdrawal symptoms. • 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, clients 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: <p>NHS Smokefree/ Stop Smoking London Helpline: 0300 123 1044 https://stopsmokinglondon.com/</p>
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<p>Special considerations / additional information</p>	<p>Drug Interactions</p> <p>Tobacco smoking increases the metabolism of theophylline. Thus stopping smoking may cause theophylline plasma levels to rise. Clients taking theophylline should be supplied with NRT as appropriate but the pharmacist should inform their GP of their attempt to stop smoking. Permission to pass this</p>
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	<p>information to the GP will need to be obtained from the client. If the patient refuses consent then refer without supplying NRT.</p> <p>Stopping smoking may alter the circulating drug levels of the following (but not normally enough to cause therapeutic problems):</p> <ul style="list-style-type: none"> - Insulin - Adrenergic agonists and antagonists - Fluvoxamine - Clozapine - Clomipramine - Imipramine - Olanzapine - Flecainide - Tacrine - Pentazocine
Records/audit trail	<p>All client details and treatment sessions conducted including exclusion from prescription charges, the dose, form and quantity of NRT supplied must be recorded using the software provided (currently Quit Manager).</p> <p>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.</p> <p>Referral arrangements (including self-care).</p>

Staff Requirements	
Professional Qualifications	Pharmacists and others trained by Breathe Stop Smoking Service (commissioned by Camden and Islington Public Health) to supply NRT under this guidance and have been accredited in line with National Centre for Smoking Cessation and Training (NCSCT) standards, NICE guidance and Fraser guidelines.
Specialist competencies or qualifications	Has undertaken appropriate stop smoking practitioner (Level 2) training with the NCSCT and local Community Stop Smoking Service, and has been approved to deliver smoking cessation interventions in order to carry out clinical assessments of clients leading to diagnosis that require treatment, according to the indications listed in this guidance. Attends annual Level 2 Local Update training to maintain their skills.
Continuing education & training	The supervising pharmacist should be aware of any change to the recommendations for the medicines listed, and report these to Public Health and the CCG Medicines Management,

	<p>for updating the guidance. It is the responsibility of the individual to keep up-to-date with continued professional development.</p> <p>The supervising pharmacist 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.</p> <p>Level 2 Advisers should attend annual updates delivered by Breathe.</p> <p>Level 2 Advisers are also required to attend any training that may become mandatory (either at national or local level) from changes to the guidance and/or the associated Service Specification and Locally Commissioned Service.</p>
<p>References / Resources and feedback</p>	<p>Please direct feedback specifically relating to information within this NRT guidance to:</p> <p><u>Islington</u> Medicines Management NHS NCL (Islington Directorate) Clinical Commissioning Group 2nd Floor, Laycock Professional Development Centre, Laycock Street London N1 1TH T: 020 3688 2900 Mmt.Islington@nhs.net</p> <p><u>Camden</u> Medicines Management NHS NCL (Camden Directorate) Clinical Commissioning Group 14th Floor Euston Tower 286 Euston Road London NW1 3DP 020 3688 1700 mmt.camdenccg@nhs.net</p> <p><i>References:</i></p> <ol style="list-style-type: none"> 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. NCSCCT service and delivery guidance http://www.ncsct.co.uk/

	<p>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</p>
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Appendix 4: Fraser Guidelines

The legal age of consent for medical treatment is 16 years or over, as determined by Section 8 of the Family Law Reform Act, 1969 (however, it should be noted that a 'child' is defined by the Children Act 1989 as anyone who has yet to reach their 18th birthday). In such cases, there is no legal requirement to obtain consent from a parent or guardian. The question of the rights of children under 16 years of age to consent to treatment on their own behalf was reviewed by the House of Lords, in connection with contraception (*Gillick v West Norfolk and Wisbech Area Health Authority* [1985]). The House of Lords ruled that young people under the age of 16 could give valid consent to medical treatment, as long as they had sufficient understanding and intelligence to appreciate fully what is proposed, and are capable of expressing their own wishes (often referred to as the Fraser ruling). In light of this ruling stated that health professionals should consider the following issues before giving NRT advice/treatment when seeing young people under 16 years of age:

- Whether the young person understands the potential risks and benefits of the treatment and any advice given.
- The value of parental support should be discussed, and health professionals must encourage the young person to discuss their consultation with their parents. Although the health professional is legally obliged to discuss the value of parental support, he/she must respect confidentiality.
- The health professional should take into account whether the young person is likely to continue smoking without treatment.
- The health professional should assess whether the young person's physical and/or mental health will suffer if they do not receive advice or treatment.
- The health professional should consider whether it is in the young person's best interest to receive NRT advice and/or treatment without parental consent.

Fraser guidelines for prescribing to under 16s	Yes	No
Does the young person understand the advice given?		
Parental consent discussed		
Young person is very likely to continue smoking without treatment		
Young person's physical or mental health or both are likely to suffer unless she/he receives treatment		
NRT treatment is in the best interest of the young person		

Appendix 5

INFORMATION LEAFLET FOR SERVICE USERS

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

Pharmacy Name / Stamp / Tel Number

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 that give advice and support to smokers within this service, including this pharmacy, have received training. When you talk to someone in the service about smoking (a stop smoking advisor), 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 advisor 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 and Islington smokers from all backgrounds equally.

Health conditions and prescription medications

Your advisor 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 advisor 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.

Your GP name and contact details

Your pharmacy advisor would like to share information about your stop smoking treatment with your GP, to ensure your records are up to date. In most cases you can receive treatment at this pharmacy, if you do not consent to sharing information with your GP. When it is medically advised, however, your pharmacy advisor may not be able to prescribe stop smoking medications without your permission to inform your GP. This is so your GP can double check that there are no additional reasons why you should not have this medication. If your GP then decides this medication is not for you, your pharmacy advisor will contact you and ask you to stop taking it.

How your information is stored and processed

With your permission, your pharmacy stop smoking advisor 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 pharmacy 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. The paper records held by the pharmacy will be securely destroyed after 10 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 wish to view, amend or delete the paper records that your pharmacy advisor holds about you in relation to stopping smoking, please contact this pharmacy.

If you also wish to view, amend or delete the record that your GP holds about you regarding the medication you are taking to stop smoking, you should contact your GP directly with your request.

Further advice and support

You can contact this pharmacy 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/>