

## SPECIFICATION

<b>Service</b>	<b>Nicotine Replacement Therapy</b>
<b>Council Lead</b>	<b>Paul Gray</b>
<b>Provider Lead</b>	
<b>Commencement Date and Term:</b>	<b>1<sup>st</sup> April 2020 – 31<sup>st</sup> March 2021</b>
<b>Address for Service for Council:</b>	<b>Civic Centre, Regent Street, Gateshead, Tyne and Wear NE8 1HH</b>

### 1. Population Needs

#### National/Local Context and Evidence base

The Council's Thrive agenda expresses the Council's ambitions for the people of Gateshead. In response to having too many people out of work, living in poverty and living shorter lives, the Council pledges to:

- Put people and families at the heart of everything we do
- Tackle inequality so people have a fair chance
- Support our communities to support themselves and each other
- Invest in our economy to provide sustainable opportunities for employment, innovation and growth across the borough
- Work together and fight for a better future for Gateshead

The Joint Strategic Needs Assessment (JSNA) for Gateshead assists in identifying the key features facing people in Gateshead. The JSNA identifies key strategic priorities to improve the health and wellbeing of our population:

- Gateshead has an adult population of around 26,831 smokers, or 16.5% of those aged eighteen years and over (ONS, November 2018).
- Local survey data highlights wide variations across Gateshead, with highest smoking rates in the most deprived areas.
- Nearly a quarter of adults in routine and manual occupations smoke
- Smoking remains the single greatest contributor to health inequalities and premature death and disease in Gateshead
- Over 437 Gateshead residents die every year from smoking related illnesses – around one death every 20 hours.

Smoking is the single largest cause of preventable mortality in England. This is recognised in the Government's Public Health White Paper 'Healthy lives, healthy people', which states that 'reducing smoking rates represents a huge opportunity for public health.'

Reducing smoking prevalence is identified as a key outcome in the Public Health Outcomes Framework and local prevalence remains above the national average.

NICE guidance clearly identifies a number of effective stop smoking interventions for everyone involved in, or responsible for stop smoking services, including brief

intervention, individual behavioural counselling, group behaviour therapy, pharmacotherapy, self-help materials, telephone counselling and quit lines.

The Provider must work with the Council to deliver Services in line with all National Standards including:

- DoH Excellence in Tobacco Control – 10 High Impact Changes to Achieve Tobacco Control
- National Centre for Smoking Cessation and Training Local Stop Smoking Services: Services and delivery guidance (2014)
- Healthy lives, healthy people: Improving outcomes and supporting transparency – Public Health Outcomes Framework (January 2012)
- Healthy lives, healthy people White Paper: Update and way forward (July 2011)
- Stop smoking interventions and services – NICE guideline 92, 2018
- NCSCT Electronic cigarettes: A briefing for stop smoking services [http://www.ncsct.co.uk/publication\\_electronic\\_cigarette\\_briefing.php](http://www.ncsct.co.uk/publication_electronic_cigarette_briefing.php)

## 2. Key Service Outcomes

- Contribute to a reduction in smoking prevalence in Gateshead
- Contribute towards the key service outcomes in the Council's Stop Smoking Service and support the delivery of that service.

## 3. Scope

### 3.1 Service Model

All Pharmacies are contracted by NHS England to provide essential services to all their service users. This Service Specification for Nicotine Replacement Therapy (NRT) outlines the more specialised Services to be provided under this Contract. The Specification of this Service is designed to cover aspects of the provision of NRT beyond the scope of essential services. No part of the Specification by commission, omission or implication defines or redefines essential services and this Specification shall only apply to the provision of NRT Service.

### 3.2 Aims and objectives of Service

The primary role of the Provider in delivering this Service is to provide NRT via a voucher scheme to those smokers attempting to quit. The Service the Provider is to deliver will also contribute to reduction in harm from tobacco and to the achievement of local and national targets as outlined below:

- To improve access to and choice of pharmacological smoking cessation aids.
- To assist in the delivery of the Council's smoking cessation targets to contribute to the Council target of individuals stopping smoking at 4 weeks.
- To provide smoking cessation services to 5% of local smokers each year

- To help reduce smoking prevalence to 5% in Gateshead by 2025
- To reduce smoking prevalence in the following priority groups:
  - pregnant women
  - people with long term conditions (including cardiovascular disease, type 1 diabetes, asthma and chronic obstructive pulmonary disease)
  - people with mental health problems
  - black, Asian and minority ethnic communities
  - lesbian, gay, bisexual and transgender communities
  - young people
  - smokers who through the NHS Health Checks Programme are identified as being at higher risk of developing cardiovascular disease
  - those living on a low income
  - the homeless
  - people living with disabilities
  - Armed forces veterans

The Objectives of this Service are to:

- Provide NRT via a voucher scheme.
- Develop a network of accredited pharmacists offering an easily accessible means of dispensing NRT products.
- To provide the Service User with the recommended course of NRT in 1 week supplies for the first 2 weeks (2 x 1 week voucher for NRT for the first 2 weeks).
- To provide the Service User with the remaining supply 5 x 2 week periods (maximum 12 weeks supply in total) should the Service User have remained smoke free.

### **General Medicines Management**

The Provider must:

- Only recommend pharmacological treatments that are recommended by NICE technology appraisals.
- Not offer pharmacological treatments that have not been approved for use in Gateshead.
- Not offer pharmacotherapy outside its product licence.
- Not offer pharmacotherapy that is clinically inappropriate for the Service User.
- Maintain a record of all pharmacotherapy e.g. by retaining a copy of the relevant Service User monitoring form or entering a record on the GP clinical system or patient medication record.
- Complete a Yellow Card if an adverse reaction is reported by a Service User. (<http://yellowcard.mhra.gov.uk>)

### **3.3 Service description/pathway**

## **Voucher of Recommendation (referral procedures for NRT)**

The voucher of recommendation will have been issued by a trained stop smoking advisor (not an element of this Service) to Service Users motivated to stop smoking.

Vouchers (see Appendix A) will have been issued in line with the 'Guidance for people providing a Stop Smoking Service' (See Appendix B).

Eligibility Criteria for access to the NRT voucher scheme are:

- Service Users **must** be attending stop smoking services delivered by a trained stop smoking advisor.
- Service Users **must** have been provided with a voucher of recommendation by their stop smoking advisor.

The Voucher is to have been completed by the stop smoking advisor indicating a recommended course of NRT for a one or two-week period (a total of 7 Vouchers can be issued to the Service User). The stop smoking advisor must retain notes of the recommended NRT in the Service Users' records.

The Service User will have been provided with a voucher of recommendation and advised of the participating NRT supplying pharmacies.

## **Supply of NRT (Pharmacists Only)**

The following criteria apply to the dispensing of NRT:

The Service User may initially present the voucher at any commissioned pharmacy within the Gateshead area. The Service User may be encouraged on the grounds of continuity to have the remaining vouchers dispensed at the same pharmacy but ultimately the Service User has the choice to continue the supply at an alternative participating pharmacy.

The Service User is to complete the relevant section of the voucher and pay the appropriate fee to the Provider if they are not eligible for free prescriptions. Should the Service User receive free prescriptions the appropriate NHS Point of Dispensing checks **must** be undertaken before the NRT product is dispensed by the Provider and the appropriate section of the voucher completed.

The Service User must be present to collect the initial supply of NRT to enable the Provider's pharmacist to make an initial assessment of the suitability of supply.

The clinical responsibility for issuing the product rests with the Provider's pharmacist; the final choice is at the discretion of the Provider's pharmacist. The Provider can use their own discretion to refuse the dispensing of NRT if in their own clinical judgement it is not deemed suitable to dispense any form of NRT. Should a refused person wish to challenge the decision to refuse, the Provider is to refer that person to their stop smoking advisor for further advice.

All supplies of NRT must be recorded on the Service User's medication record (PMR) held at the pharmacy. The product supplied must be labelled in accordance with the requirements of the Medicines, Ethics and Practice Guidance, as published by The General Pharmaceutical Council UK.

The Provider must complete the relevant sections on the voucher detailing the product supplied, the pharmacy name and account number. **It is essential that all relevant sections are completed. Failure to do so will delay payment to the Provider.**

NRT must be dispensed in accordance with 'Guidance for people providing a Stop Smoking Service' (See Appendix B).

The Provider must retain the NRT voucher for audit inspection purposes for 6+1 years.

### **3.4 Population covered**

The Service will be available to anyone aged 12 and over who lives or works within the boundary of Gateshead.

### **3.5 Any acceptance and exclusion criteria**

The Service is to be provided within the locality of Gateshead, within the full Provider's full opening hours.

### **3.6 Interdependencies with other services**

The Provider is expected to work closely with the Council's Public Health Team to ensure that all voucher claims are processed appropriately.

The Provider may also offer a stop smoking service commissioned by the Council if they have applied to do so. This service is governed by a different service specification.

### **Service Promotion**

- Every contact with Service Users is also a health improvement contact and the Provider should emphasise the benefits of stop smoking and smokefree environments, using nationally branded and listed materials.
- The Provider should promote Local and National events such as No Smoking Day and Stoptober. The promotional materials for these events will be provided through the Council's Public Health Team and/or other agencies i.e. Public Health England.
- If the Provider also delivers NHS Health Checks they must ensure that Service Users who are identified as wanting to quit smoking during their check are offered support under the terms of this Contract.
- Localised promotional materials will be available from the Council's Public Health Team for display by the Provider. This will include access to other

lifestyle services available to people in Gateshead.

- The Provider will work with the Council's Public Health Team to support local marketing campaigns.

## 4. Applicable Service Standards

### 4.1 Applicable national standards

NICE PH1: Brief interventions and referral for smoking cessation

NICE PH5: Workplace interventions to promote smoking cessation

NICE PH6: Behavioural Change

NICE PH10: Smoking cessation services in primary care, pharmacy, local authorities and workplaces, particularly for manual working groups, pregnant women and hard to reach communities

NICE PH15: Identifying and supporting people most at risk of dying prematurely

NICE PH26: Quitting smoking in pregnancy and following childbirth

NICE PH39: Smokeless tobacco cessation: South Asian Communities

NICE PH45 Tobacco Harm Reduction

NICE PH48 Smoking cessation - acute, maternity and mental health services

NICE quality standard QS43 Smoking: supporting people to stop

NICE quality standard QS82 Smoking: reducing and preventing tobacco use

NICE guideline 92: Stop smoking interventions and services

The Provider and the Active Intervention Advisor are expected to maintain National Centre for Smoking Cessation and Training standards and competencies, including Local Stop Smoking Services Service and Delivery Guidance (2014)".

[http://www.ncsct.co.uk/publication\\_telephone-counselling-for-smoking-cessation-review.php](http://www.ncsct.co.uk/publication_telephone-counselling-for-smoking-cessation-review.php)

### 4.2 Applicable local standards

Guidance for people providing a 'Stop Smoking Service' on the Recommendation and Supply of 'Stop Smoking Medicines ( Appendix B) and Stop smoking product Guide (Appendix C)

**APPENDIX A**

**NRT Voucher of Recommendation**



<b>Patient Details:</b>			
Forename(s): _____ Surname: _____			
Date of Birth: _____ Age: _____			
Address: _____			
G.P. Practice: _____ Address: _____			
Is the patient pregnant? <b>yes / no / n/a</b>			
<b>Recommended by:</b>			
<b>If pregnant:</b> The risks and benefits of using NRT during pregnancy have been discussed with this patient <span style="float: right;"><b>yes / no</b></span>			
Advisor Name: _____ Voucher No. _____ of 7			
Contact Number: _____ Week No: _____ of 12			
Organisation name and address: _____			
_____ Date: _____			
<b>Product(s):</b>			
Product	Strength	Pack Size	Number of Packs
NRT Patch			
NRT Lozenge			
NRT Microtab			
NRT Gum			
NRT Mouth Spray			
NRT Inhalator			
NRT Nasal Spray			
<b>Other:</b>			
Form FPP2 - <b>G</b> <span style="border: 1px solid black; padding: 2px 10px;">00000</span>			

LP122430

**PHARMACY USE ONLY**

<b>Supplied by:</b>	
Signature: _____ Name: _____ Date: _____ Tel.: _____	<b>Pharmacy stamp</b>

**Don't pay - Indicate exemption category (put X mark)**

- A  is 60 years of age or over or is under 16 years of age
- B  is 16, 17 or 18 and in full time education
- C  is 60 years of age or over
- D  Maternity exemption certificate
- E  Medical exemption certificate
- F  Prescription prepayment Certificate (PPC)
- G  Prescription exemption certificate issued by Ministry of Defence
- L  HC2 (full help) certificate
- H  Income Support (IS) or Income-related Employment and Support Allowance (ESA)
- K  Income-based Jobseeker's Allowance (JSA)
- M  Tax Credit exemption certificate
- S  Pension Credit Guarantee Credit (including partners)
- U  Universal Credit and meets the criteria

**Payment:** I have paid £

**I am the:** Patient  Patient's representative

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Address if different from above: \_\_\_\_\_

**For Pharmacy use only**  
Cross if evidence of exemption not seen?

## APPENDIX B

Guidance for people providing a 'Stop Smoking Service' on the Recommendation and Supply of 'Stop Smoking Medicines' 2014), [http://www.ncsct.co.uk/usr/pub/LSSS\\_service\\_delivery\\_guidance.pdf](http://www.ncsct.co.uk/usr/pub/LSSS_service_delivery_guidance.pdf)

### Overview

#### 1.1 Intended users

This guidance should be used to support the decision-making process of Stop Smoking Advisors and NRT and pharmacological treatment suppliers when recommending, prescribing or supplying medicines to support stop smoking attempts.

The guidance is intended to cover the Gateshead local authority area.

The guidance is to support the use of medicines, **not alone**, but in conjunction with an evidence based stop smoking support programme delivered by a Stop Smoking Advisor commissioned by Public Health within Gateshead Council.

The guidance therefore relates to the Stop Smoking Service and is not intended to support potential reduction in smoking or periods of abstinence.

#### 1.2 Guidance covers

Medicines only and should be used following appropriate training and in conjunction with Summary of Product Characteristics (SPCs) and Patient Information Leaflet (PILS).

It is the responsibility of the Stop Smoking Advisor to ensure that they have an appropriate knowledge of all products available so that they are able to support the Service User in making an informed choice about their treatment. This includes, for example, potential side effects, contraindications, cautions and drug interactions.

#### 1.3 Concerns

If the Stop Smoking Advisor has any concerns relating to the provision of medicines, or the health or wellbeing of a Service User, then they should be referred to an appropriate healthcare practitioner, normally the Service Users GP.

#### 1.4 Exclusion

The guidance is not intended to remove clinical responsibility for the recommending, prescribing and supply of medicines to support stop smoking attempts.

This guidance does not cover

- The support that is offered in conjunction with medicines
- The process of supply that is employed
- Medicines recommended, prescribed or supplied for reasons other than a stop smoking attempt

#### 1.5 Recommending - for prescription only medicines (varenicline or bupropion)

In making a recommendation to a healthcare practitioner (normally a GP or NMP) to supply a prescription only medicine (POM), it should be remembered that there is a clinical responsibility associated with writing a prescription. It should therefore **not** be assumed that this recommendation will be accepted by the person taking the responsibility for the generation of the prescription. **This should be made explicit to the Service User at the time of recommendation.**

#### 1.6 Prescribing

The prescriber has clinical responsibility for the generation of the prescription and may choose not to generate a prescription for a Service User.

## 1.7 Supply

The supplier, being the pharmacist, has clinical responsibility for the supply of the medicine and retains the right not to dispense a medicine. There would normally be a reason for not dispensing a product and the reason would be made clear to the Service User. The reason will also be communicated to the Stop Smoking Advisor who made the request to supply. (This would normally be by phone) The potential for the pharmacist to decline to dispense should be made explicit to the Service User at the time of generation of a voucher or prescription unless the voucher or prescription has been generated with full access to the patient's notes and / or medical history, including concurrent medicines.

## 1.8 All practitioners should

- **Not** generate a voucher, request a prescription to be generated, prescribe or supply a medicine if they feel that the process is outside their own area of competence.
- **Not** submit to pressure from Service Users, or other practitioners, to generate a voucher, request a prescription to be generated, write a prescription or make supply of a medicine.
- **Ensure** that they have an appropriate level of indemnity insurance to cover them for their role within the Stop Smoking Service

## 1.9 Updates and CPD

All practitioners are responsible for ensuring that they are fully aware of the content of the SPCs and the implications of the content on their recommendations

## 2 NICE Guidance & Gateshead Council Guidance on Choice of Medicine

### 2.1 NICE (Public health Guidance 10, February 2008)

States that Stop Smoking advisers and healthcare professionals may recommend and prescribe nicotine replacement therapy (NRT), varenicline (Champix®) or bupropion (Zyban®) as an aid to help people to quit smoking, along with giving advice, encouragement and support, or referral to a Stop Smoking Service.

NICE states that one medication should not be favoured over another and that the Service User should be involved in the choice. However, before recommending, prescribing or supplying a treatment, the following should be taken onto account

- The person's intention and motivation to quit
- How likely it is they will follow the course of treatment
- Which treatments the individual prefers
- Whether they have attempted to stop before (and how)
- Their previous experience of stop smoking aids
- **If there are medical reasons why they should not be prescribed particular pharmacotherapy (medicine)**
- **Contraindications highlighted within the product licensing documentation of the pharmacological agents (medicines)**
- **The potential for adverse events associated with the pharmacological agents**
- **Potential drug interactions with other medicines, prescribed or OTC (over the counter,) that the Service User may be taking**

NRT, varenicline (Champix®) or bupropion (Zyban®) should be recommended, prescribed or supplied as part of an abstinent-contingent treatment, in which the smoker makes a commitment to stop smoking on or before a particular date (target stop date).

## **2.2 Combinations**

Consider offering a combination of nicotine patches and another form of NRT (such as gum, inhalator, lozenge or nasal spray) to people who

- show a high level of dependence on nicotine or
- who have found single forms of NRT inadequate in the past

However, varenicline (Champix®) or bupropion (Zyban®) should not be offered in any combination. Further information relating to combinations can be found in Appendix 1

## **2.3 Supply**

The initial supply of medicines should only last until 1 week after the quit date. The second supply should supply a further one week.

Further recommendations, prescribing or supply should be for a maximum of 2 weeks provided that the Service User has demonstrated, on re-assessment, that their quit attempt is continuing.

The Stop Smoking Service supports Service Users for 12 weeks; this includes the facilitation of supply of medicines.

Towards the end of the 12 week period of support it may be that, in exceptional circumstances, there are Service Users who have maintained abstinence for almost 12 weeks but who are not yet able to cope without the support of medicines.

In these circumstances an extended period of medicines support may be requested, provided that this extension falls within the product licence of the agent being utilised by the patient.

It is considered that an extension of medicines support, for Service Users who have been abstinent for three months, is appropriate when weighed up against the potential for the Service User to recommence smoking and when the risks of smoking are weighed up against the risks, and potential benefits, of continuation of treatment.

It is usual for Service Users requiring support for more than 12 weeks to be referred to a healthcare professional.

In addition to this, provision of treatment beyond 12 weeks is outside the terms and conditions outlined within the Contract for Stop Smoking Services. Therefore, if it is envisaged that if a Service User may require treatment beyond 12 weeks via the voucher scheme the Council should be contacted in advance of the provision for authorisation to supply. (0191 433 2929).

**If a smoker's attempt to quit is unsuccessful further attempts may be supported.**

## **2.4 Reporting Side Effects and 'Yellow Card Scheme'**

Any side effects that the Service User experiences should be reported using the 'Yellow Card Scheme'. This can be done directly to the CSM (Committee on the safety of Medicines) using the yellow cards found at the back of the BNF (British National Formulary) or on line at <http://yellowcard.mhra.gov.uk/>

Advisors who are not in a position to report directly should seek advice from their line manager or the person responsible for the delivery of the stop smoking service within their organisation (this would normally be the contractor who has signed the contract for the service or their deputy)

Service Users may also report any side effects or on line at <http://yellowcard.mhra.gov.uk/>  
Further information relating to the Yellow card Scheme can be found at <http://yellowcard.mhra.gov.uk/>.

**Any risks that may be associated with NRT are substantially outweighed by the well established dangers of continued smoking.**

Users should stop smoking completely during therapy with NRT. They should be informed that if they continue to smoke while using NRT, they may experience increased adverse effects, including cardiovascular effects. (i.e. effects on the heart and circulation)

NICE has published further guidance on 'quitting smoking in pregnancy and following childbirth' (June 2010).

### **3 Useful Phone Numbers**

Paul Gray  
Commissioner of Stop Smoking Service                      0191 433 2929  
Council Public Health Team

## APPENDIX C

### Stop Smoking Product Guide

Treatment Options		Assessing dependence	
<p><b>Varenicline (Champix)</b> Prescription only</p> <p>0.5mg/1mg (If patient experiences sickness remain at 0.5mg)</p> <p><b>Treatment period</b> 12 weeks</p> <p><b>Dependency (fagerstrom score)</b> Titration is required to optimal dose Days 1-3 0.5mg once daily Days 4-7 0.5mg twice daily Weeks 2-12 1mg twice daily Set quit day between day 8 - 14</p> <p>The dose can be reduced to 500 micrograms (0.5mg) twice daily in those who do not tolerate the 1mg dose. Another twelve weeks of treatment can be given to abstinent individuals to reduce the risk of relapse, at the discretion of the GP.</p> <p><b>Advantages</b> Blocks nicotine receptors, reducing cravings and pleasure from smoking.</p> <p><b>Disadvantages</b> Should be used with care in patients with history of a depression. Can cause sickness and drowsiness and dizziness. No licence for under 18 yrs. Not for use in pregnancy, breastfeeding or renal failure. Cautioned with epilepsy. Close monitoring of patients is recommended (particularly those on anti psychotic medication).</p> <p><b>Available Products</b> 0.5, 1mg</p>	<p><b>Zyban (Bupropion)</b> Prescription only</p> <p>150mg tablet</p> <p><b>Treatment period</b> 7-9 weeks</p> <p><b>Dependency (fagerstrom score)</b> One 150mg tablet to be taken for the first 6 days, followed by 2 tablets per day for the following 6 to 8 weeks (with at least 8 hours between each tablet). A quit date should be set for between day 11 and 14.</p> <p><b>Note:</b> Patient can drop to one tablet per day if they are experiencing side effects.</p> <p><b>Advantages</b> Proven to be effective medication with long-term abstinence rates doubled compared to placebo.</p> <p><b>Disadvantages</b> Many possible contraindications and side effects including drowsiness, dry mouth, insomnia and headaches. Not to be prescribed for use in pregnancy or breast feeding, under 18's, history of liver disease, kidney disease, eating disorders, head injury, seizure risk</p> <p><b>Available Products</b> 0.5, 1mg</p>	<p><b>Fagerström test for smoking dependency</b></p> <p>How soon after waking up do you smoke your first cigarette?</p> <p>Do you find it difficult not to smoke in places where smoking is not allowed (e.g., hospital, cinema, train)?</p> <p>Which cigarette would you find hardest to give up?</p> <p>How many cigarettes do you smoke in a typical day?</p> <p>Do you smoke more frequently during the few hours after waking than the rest of the day?</p> <p>Do you smoke if you are so ill that you are in bed most of the day?</p>	<p><b>Score</b></p> <p>a) Within 5 minutes 3 b) 6-30 minutes 2 c) 31-60 minutes 1 d) After 60 minutes 0</p> <p>a) Yes 1 b) No 0</p> <p>a) The first one in the morning 1 b) Any other 0</p> <p>a) 31 or more 3 b) 21-30 2 c) 11-20 1 d) 10 or less 0</p> <p>a) Yes 1 b) No 0</p> <p>a) Yes 1 b) No 0</p> <p><b>Scoring</b></p> <p>0-2 Very low dependence 3-4 Low dependence 5 Medium dependence 6-7 High dependence 8-10 Very high dependence</p> <p> Produced by Gateshead Council   1465-SS-Sept17</p>

## Treatment Options Table illustrating NRT VS dependency

Treatment option	NRT PATCH for single use or as first product when used as a dual therapy	NRT Lozenge & NRT Mini lozenge for single use (max dose of 15 pieces per day)	NRT Lozenge & NRT Mini lozenge when used as a second product (max dose of 15 pieces per day)	NRT Inhalator for single use (max dose 6 cartridges per day)
<b>NRT Available</b>	25/15/10mg 16hr patch 21/14/7mg 24 hr patch	4mg/2mg/1mg (Lozenge) 4mg/1.5mg (Mini lozenge)	4mg/2mg/1mg (Lozenge) 4mg/1.5mg (Mini lozenge)	15mg
<b>Dependency (Fagerström score)</b>  Please note: <b>All doses shown are per day</b>  <b>Treatment period: 12 weeks</b>	Weeks 1-4 <b>Very high / high</b> 25mg/21mg 1 per day <b>Medium</b> 25mg/21mg 1 per day <b>Low/very low</b> 15mg/14mg 1 per day  Weeks 5-8 <b>Very high / high</b> 15mg/14mg 1 per day <b>Medium</b> 15mg/14mg 1 per day <b>Low/very low</b> 10mg/7mg 1 per day  Weeks 8-12 <b>Very high / high</b> 10mg/7mg 1 per day <b>Medium</b> 10mg/7mg 1 per day <b>Low/very low</b> 10mg/7mg 1 per day	Weeks 1-4 <b>Very high / high</b> 4mg/ 12-15 pieces <b>Medium</b> 4mg/ 8-15 pieces <b>Low/very low</b> 2mg /1.5mg 8-12 pieces  Weeks 5-8 <b>Very high / high</b> 4mg/8-12 pieces <b>Medium</b> 4mg/8-10 pieces <b>Low/very low</b> 2mg/1.5mg 6-10 pieces  Weeks 8-12 <b>Very high / high</b> 4mg/ 1-6 pieces <b>Medium</b> 4 mg / 1-5 pieces <b>Low/very low</b> 2mg/1.5mg 1- 5 pieces	Weeks 1-4 <b>Very high / high</b> 4mg/ 8-12 pieces <b>Medium</b> 2mg/1.5mg 8-12 pieces <b>Low/very low</b> 2mg/1.5mg 3-6  Weeks 5-8 <b>Very high / high</b> 4mg/ 4-8 pieces <b>Medium</b> 2mg/1.5 mg 4-8 pieces <b>Low/very low</b> 2mg/ 1.5mg 1-4 pieces  Weeks 8-12 <b>Very high / high</b> 4mg/ 1-6 pieces <b>Medium</b> 2mg/1.5mg 1-6 pieces <b>Low/very low</b> None	Weeks 1-4 <b>Very high / high</b> Not suitable <b>Medium</b> 6 cartridges per day <b>Low/very low</b> 3-6 cartridges per day  Weeks 5-8 <b>Very high / high</b> Not suitable <b>Medium</b> 3-5 cartridges per day <b>Low/very low</b> 2-4 cartridges per day  Weeks 8-12 <b>Very high / high</b> Not suitable <b>Medium</b> 1-4 cartridges per day <b>Low/very low</b> 1-2 cartridges per day
<b>Advantages</b>	Easy to use with excellent safety and tolerability profile.	Minis more discreet than the standard lozenge. Fast acting	Easy to regulate dose,could prevent over eating; helpful with cravings; sugar free.	Helps to keep hands/ mouth busy.
<b>Disadvantages</b>	Localised itching/ discomfort may occur at first but should fade. 24 hour patches may cause sleep disturbance.	Stomach upset; stinging in mouth; hiccups; localised irritation. Large lozenge-high sodium content, bulky.	Stomach upset; stinging in mouth; hiccups; localised irritation. Large lozenge-high sodium content, bulky.	Most effective if used with shallow puffing action. Not to be inhaled into the lungs.
<b>Available Products</b>	NRT 16 hour patch: 7 pack NRT 24 hour patch: 7 pack	Lozenge 4mg, 2mg, 1mg pack of 96 or 72 Mini lozenge 4mg, 1.5mg pack of 60	Lozenge 4mg, 2mg, 1mg pack of 96 or 72 Mini lozenge 4mg, 1.5mg pack of 60	Pack of 20, 36

NRT Inhalator when used as a second product (max dose 6 cartridges per day)	NRT Microtab for single use (max dose 40 pieces per day)	NRT Microtab when used as a second product (max dose 40 pieces per day)	NRT Nasal Spray for single use (max dose 32 doses/64 sprays per day)	NRT Nasal Spray when used as a second product (max dose 32 doses/64 sprays per day)
15mg	2mg	2mg	Nicotine 10mg mitred spray	Nicotine 10mg mitred spray
<p>Weeks 1-4</p> <p><b>Very high / high</b> 4-6 cartridges per day <b>Medium</b> 2-4 cartridges per day <b>Low/very low</b> 1-3 cartridges per day</p> <p>Weeks 5-8</p> <p><b>Very high / high</b> 3-5 cartridges per day <b>Medium</b> 2-3 cartridges per day <b>Low/very low</b> 1-2 cartridges per day</p> <p>Weeks 8-12</p> <p><b>Very high / high</b> 1-4 cartridges per day <b>Medium</b> 1-2 cartridges per day <b>Low/very low</b> None</p>	<p>Weeks 1-4</p> <p><b>Very high / high</b> 30-40 pieces per day <b>Medium</b> 20-25 pieces per day <b>Low/very low</b> 12-15 pieces per day</p> <p>Weeks 5-8</p> <p><b>Very high / high</b> 20-30 pieces per day <b>Medium</b> 10-20 pieces per day <b>Low/very low</b> 7-12 pieces per</p> <p>Weeks 8-12</p> <p><b>Very high / high</b> 1-15 pieces per day <b>Medium</b> 1-8 pieces per day <b>Low/very low</b> 1-5 pieces per day</p>	<p>Weeks 1-4</p> <p><b>Very high / high</b> 20-30 pieces per day <b>Medium</b> 15-25 pieces per day <b>Low/very low</b> 5-10 pieces per day</p> <p>Weeks 5-8</p> <p><b>Very high / high</b> 15-25 pieces per day <b>Medium</b> 5-15 pieces per day <b>Low/very low</b> 3-7 pieces per day</p> <p>Weeks 8-12</p> <p><b>Very high / high</b> 1-15 pieces per day <b>Medium</b> 1-10 pieces per day <b>Low/very low</b> 0-3 pieces per day</p>	<p>Weeks 1-4</p> <p><b>Very high / high</b> 20-32 doses/40-64 sprays <b>Medium</b> 10-20 doses/20-40 sprays <b>Low/very low</b> Not suitable</p> <p>Weeks 5-8</p> <p><b>Very high / high</b> 10-20 doses/20-40 sprays <b>Medium</b> 5-10 doses/10-20 sprays <b>Low/very low</b> Not suitable</p> <p>Weeks 8-12</p> <p><b>Very high / high</b> 3-10 doses/6-20 sprays <b>Medium</b> 1-5 doses/2-10 sprays <b>Low/very low</b> Not suitable</p>	<p>Weeks 1-4</p> <p><b>Very high / high</b> 5-20 doses/10-40 sprays <b>Medium</b> Not suitable <b>Low/very low</b> Not suitable</p> <p>Weeks 5-8</p> <p><b>Very high / high</b> 3-15 doses/6-30 sprays <b>Medium</b> Not suitable <b>Low/very low</b> Not suitable</p> <p>Weeks 8-12</p> <p><b>Very high / high</b> 1-15doses/2-10 sprays <b>Medium</b> Not suitable <b>Low/very low</b> Not suitable</p>
Helps to keep hands/ mouth busy.	Can be used discretely; easy to adjust dose; very few side effects.	Can be used discretely; easy to adjust dose; very few side effects.	Works quickly and easy dose adjustment.	Works quickly and easy dose adjustment.
Most effective if used with shallow puffing action. Not to be inhaled into the lungs.	Stomach upset, stinging in mouth; hiccups, localised irritation.	Stomach upset, stinging in mouth; hiccups, localised irritation.	May cause sneezing and irritation at first, runny nose, watering eyes.	May cause sneezing and irritation at first, runny nose, watering eyes.
Pack of 20, 36	2mg Microtab pack of 100	2mg Microtab pack of 100	10mg Nasal Spray (200 sprays per bottle)	10mg Nasal Spray (200 sprays per bottle)

NRT QuickMist for single use (max dose 32 doses/ 64 sprays per day)	NRT QuickMist when used as a second product (max dose 32 doses/ 64 sprays per day)	NRT Gum for single use (max dose of 15 pieces per day)	NRT Gum when used as a second product (max dose of 15 pieces per day)
13.2ml spray	13.2ml spray	4mg/2mg/1mg	4mg/2mg/1mg
<p>Weeks 1-4 <b>Very high / high</b> 20-32 doses/40-64 sprays <b>Medium</b> 10-20 doses/20-40 sprays <b>Low/very low</b> Not suitable</p> <p>Weeks 5-8 <b>Very high / high</b> 10-20 doses/20-40 sprays <b>Medium</b> 5-10 doses/10-20 sprays <b>Low/very low</b> Not suitable</p> <p>Weeks 8-12 <b>Very high / high</b> 3-10 doses/6-20 sprays <b>Medium</b> 1-5 doses/2-10 sprays <b>Low/very low</b> Not suitable</p>	<p>Weeks 1-4 <b>Very high / high</b> 5-20 doses/10-40 sprays <b>Medium</b> 4-15 doses/8-30 sprays <b>Low/very low</b> Not suitable</p> <p>Weeks 5-8 <b>Very high / high</b> 3-15 doses/6-30 sprays <b>Medium</b> 2-10 doses/4- 20 sprays <b>Low/very low</b> Not suitable</p> <p>Weeks 8-12 <b>Very high / high</b> 1-15doses/2-10 sprays <b>Medium</b> 0-5 doses/0-10 sprays <b>Low/very low</b> Not suitable</p>	<p>Weeks 1-4 <b>Very high / high</b> 4mg/ 12-15 pieces <b>Medium</b> 4mg/ 8-15 pieces <b>Low/very low</b> 2mg/ 8-12 pieces</p> <p>Weeks 5-8 <b>Very high / high</b> 4mg/8-12 pieces <b>Medium</b> 4mg/8-10 pieces <b>Low/very low</b> 2 mg/6-10 pieces</p> <p>Weeks 8-12 <b>Very high / high</b> 4 mg/1-6 pieces <b>Medium</b> 4mg/1-5 pieces <b>Low/very low</b> 2 mg/1-5 pieces</p>	<p>Weeks 1-4 <b>Very high / high</b> 4mg/ 12-15 pieces <b>Medium</b> 2mg/ 8-12 pieces <b>Low/very low</b> 2mg/ 4-8 pieces</p> <p>Weeks 5-8 <b>Very high / high</b> 4mg/8-12 pieces <b>Medium</b> 2mg/4-8 pieces <b>Low/very low</b> 2 mg/1-6 pieces</p> <p>Weeks 8-12 <b>Very high / high</b> 4 mg/1-6 pieces <b>Medium</b> 2mg/1-6 pieces <b>Low/very low</b> None</p>
Works quickly and easy dose adjustment.	Works quickly and easy dose adjustment.	Helps to keep hands/ mouth busy.	Helps to keep hands/ mouth busy.
Hiccups, stinging mouth, localised irritation.	Hiccups, stinging mouth, localised irritation.	Difficult with dentures, jaw ache, stomach upset, hiccups, localised irritation.	Difficult with dentures, jaw ache, stomach upset, hiccups, localised irritation.
13.2ml spray, 2 x 13.2ml Spray (150 sprays per bottle)	13.2ml spray, 2 x 13.2ml Spray (150 sprays per bottle)	Nicorette: x 105, x 30 Niquitin CQ: x 96, x 24 Nicotinell: x 96, x 24	Nicorette: x 105, x 30 Niquitin CQ: x 96, x 24 Nicotinell: x 96, x 24

## APPENDIX 1

### CONDITIONS PRECEDENT

1. **GPhC**

Provide the Council upon request the General Pharmaceutical Council Registration Number for the pharmacy premises along with details of a Nominated Pharmacist and their GPhC Number.

2. **Insurance**

The Provider must provide the Council upon request with a copy of the insurance policies to illustrate that the Required Insurances are in place;

3. **Training & Qualifications**

Only pharmacists providing the Service on behalf of the Provider signed up to the Contract for the supply of NRT can supply against vouchers of recommendation under this Service Specification.

Whilst trained and competent Staff may be authorised by the Provider to undertake tasks and record data, the overall consultation and clinical responsibility for the supply of NRT, or onward referral, lies with the Provider pharmacist competent to supply.

4. **Patient Group Directive**

Not applicable.

## APPENDIX 2

### PERFORMANCE INDICATORS

- NOT USED

Performance Indicators	Threshold	Method of Measurement	Consequence of breach
N/A	N/A	N/A	N/A

## APPENDIX 3

### PRICING

In consideration of the Provider delivering the Service, the Council will pay the Provider the following Price:-

Element to be Delivered	Amount
<p><b>Price Element 1 –</b>                      Dispensing Fee - Initial assessment and administration of dispensing Service the first one weeks supply to the individual Service User                      1<sup>st</sup> voucher- one weeks supply</p>	<p>£3.50 per NRT Voucher</p>
<p><b>Price Element 2 –</b>                      Dispensing fee - administration of the dispensing Service thereafter for the subsequent 6 supplies to the individual Service User                      2<sup>nd</sup> voucher – one weeks supply                      3<sup>rd</sup> voucher - two weeks supply                      4<sup>th</sup> voucher – two weeks supply                      5<sup>th</sup> voucher – two weeks supply                      6<sup>th</sup> voucher – two weeks supply                      7<sup>th</sup> voucher – two weeks supply</p>	<p>£1.30 per NRT Voucher</p>
<p><b>Price Element 3 –</b>                      Fixed cost of the NRT product dispensed</p>	<p>Cost of the product shall be drawn from the national Drug Tariff at the point at which the product is entered onto PharmOutcomes.</p> <p>Only products approved for use within Gateshead will be reimbursed. Please refer to the 'Guidance for people providing a Stop Smoking Service' (See Appendix B).</p>

### Terms and Fees

- In the event that the Service User pays for prescriptions a fee equal to that of the normal prescription charge should be collected by the Provider from the Service User per item dispensed.

If the Service User pays for prescriptions, the Provider will be paid:

**Fixed cost of NRT product (Price Element 3) PLUS VAT PLUS dispensing fee (under either Price Element 1 or 2) LESS the current prescription levy collected from the Service User per voucher presented.**

- Should the Service User receive free prescriptions the appropriate NHS Point of Dispensing checks **MUST** be undertaken before the NRT product is dispensed by the Provider and the appropriate section of the voucher completed.

If the Service User is 'Exempt' and entitled to free prescriptions, the Provider will be paid:

**Fixed price of NRT product (Price Element 3) PLUS VAT PLUS dispensing fee (under either Price Element 1 or 2), per voucher presented**

- It is the Provider's responsibility to confirm the Service User's exemption from prescription charges.
- Information from the voucher is to be entered onto the appropriate modules in Pharmoutcomes ("NRT Voucher – Client registration" and "NRT Voucher – Voucher entry") to generate payments. If this information is not provided payments will not be made by the Council.

The Provider will be paid monthly for claims made during the previous month.

The Price shall remain as set out in this Schedule during the financial period April 2020 to March 2021. In the event that the Contract is extended in accordance with Clause 2.4 the Price shall continue at the same rate, unless a variation is agreed by the Council.