

SPECIFICATION

Service	Nicotine Replacement Therapy through Community Pharmacy
Council Lead	Joy Evans
Provider Lead	Pharmacist
Period	1st April 2017 – 31st March 2018

1. Population Needs

1.1 National/Local Context and Evidence base

Through Vision 2030 we have set our long term ambition vision for Gateshead “local people realising their full potential, enjoying the best quality of life in a healthy, equal, safe, prosperous and sustainable Gateshead.”

The Council Plan 2015-2020 sets out how we will achieve this vision over the next five years. As identified in the Council Plan, we are committed to achieving our Live Well Gateshead outcome of a healthy, inclusive and nurturing place for all and reducing our smoking prevalence will contribute to this.

The Joint Strategic Needs Assessment (JSNA) for Gateshead which assists in identifying the key features facing people in Gateshead was carried out in 2015. The JSNA identified key strategic priorities to improve the health and wellbeing of our population. The data identified that one in four adults in Gateshead smoke, which increases to one in three for those in routine and manual occupations. Local survey data highlights wide variations across Gateshead, with highest smoking rates in the most deprived areas.

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 new Public Health Outcomes Framework and local prevalence remains above the national average. Smoking remains the single greatest contributor to health inequalities and premature death and disease in the North East with prevalence rates for adults in Gateshead at 18.3% (2015) which is significantly higher than the England average of 16.9 % (2015).

Healthy lives, healthy people: a tobacco control plan for England (March 2011) sets out how tobacco control will be delivered in the new Public Health system focusing in particular on driving down prevalence of smoking and support of tobacco control in local areas.

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:

- Healthy lives, healthy people: a tobacco control plan for England (March 2011)
- 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)
- NCSCT Electronic cigarettes: A briefing for stop smoking services http://www.ncsct.co.uk/publication_electronic_cigarette_briefing.php

In recent years e-cigarettes have entered the market, and although they are 95% safer than tobacco, NHS stop-smoking services still provide the best chance of quitting.

2. Key Service Outcomes

Better health:

- Longer life
- Better quality of life
- Reduced use of health services
- Fair access to services

Excellent Service User experience

- Safe care
- Efficient treatment
- High quality service
- Timely access to services
- Using your money wisely

3. Scope

3.1 Service Model

All Pharmacies are expected to provide the essential services they are contracted by NHS

England to provide 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 the aspects of the provision of NRT, some of which are 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 is to provide Nicotine Replacement Therapy via a voucher scheme to those who are motivated to quit (the Service User) within the local population. The Service the Provider is to deliver must 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 Stop Smoking Services, including access to pharmacological smoking cessation aids.
- To reduce smoking related illness and deaths by helping people to give up smoking.
- 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 or mental health problems, minority ethnic communities and young people, and those who are disadvantaged and most at risk of dying early from heart disease. Disadvantaged people include those who are living on a low income, those who are homeless and people with disabilities to deliver high quality healthcare, value for money, local access to Services and a positive Service User experience.

The Objectives of this Service are to:

- Enable provision of NRT through community pharmacy via a voucher scheme.
- Develop a network of accredited community pharmacists offering an easily accessible, means of dispensing NRT products.
- To provide the Service User with the recommended course of NRT for a 1 week period (2 x 1 week voucher for NRT for the first 2 weeks).
- 2 x1 week for the first 2 week period.
- Remaining supply 5 x 2 week periods (maximum 12 weeks supply).

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 is to be issued by a trained Active Intervention Advisor to Service Users motivated to stop smoking.

Vouchers must be issued in line with the 'Guidance for people providing a Stop Smoking Service' (See Appendix A) by Active Intervention Advisors who have attended locally approved training and have an Active Intervention contract with the Council.

Eligibility Criteria for access to the NRT voucher scheme are:

- a) Service Users **must** be attending Stop Smoking Services delivered by a trained Active Intervention Advisor.
- b) Service Users **must** have been provided with a voucher of recommendation by their Active Intervention Advisor.

The Voucher (**Appendix A**) is to be completed by the Active Intervention Advisor indicating a recommended course of NRT for a 1 week period (a total of 7 Vouchers can be issued to the service user) the Active Intervention Advisor must retain notes of the recommended NRT in the Service Users records.

The Service User will be provided with a voucher of recommendation and advised of the participating Pharmacies.

Supply of NRT (Pharmacists Only)

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

Only Pharmacists providing the Active Intervention service on behalf of the Council

can supply vouchers of recommendation to be provided under this Service Specification.

The following criteria applies 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 if they are not eligible for free prescriptions.

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

3.4 Population covered

The Service will be available to anyone aged 12 and over who live or work in 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 opening hours of the community pharmacy contract.

3.6 Interdependencies with other services

The Provider is expected to work closely with Gateshead Council Public Health to

ensure that all voucher claims are processed appropriately.

The Provider may also offer Active Intervention support supported by Gateshead Council Public Health. This will require a further contractual agreement between the Council and the Provider.

Service Promotion

- Every contact with Service Users is also a Health Improvement contact and the Active Intervention Advisor should emphasise the benefits of stop smoking and smokefree environments, using nationally branded and listed materials.
- The Provider and the Active Intervention Advisor should promote Local and National events such as No Smoking Day and Stoptober. The promotional materials for these events will be provided through Gateshead Council Public Health.
- 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 Gateshead Council Public Health for display by the Provider. This will include access to other lifestyle services available to people in Gateshead.
- The Provider will work with Gateshead Council Public Health to support local marketing campaigns

3.7 Any activity planning assumptions

N/A

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

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

4.2 Applicable local standards

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

5. Location of Provider Premises

See contract particulars

APPENDIX A

NRT Voucher of Recommendation



Patient Details:			
Forename(s): _____		Surname: _____	
Date of Birth: _____		Age: _____	
Address: _____			
G.P. Practice: _____		Address: _____	
Is the patient pregnant? Yes / No / N/A			
Recommended by:			
If pregnant: The risks and benefits of using NRT during pregnancy have been discussed with this patient			Yes / No
Advisor Name: _____		Supply No. _____ of 7	
Contact Number: _____			
Organisation name and address: _____			
Date: _____			
Product(s):			
Product	Strength	Pack Size	Number of Packs
NRT Patch			
NRT Lozenge			
NRT Microtab			
NRT Gum			
NRT Mouth Spray			
NRT Inhalator			
NRT Nasal Spray			
Niquitin Strips			
Other:			
Form FPP2 – G 07002			

PHARMACY USE ONLY

Supplied by:	
Signature: _____	Pharmacy stamp
Name: _____	
Date: _____	
Tel.: _____	

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

- A 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 has a maternity exemption certificate
- E has a medical exemption certificate
- F has a prescription pre-payment certificate
- G has a valid War Pension exemption certificate
- L is named on a current HC2 charge certificate
- H gets Income Support
- K gets Income Based Jobseeker's Allowance (JSA(IB))
- M is entitled to, or named on, a valid NHS Tax Credit Exemption Certificate
- S has a partner who gets Pension Credit guarantee credit (PCGC)

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

THIS DOCUMENT IS CURRENTLY UNDER REVIEW – UPDATE VERSION WILL BE AVAILABLE MARCH 2017

Overview

1.1 Intended users

This guidance should be used to support the decision making process of Active Intervention Advisors (Stop Smoking Advisors) when recommending, prescribing or supplying medicines to support stop smoking attempts.

The guidance is intended to cover Gateshead, areas)

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 client 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 client, then they should be referred to an appropriate healthcare practitioner, normally the clients 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 client 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 client.

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 client. 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 client 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 clients, 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 client should be involved in the choice. However, before recommending, prescribing or supplying a treatment, the following should be taken into 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 client may be taking**

NRT, varenicline (Champix®) or bupropion (Zyban®) should be recommended, prescribed or supplied as part of an abstinence-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 target stop date. Further recommendations, prescribing or supply should be for a maximum of 2 weeks provided that the client has demonstrated, on re-assessment, that their quit attempt is continuing.

The Stop Smoking Service supports clients 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 clients 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 clients who have been abstinent for three months, is appropriate when weighed up against the potential for the client 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 clients 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 Service Level Agreement. Therefore, if it is envisaged that if a client may require treatment beyond 12 weeks via the voucher scheme the commissioner of the service should be contacted in advance of the provision for authorisation to supply. **(0191 4332615)**.

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 client 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)

Clients 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

Commissioner of Stop Smoking Service

0191 4332615

APPENDIX C

Stop Smoking Product Guide



Stop Smoking Product Guide

Gateshead NHS Stop Smoking Service
0800 014 9092
 The National Stop Smoking Helpline
0800 022 4 332

Treatment options

Varenicline (Champix)

Prescription only

0.5mg/1mg (if patient experiences sickness remain at 0.5mg)

Treatment period
12 weeks

Dependency (Fagerström score)

Titration is required to optimal dose
 Days 103 0.5mg once daily
 Days 407 0.5mg twice daily
 Weeks 2012 1mg twice daily
 (Set quit day between day 8 and 14).

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.

Advantages

Blocks the nicotine receptor, reducing cravings and pleasure from smoking.

Disadvantages

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).

Available Products
0.5, 1mg

Zyban (Bupropion)

Prescription only

150mg tablet

Treatment period
70 9 weeks

Dependency (Fagerström score)

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.

Note: Patient can drop to one tablet per day if they are experiencing side effects.

Advantages

Has proven to be an effective medication, with long term abstinence rates doubled compared to placebo.

Disadvantages

Many possible contraindications and side effects including, drowsiness, dry mouth, insomnia and headaches. Not to be prescribed for use in pregnancy or breastfeeding, under 18's, history of liver disease, kidney disease, eating disorders, head injury, seizure risk, bipolar, diabetes and depression.

Available Products
150mg tablets

Assess nicotine dependence using Fagerström Score

Fagerström test for smoking dependency

		SCORE
How soon after waking up do you smoke your first cigarette?	a) Within 5 minutes b) 60-30 minutes c) 310-60 minutes d) After 60 minutes	3 2 1 0
Do you find it difficult not to smoke in places where smoking is not allowed (e.g., hospital, cinema, train)?	a) Yes b) No	1 0
Which cigarette would you find hardest to give up?	a) The first one in the morning b) Any other	1 0
How many cigarettes do you smoke in a typical day?	a) 31 or more b) 210-30 c) 110-20 d) 10 or less	3 2 1 0
Do you smoke more frequently during the few hours after waking than the rest of the day?	a) Yes b) No	1 0
Do you smoke if you are so ill that you are in bed most of the day?	a) Yes b) No	1 0
SCORE	002 Very low dependence 304 Low dependence 5 Medium dependence 607 High dependence 8010 Very high dependence	

When using two NRT products the first should be a patch. Amounts of NRT used should be reduced over the 12 week programme (consult table).

Treatment Options

Table illustrating NRT vs dependency

Treatment option	NRT PATCH for single use or as first product when used as dual therapy	NRT LOZENGE & NRT MINI LOZENGE when used as a second product (max dose 15 pieces per day)	NRT LOZENGE & NRT MINI LOZENGE when used as a second product (max dose 15 pieces per day)	NRT Inhalator when used as a second product (max dose 6 cartridges per day)	NRT Inhalator when used as a second product (max dose 6 cartridges per day)	NRT Inhalator when used as a second product (max dose 6 cartridges per day)	NRT Microtab when used as a second product (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)	NRT Nasal Spray when used as a second product (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 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 15 pieces per day)	NRT STRIP 2.5mg for single use (max dose 15 strips per day)	NRT STRIP 2.5mg when used as a second product (max dose 15 strips per day)	NRT Available	
Dependency (Fagerstrom score)	Very high / high 25mg/2mg per day	Very high / high 4mg/1.5mg 15 pieces per day	Very high / high 4mg/1.5mg 15 pieces per day	Very high / high 406 cartridges per day	Very high / high 406 cartridges per day	Very high / high 406 cartridges per day	Very high / high 15025 pieces per day	Very high / high 15025 pieces per day	Very high / high 20032 doses (40064 sprays) per day	Very high / high 20032 doses (40064 sprays) per day	Very high / high 20032 doses (40064 sprays) per day	Very high / high 5020 doses (10040 sprays) per day	Very high / high 5020 doses (10040 sprays) per day	Very high / high 4mg/12015 pieces	Very high / high 4mg/12015 pieces	Very high / high 9015 pieces	Very high / high 9015 pieces	Weeks T1-4 Very high / high 9015 strips	
Please note: ALL DOSES SHOWN ARE PER DAY	25mg/2mg per day	4mg/1.5mg 15 pieces per day	4mg/1.5mg 15 pieces per day	406 cartridges per day	406 cartridges per day	406 cartridges per day	15025 pieces per day	15025 pieces per day	20032 doses (40064 sprays) per day	20032 doses (40064 sprays) per day	20032 doses (40064 sprays) per day	5020 doses (10040 sprays) per day	5020 doses (10040 sprays) per day	4mg/12015 pieces	4mg/12015 pieces	9015 pieces	9015 pieces	Weeks T1-4 Very high / high 9015 strips	
TREATMENT PERIOD 12 WEEKS	Weeks 5-8 Very high / high 15mg/1mg per day	Weeks 5-8 Very high / high 4mg/1.5mg 15 pieces per day	Weeks 5-8 Very high / high 4mg/1.5mg 15 pieces per day	Weeks 5-8 Very high / high 204 cartridges per day	Weeks 5-8 Very high / high 204 cartridges per day	Weeks 5-8 Very high / high 204 cartridges per day	Weeks 5-8 Very high / high 15025 pieces per day	Weeks 5-8 Very high / high 15025 pieces per day	Weeks 5-8 Very high / high 10020 doses (20040 sprays) per day	Weeks 5-8 Very high / high 10020 doses (20040 sprays) per day	Weeks 5-8 Very high / high 10020 doses (20040 sprays) per day	Weeks 5-8 Very high / high 3015 doses (6030 sprays) per day	Weeks 5-8 Very high / high 3015 doses (6030 sprays) per day	Weeks 5-8 Very high / high 4mg/408 pieces	Weeks 5-8 Very high / high 4mg/408 pieces	Weeks 5-8 Very high / high 300 pieces	Weeks 5-8 Very high / high 300 pieces	Weeks 5-8 Very high / high 300 pieces	
Advantages	Easy to use with excellent safety and tolerability profile.	Mins more discreet than the standard lozenge. Fast acting.	Easy to regulate dose, could prevent over eating, helpful with cravings; sugar free.	Most effective if used with shallow puffing action. Not to be inhaled into the lungs.	Helps to keep hands/ mouth busy.	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.	Works quickly and easy dose adjustment.	Works quickly and easy dose adjustment.	Works quickly and easy dose adjustment.	Works quickly and easy dose adjustment.	Helps to keep hands/ mouth busy.	Helps to keep hands/ mouth busy.	Works and dissolves quickly.	Works and dissolves quickly.	Works and dissolves quickly.
Disadvantages	Localised itching/our at first but should fade 24 hour patches may cause sleep disturbance	Stomach upset; stomach cramps; hiccups; localised irritation. Large lozenge high sodium content, bulky.	Stomach upset; stomach cramps; hiccups; localised irritation. Large lozenge high sodium content, bulky.	Most effective if used with shallow puffing action. Not to be inhaled into the lungs.	Most effective if used with shallow puffing action. Not to be inhaled into the lungs.	Most effective if used with shallow puffing action. Not to be inhaled into the lungs.	Stomach upset; stomach cramps; hiccups; localised irritation.	Stomach upset; stomach cramps; hiccups; localised irritation.	May cause stinging and irritation at first; runny nose, watering eyes.	May cause stinging and irritation at first; runny nose, watering eyes.	May cause stinging and irritation at first; runny nose, watering eyes.	May cause stinging and irritation at first; runny nose, watering eyes.	May cause stinging and irritation at first; runny nose, watering eyes.	May cause stinging and irritation at first; runny nose, watering eyes.	Difficult with dentures, jaw ache, stomach upset, hiccups, localised irritation.	Difficult with dentures, jaw ache, stomach upset, hiccups, localised irritation.	Smokers with a recent heart attack, stroke, unstable or worsening angina, blood pressure or anything else only to use under close medical supervision.	Smokers with a recent heart attack, stroke, unstable or worsening angina, blood pressure or anything else only to use under close medical supervision.	Smokers with a recent heart attack, stroke, unstable or worsening angina, blood pressure or anything else only to use under close medical supervision.
Available Products	NRT 16 hour patch: 25mg/2mg 4mg/1.5mg pack of 7	NRT 16 hour patch: 25mg/2mg 4mg/1.5mg pack of 60	NRT 16 hour patch: 25mg/2mg 4mg/1.5mg pack of 60	Pack of 4, 20, 36	Pack of 4, 20, 36	Pack of 4, 20, 36	2mg Microtab pack of 30, 100	2mg Microtab pack of 30, 100	10mg Nasal Spray 2 x 12.2ml Spray	10mg Nasal Spray 2 x 12.2ml Spray	10mg Nasal Spray 2 x 12.2ml Spray	13.2ml spray, 2 x 12.2ml spray	13.2ml spray, 2 x 12.2ml spray	4mg/2mg/mg	4mg/2mg/mg	2.5mg oral film Pack of 15, 60	2.5mg oral film Pack of 15, 60	2.5mg oral film Pack of 15, 60	

SCHEDULE 1

CONDITIONS PRECEDENT

1. **GPhC**
Provide the Council 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 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 Nicotine Replacement Therapy through Community Pharmacy 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.

SCHEDULE 2

PERFORMANCE INDICATORS

- NOT USED

Performance Indicators	Threshold	Method of Measurement	Consequence of breach

SCHEDULE 3

PRICING

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

Element to be Delivered	Amount
Price Element 1 – Dispensing Fee - Initial assessment and administration of dispensing service the first one weeks supply to the individual Service User 1 st week-weeks supply	£3.50 per NRT Voucher
Price Element 2 – Dispensing fee - administration of the dispensing service thereafter for the subsequent 6 supplies to the individual Service User 2 nd week weeks supply 3 rd week -2 weeks supply 4 th week- 2 weeks supply 5 th week- 2 weeks supply 6 th week 2 weeks supply	£1.30 per NRT Voucher
Price Element 3 – Fixed cost of the NRT product dispensed	Cost of the product shall be determined by the Gateshead Council Public Health and reviewed on a bi-monthly basis and updated in line with the national drug tariff 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).

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.
- At the end of each month the Provider is required to collate the vouchers where NRT products have been dispensed, to be submitted to Gateshead Council Public Health, Civic Centre, Regent Street, Gateshead, NE8 1HH by 20th of the month. *The claim form does not need to be priced by the Provider this will be automatically calculated by Gateshead Council Public Health.

The Provider will be paid on a monthly schedule.

The Price shall remain as set out in this Schedule during the financial period April 2017 to March 2018 In the event that the Contract is extended in accordance with Clause A3.4 the Price shall continue at the same rate, unless a variation is agreed by the Council. Where appropriate, the Council shall pay the Price on a pro-rata basis in respect of any extension period.